difference has been found when examining individual cancers. Inter-domain correlations in each of the three versions of the QLQ-C30 were strongest in Role Functioning, Pain and Global Health Status. Cronbach’s reliability measure shows improved reliability in newer versions of the questionnaire, for example, the pain scale increases from 0.82 to 0.86 from version 1 to version 3.

CONCLUSION: We believe this is one of the first studies to examine the scales of all three versions of the QLQ-C30 with a large sample across a large number of countries and cancer sites. We found that in general all three versions of the QLQ-C30 have similar psychometric structures, that the measure proves to be a useful tool to use within a clinical trial setting and that missing data is continually reducing over time, indicating increasing compliance among staff/patients.

QUALITY OF LIFE IN CANCER CLINICAL TRIALS — AN OVERVIEW OF APPROACHES WITHIN THE EORTC
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OBJECTIVE: Quality of life (QOL) is becoming an accepted endpoint in cancer clinical trials. However, reports suggest that fewer than 10% of clinical trials include QOL assessment, it is believed that such reports may be biased by time lag. This paper examines the extent of QOL studies that are conducted within one of the largest academic cancer clinical trial organizations in Europe.

METHOD: Examination of all clinical trials conducted by the EORTC (between 1990 to 2000) was undertaken by reviewing databases, records and publications. Trials were systematically selected if they involved any aspect of QOL assessment. The protocols were then evaluated using criteria that evaluated the quality of trial designs and methodology employed.

RESULTS: In total, 112 clinical trials involving over 10,000 patients were identified as having a QOL component. All trials involved multinational patient recruitment, with the highest recruitment from the Netherlands, France and Germany, and lowest from Malta, Estonia and Slovakia. Approximately 25 disease groups have been actively recruiting patients from disease groups of genito-urinary, breast and lung cancers. A clear linear trend was noted, with increasing numbers of clinical trials involving QOL components over this period. Of these trials, 74 studies were Phase III, 15 Phase II and the remainder were feasibility studies. Presently, 45 trials are ongoing, 19 almost ready for data analysis, 15 published and 10 being analyzed. In the last year, 30 studies involving QOL assessment have been submitted for research, suggesting that QOL is a highly important endpoint in trials throughout Europe

CONCLUSION: While a decade ago QOL was not a major component of EORTC clinical trials, it is now highly integrated into trials, almost a standard secondary end-point. In the European context, this suggests that clinicians and researchers are increasingly seeing the importance of patient-based outcome assessment methods.

CHOICE OF OPTIMAL ANTI-EMETIC STRATEGIES IN CANCER THERAPY
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OBJECTIVE: Recommendations on the appropriate use of corticosteroids (cort) and HT-3 antagonists (HT3A), alone or in combination with benzodiazipines (benz) and dopamine receptor antagonists (dopA) vary between three and nine different anti-emetic strategies.

METHODS: We retrospectively compared the use of anti-emetics in our clinical practice with the consensus recommendations of Peruggia. We analyzed all patients from a single department unit receiving chemotherapy on an inpatient basis in February 2000.

RESULTS: One hundred thirty five days of chemotherapy in 38 patients (20–78 years old, male/female 1,7/1) suffering from various malignant diseases were included. Five patients (13.1%) received anti-emetic therapy for other reasons than preventing nausea and vomiting (e.g. corticosteroids as comedication with paclitaxel). We grouped the chemotherapy protocols as follows: very low risk, (n = 5); low risk, (n = 44); moderate risk, (n = 16); high risk, (n = 40); and severe risk, (n = 40), according to the Peruggia guidelines. We calculated the total theoretical consensus-guided costs for anti-emetic treatment to be 2079.04 Deutsche Marks (DM) and the real costs to be 2024.93 DM (hospital supplier prices).

CONCLUSION: We found a considerable drug-group-related difference between consensus guidelines for anti-emetic strategies and clinical practice. However, the total expenditures did not vary significantly. We assume, that the differences observed are due to patient-related factors like history of nausea and emesis, tumor stage, tumor location, sex, age, co-morbidity and alcohol consumption rather than to chemotherapy. A computer-assisted anti-emetic decision model (Emeto-Help) will be presented, which includes both the drug-related emetogenic potential and the individual patient’s risk.

INFECTIONIOUS DISEASE

IMPACT OF INFLUENZA AND TREATMENT WITH OSELTAMIVIR ON INDIVIDUALS’ DAILY ACTIVITIES AND RETURN TO NORMAL ACTIVITY
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OBJECTIVE: The aims of this study were: (1) to evaluate the burden of influenza in terms of its impact on an individual's normal daily activities (including ability to work); (2) to evaluate the beneficial effect of treatment with Oseltamivir on activity.

METHODS: The impact of influenza on the individual was assessed by seven symptoms and a set of well-being indicators. These indicators include the self-rated parameters for general health, sleep quality, overall level of activity and paid work activity. This analysis is based on pooled data derived from two double-blind, randomized and stratified, placebo-controlled multi-centre studies conducted in the winter season 1997/1998.

RESULTS: In the intent to treat infected population (ITTI), median return to normal levels of daily activity was accelerated by 2.7 days or by 27% when the patient received Oseltamivir instead of standard treatment (178.8 hours, 95% CI 156.8 to 203.2, p < .0001 for Oseltamivir 75 mg compared with 243.7 hours, 95% CI 206.5 to 276.2 for standard treatment). The greatest treatment effect was seen in the population of patients eligible for work (ITTI, full, part-time workers). In this population, median return to normal levels of daily activity was accelerated by 4.5 days, or an improvement of 41%. In this population, effects of treatment also translated into a gain in number of hours worked. Thus at day 7, the treatment effect on cumulative hours worked was between 4.716 h (95% CI 2.32–7.11, p < .001) and 3.755 h (95% CI 0.54–6.97, p = 0.022) in the 2 studies. This difference was detectable and statistically significant from day 4 of the illness onwards.

CONCLUSION: The impact of influenza on the daily activities of those affected is large and should not be dismissed as trivial. Treatment with Oseltamivir has a significant beneficial effect, particularly in the working population.

PIN2

COST-EFFECTIVENESS OF HIV-SCREENING OF PATIENTS ATTENDING A CLINIC FOR SEXUALLY TRANSMITTED DISEASES IN AMSTERDAM

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OBJECTIVE: Among persons with sexually transmitted diseases (STD), the proportion that is also infected with HIV is higher than in the general population. Since many cases of HIV infection remain undetected during the asymptomatic stage, HIV-infected patients are likely to perform the same sexual behavior as before and put partners at risk of infection. Detection of asymptomatic HIV infection will enable the person to protect partners by changing sexual behavior, reducing the number of secondary transmissions. Therefore, HIV screening in clinics for sexually transmitted diseases (STD-clinic) is a potential tool to control the epidemic. In our analysis we estimate the cost-effectiveness of universal HIV screening of patients attending a STD-clinic in Amsterdam.

METHODS: Cost-effectiveness analysis. A Bernoulli model for the secondary transmission of HIV was linked with epidemiological data on infection with HIV and other STD in patients attending a STD-clinic in Amsterdam from 1991 to 1997. This gave estimates of the number of secondary HIV infections caused by visitors to the STD-clinic. Combined with data on the health and monetary benefits of averting HIV-infection and costs of HIV-screening, we assessed the cost-effectiveness of HIV-screening of visitors to the STD-clinic. Standard techniques for cost-effectiveness analysis were used, and both costs and life years gained were discounted at 4%.

RESULTS: Increased risk for HIV infection was found in STD clinic attenders infected with another STD. (Odds ratio: 2.07) The risk differed for different STDs, with the highest odds ratios for syphilis and gonorrhea. Screening of all attenders was estimated at a net cost of €82,552 per secondary infection averted, with a cost-effectiveness ratio of €1637 per life year gained (LYG). The cost-effectiveness ratio ranges between €680 and €9335 per LYG, depending on key parameters in the model.

CONCLUSION: Compared to other interventions in infectious disease control in the Netherlands, this intervention has an acceptable cost-effectiveness ratio.

PIN3

THE IMPACT OF DRUG COMPLIANCE ON THE COST OF TREATING HIV/AIDS IN AFRICA

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OBJECTIVE: To incorporate the cost of drug compliance into existing estimates of the cost of treating HIV/AIDS in Africa.

METHODS: Recent reports have estimated that the cost of treating the AIDS epidemic in Africa could range between $1 billion and $10 billion dollars. These studies, however, fail to account accurately for the impact of failing to comply with triple-combination highly active antiretroviral therapy for HIV/AIDS. Since non-compliance has been demonstrated to have a significant effect on virological failure, and it is recognized that virological failure results in higher resource utilization, we incorporated the link between compliance and resource utilization in our analysis. As a base case, we used published estimates of HIV/AIDS annual per-patient drug costs of $500 for patients not experiencing virological failure (NVF) and $1,000 for patients that do experience virological failure (VF). The rate of virological failure has been reported to range between 21.7% and 82.1% depending on compliance rates ranging between 95% and 70%. Thus, we varied the compliance rate to determine the associated impact on virological failure and drug costs. We also conducted sensitivity analyses on drug prices.