patients versus chemotherapy alone. Cetuximab, a MAb targeting EGFR, has also shown some improvements in these patients (median PFS 4.8 months) when combined with cisplatin plus vinorelbine (FLEX study). The aim of this study was to compare the costs of treating NSCLC with BCG or CVC in Germany. **METHODS:** A Markov model was used to compare drug and administration costs associated with treating advanced or recurrent NSCLC with BCG or CVC. The model assumes patients move from non-progressive to progressed disease prior to death, according to transition probabilities derived from an indirect comparison (IC) of BCG and CVC efficacy in terms of PFS using respective pivotal trial data and appropriate IC methodology. Cost data were derived from local sources. Drug costs assumed chemotherapy was given for up to 6 cycles, cetuximab was administered initially at 400 mg/m^2 (then 250 mg/m^2 weekly) until progression and bevacizumab 7.5 mg/kg was administered until progression. Sensitivity analyses were run with different patient characteristics. **RESULTS:** The mean total cost of BCG treatment was €4,713 less per patient than CVC (€28,342 versus €33,055, respectively). Adding bevacizumab to chemotherapy was less costly than CVC (€18,796 versus €29,502, respectively) and the administration cost for BCG was also less costly than for CVC (€391 versus €1,179, respectively). **CONCLUSIONS:** Bevacizumab targeted-therapy is less costly than cetuximab in Germany, thus from a budget perspective, offers the best value for money strategy for improving outcomes in patients with advanced non-squamous NSCLC. Furthermore, costs savings with BCG in Germany will be increased since gemcitabine has recently come off-patent.

PCN42

ECONOMIC EVALUATION OF THE USE OF HAEMOSTATIC SEALANT PATCH FOR PULMONARY LOBECTOMY PROCEDURE

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OBJECTIVES: To evaluate direct costs of pulmonary lobectomy hospitalization comparing two different surgical techniques: stapler (ST) versus electrocautery and haemostatic sealant patch (ES) to Italian Hospitals. **METHODS:** The cost comparison analysis was based on the clinical pathway drawn up from the information provided by the medical team of the hospital enrolled. Resource use data including staff time, diagnostic tests, drugs and consumables came from a randomized controlled trial including 40 patients (20 in each group). Technology equipment utilization and maintenance, operating room costs, administrative and general costs, and 30 days post surgery hospital resource consumption were also considered. Overheads were allocated on the basis of hospitalization rate and procedures weight. Unit costs were collected either from hospital accounting or regional tariffs for specialist services, when hospital data are not available. The analysis was conducted from hospital perspective. **RESULTS:** On average, a patient submitted to a pulmonary lobectomy costs around €10,000. This amount could vary from €9,200 (using ES) to €10,800 (using ST). Cost savings in the ES group were driven by the lower incidence of complications. In fact the lower overall incidence (50% vs. 95%, P = 0.0001) and duration of air leakage (1.7 days vs. 4.5 days, P = .0001) in the ES group impacts significantly on the mean time to hospital discharge (11 days vs. 14.3 days) and consequently on costs. Excluding general costs the main key cost driver is staff time (42%), secondly the consumables (34%) and then operating room costs (12%). **CONCLUSIONS:** There is an overall saving of around €1600 using electrocautery dissection and the haemostatic sealant patch for a pulmonary lobectomy. We found that among patients submitted to this surgery procedure, ES can significantly reduce air leakage incidence and duration and decrease hospitalization rates. However further multi-centre research should be developed considering different clinical and organizational settings.

PCN43

THE COST OF TREATING GRADE 3/4 ADVERSE EVENTS RELATED TO FIRST-LINE THERAPY WITH BEVACIZUMAB PLUS CHEMOTHERAPY VERSUS CETUXIMAB PLUS CISPLATIN/VINORELBINE FOR PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) IN FRANCE

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OBJECTIVES: Novel combination therapies for advanced NSCLC can offer improved survival over chemotherapy alone. Besides effectiveness new therapies must also demonstrate acceptable tolerability. Furthermore, toxicities can result in potentially high additional treatment costs. This analysis thus explores the treatment costs of adverse events (AEs) related to two newly available first-line NSCLC therapies consisting of either Bevacizumab (BEV) combined with chemotherapy (CT) or Cetuximab (C) combined with cisplatin + vinorelbine (CV). **METHODS:** All published AEs and their incidences as reported in the AVAiL trial (7.5 **mg/kg, Reck et al. 2009) or the E4599** trial (15 **mg/kg, Sandler et al. 2006) were taken into consideration for the BEV**+CT analyses, whereas AE data for the C+CV regimen was retrieved from the FLEX trial (Pirker et al. 2009). A systematic literature search was performed to collect published information on standard treatment patterns and costs of AEs. Two oncologists in France were additionally interviewed to substantiate and complement the data on medical resource utilization for the AEs under study. These resource use items were then assigned unit costs (charges) based on tariffs for France. A model was subsequently developed and populated with the collected data to calculate total average per-patient AE costs associated with the two compared therapy regimens. **RESULTS:** Our analysis shows substantially lower overall per-patient treatment costs for the grade 3/4 AE profiles observed for both BEV regimens (cisplatin/gemcitabine; carboplatin/paclitaxel) than those for the severe AEs observed in the FLEX trial (€1,166 and €419 versus €2,236). The cost differences favouring BEV+CT are mainly attributable to lower incidences of febrile neutropenia, dyspnoea, anaemia, sepsis, and respiratory failure. **CONCLUSIONS:** BEV+CT shows better tolerability and lower AE treatment costs as compared to C+CV. Coupled with its favorable effectiveness, BEV+CT should be considered as therapy of choice for patients with advanced NSCLC.

PCN44

TREATMENT COSTS OF GRADE 3/4 ADVERSE EVENTS RELATED TO FIRST-LINE THERAPY WITH BEVACIZUMAB PLUS CHEMOTHERAPY VERSUS CETUXIMAB PLUS CISPLATIN/VINORELBINE FOR PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) IN SPAIN

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OBJECTIVES: Novel combination therapies for advanced NSCLC can offer improved survival over chemotherapy alone. However, acceptable tolerability of these new therapies is important also in view of the potentially high costs involved in the management of severe adverse events (AEs). This analysis explores the AE treatment costs related to first-line therapy with Bevacizumab (BEV) in combination with chemotherapy (CT) versus Cetuximab (C) in combination with cisplatin + vinorelbine (CV) in patients with advanced NSCLC in Spain. **METHODS:** All published AEs and their incidences as reported in the AVAiL trial (7.5 **mg/kg, Reck et al. 2009) and in the** E4599 trial (15 **mg/kg, Sandler et al. 2006) were considered for BEV**+CT, whereas AE data for the C+CV regimen was retrieved from the FLEX trial (Pirker et al. 2009). To capture published information on standard treatment patterns and treatment costs of AEs, a systematic literature search was performed. Moreover, an oncologist in Spain was interviewed to collect additional data on medical resource utilization for the AEs under study. These resource use items were then assigned unit costs reflective of the Spanish health care system. A model was subsequently developed and populated with the collected data to calculate total average per-patient AE costs associated with the two compared therapy regimens. **RESULTS:** Treatment costs per patient related to grade 3/4 AEs as reported in both BEV NSCLC trials (AVAiL and E4599) are lower than those for AEs observed in the FLEX trial (€1192 and €577 vs. €2396). The differences favouring BEV+CT are mainly due to lower incidences of neutropenic events, leukopenia, sepsis, and respiratory failure when compared to a C+CV regimen. **CONCLUSIONS:** BEV+CT shows better tolerability and lower AE treatment costs as compared to C+CV. Coupled with its favorable effectiveness, BEV+CT should be considered as therapy of choice for patients with advanced NSCLC.

PCN45

COST COMPARISON BETWEEN 90Y IBRITUMOMAB TIUXETAN CONSOLIDATION AND RITUXIMAB MAINTENANCE POST-CHEMOTHERAPY IN NAÏVE PATIENTS WITH B-CELL NON-HODGKIN'S LYMPHOMA IN SPAIN

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OBJECTIVES: ^{90}Y Ibritumomab Tiuxetan has been recently approved in the European Union as consolidation therapy after remission induction in previously untreated patients with B-cell Non-Hodgkin's Lymphoma (NHL). As a result, the objective of the present study was to compare its treatment costs vs. Rituximab maintenance ones in Spain. **METHODS:** A microcosting exercise was performed with Microsoft Excel considering Spanish medication and premedication costs for both therapeutic alternatives. Also administration costs were considered. The perspective for cost calculation was that of the National Health System. Drug costs were obtained from IMS, posology was derived from drug technical specifications and premedication patterns were assessed by expert opinion. Other costs were obtained from specialized sources. Costs were expressed in euros 2008. No discounting was needed. The schema of the PRIMA study was considered to determine Rituximab maintenance administration pattern. It was taken into account that 250 mg/m^2 of Rituximab are administered twice, previous to ^{90}Y Ibritumomab Tiuxetan consolidation, as premedication. **RESULTS:** ^{90}Y Ibritumomab Tiuxetan consolidation represented a 32% reduction in treatment costs with respect to Rituximab maintenance for hospitals in Spain. Absolute figures accounting for medication, premedication, drug preparation and administration costs for both therapeutic options were €15,675 for ^{90}Y Ibritumomab Tiuxetan consolidation and €22,934 for Rituximab maintenance. If we accounted only for drug costs, absolute figures were: €15,203 for ^{90}Y Ibritumomab Tiuxetan and €21,044 for Rituximab. Regarding premedication costs, 16% of ^{90}Y Ibritumomab Tiuxetan consolidation costs were due to premedication administered, which is mainly Rituximab and its premedication, paracetamol and diphenhydramine. **CONCLUSIONS:** ^{90}Y Ibritumomab Tiuxetan consolidation administered once post-chemotherapy in previously untreated patients with B-cell NHL is less costly than Rituximab maintenance administered every two months for two years in Spain.