consumables amount 0.84€ per preparation (0.48€ due to time saving and 0.36€ linked to less use of consumables). For the case of colorectal cancer standard chemotherapy regimen in adjuvant (12 cycles) these savings could mean annually 10,080€ per 1,000 patients. CONCLUSION: The concentration solution, a new presentation of oxaliplatin, has significant advantages compared with the traditional lyophilised powder. These advantages have been measured as monetary savings linked to less preparation time and use of consumables. In the future it would be of interest to assess other advantages of concentrated solution chemotherapies over the more conventional ones like less errors of medication due to manipulation.

PCN38

COST ANALYSIS OF XELOX VS. FOLFOX-4 ± BEVACIZUMAB (BEV) IN METASTATIC COLORECTAL CANCER (MCRC) IN AN ITALIAN HOSPITAL SETTING

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OBJECTIVES: A recent randomized 2 × 2 phase III trial compared oral capecitabine + IV oxaliplatin (XELOX), IV 5-FU/LV/oxaliplatin (FOLFOX-4), XELOX+bev, and FOLFOX-4+bev as first-line therapy for MCRC. FOLFOX-4 was the regulatory control. XELOX was non-inferior to FOLFOX-4 for progression-free survival, and bev-containing regimens were superior to comparison arms. This economic analysis compared expected costs in XELOX vs. FOLFOX-4 arms in an Italian hospital setting from a payer and societal perspective.

METHODS: Direct medical and indirect cost estimates (for patient time and travel) were compared. Resource use and patient time were estimated based on trial data and protocols. Data collected during the trial and used in the analysis were as follows: no. of visits/duration of drug administration, central venous access management, treatment of adverse events (AE) including hospital days for treatment-related AEs and total hours of ambulatory encounters. Unit costs were based on hospital costs and other published sources. RESULTS: Total direct medical cost estimates were higher for bi-weekly FOLFOX-4 vs. 3-weekly XELOX: €17,900 vs. €10,900. XELOX had higher drug costs while FOLFOX-4 had higher drug administration costs, with about 15 more visits on average per patient. Costs for hospitalization and ambulatory encounters were slightly lower for FOLFOX-4 (€500 vs. €800); other medications and venous access were slightly higher for FOLFOX-4 (€5000 vs. €2000). Similar patterns held for FOLFOX-4+bev vs. XELOX+bev (total direct medical cost estimates €33,100 vs. €25,000). Indirect time cost estimates were lower with XELOX due to fewer cycles and visits; estimated savings range from €9,000–€11,000. CONCLUSION: XELOX is cost-saving from both payer and societal perspective in comparison to FOLFOX-4.

PCN39

THE COST OF TREATING AND MANAGING ABNORMAL CERVICAL CONDITIONS IN IRELAND

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OBJECTIVES: The objective of this study was to estimate Irish specific costs for managing abnormal cervical conditions which are required for cost-effectiveness analysis of prophylactic cervical cancer vaccination in Ireland. METHODS: This was a retrospective study that collected resource utilisation and clinical outcome data on 395 women attending four colposcopy clinics in Ireland. Sampling was stratified to include 10%, 35%, 25%, 25% and 5% of women in the borderline, mild, moderate, severe and cancer cytology groups respectively. Data were collected from the date of referral until the latest treatment or the patient returned to ‘normal’ cytology. Unit cost data, also collected during the study, were applied to the utilisation data to estimate costs. RESULTS: The mean age of all women with abnormal smears was 31 years (range 18–68). The mean age of women with cancer was 48 (range 23–68). The average cost of treating women who initially had an abnormal smear but were subsequently observed to be histologically negative without receiving treatment was €317 (SD €147). The corresponding costs for women with CIN1, CIN2 and CIN3 were €522 (SD €253), €673 (SD €237), and €689 (SD €227) respectively. The average cost of treating invasive cervical cancer was €10,449 (SD €4,952). The total cost of managing abnormal cervical conditions was estimated at around €10 million per annum. CONCLUSION: Managing abnormal cervical conditions is expensive. Analysis in other countries found that prophylactic cervical cancer vaccination is a cost effective way to reduce these abnormalities [1]. This study will be used in a cost effectiveness analysis of prophylactic cervical cancer vaccination in Ireland. Reference: [1] Goldie SJ, et al. J Natl Cancer Inst 2004;96:604–15.

PCN40

HEXVIX FLUORESCENCE CYSTOSCOPY FOR NON-INVASIVE BLADDER CANCER MANAGEMENT: AN ECONOMIC MODEL OF THE IMPACT ON GERMAN HEALTH CARE COSTS

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OBJECTIVES: The purpose of this study was to estimate the budget impact on the German health care service of using Hexvix (hexaminolevulinate) cystoscopy in conjunction with white light cystoscopy (WLC) in the management of non-invasive bladder cancer (NIBC). Hexvix cystoscopy potentially allows more complete detection and delineation of bladder cancer tumours compared with standard WLC alone during transurethral resection of the bladder (TURB). This can potentially lead to fewer tumour recurrences through more effective tumour resection, and may change patient management. METHODS: A model was developed to simulate the flow of newly diagnosed bladder cancer patients through treatment one year after diagnosis. Model inputs, including procedure costs and clinical algorithms, are based on the bladder cancer guidelines by the European Association of Urology (EAU), literature review and German clinical practice. Based on data obtained with an unlicensed and less readily taken up fluorescent molecule, a relative reduction in recurrence rate is assumed in the model when compared to WLC. RESULTS: The model predicts that Hexvix is associated with a potential reduction in the number of procedures required compared to WLC alone (801 cystectomies and 31,734 TURBs with Hexvix compared to 881 and 33,823 with WLC alone) in the first year. This is estimated to result in a potential increase in costs to the German health care system of 5.76% in the first year, compared to WLC alone in all newly diagnosed NIBC patients. CONCLUSION: The model illustrates how Hexvix, when used as an adjunct to WLC in TURB may result in the reduction of invasive, time intensive, high cost procedures such as cystectomies and TURBs, compared with WLC alone. Although the