ened from four resource categories: chemotherapy acquisition, drug administration, hospitalisation associated with adverse events, and other medical resources. Italian health care unit costs were obtained from published sources. RESULTS: Lowest treatment costs were incurred by the Gem/Cis group (80,926€), followed by the Vin/Cis and Pac/Carbo groups (93,206€ and 11,203€ respectively). The cost difference between the Gem/Cis and Pac/Carbo regimens was due to the difference in chemotherapy acquisition costs (37,326€), which offset the increased costs for drug administration (4996€) and other medical resources (524€) in the Gem/Cis group. The overall per-patient cost saving for Gem/Cis versus Vin/Cis (12,276€) was primarily due to reduced hospitalisations for adverse events (22,236€) despite the increased acquisition costs for Gem/Cis (14,222€). CONCLUSIONS: Based on data collected during a randomised clinical trial, first-line use of Gem/Cis offers potential cost savings compared to other platinum-based third-generation agent combinations in the treatment of advanced NSCLC in Italy. Since these savings relate primarily to chemotherapy acquisition and hospitalisation costs due to adverse events, they are likely to be transferred to the community setting.

NEW TARGETED THERAPY FOR PATIENTS WITH PREVIOUSLY-TREATED ADVANCED NON-SMALL CELL LUNG CANCER—GEFITINIB (“IRESSA”) 1Mapi Values, Houten, The Netherlands; 2AstraZeneca BV, Zoetermeer, The Netherlands; 3AstraZeneca, Macclesfield, Cheshire, UK

OBJECTIVE: As the prognosis of non-small cell lung cancer (NSCLC) patients after first and second line treatment remains poor, new targeted strategies in third-line treatment are of high interest. This study estimates the cost-effectiveness of gefitinib compared to Best Supportive Care (BSC) in the Dutch health care setting. METHODS: A Markov model was designed to evaluate the lifetime clinical and economic outcomes of gefitinib treatment and BSC. The model was calibrated using clinical data from randomized clinical studies, a Delphi panel (n = 10), patient chart analysis and literature for costs data. The analysis was performed from a societal perspective for a hypothetical cohort of advanced NSCLC patients, who have failed two chemotherapy regimens. Only direct costs related to the treatment of severe adverse events, radiotherapy, evaluation of disease progression and terminal care were considered. The time horizon related to mortality, estimated the costs from start of therapy until death. Both costs and effects were discounted at 4% per annum. RESULTS: With an assumed difference in survival of 2.45 months between gefitinib and BSC, the model predicts survival of 0.573 life years (LY) for BSC and 0.790 LY for gefitinib. Total costs related to BSC and gefitinib treatment until death are 84,446€ and 15,272€ respectively. The average cost-effectiveness ratio of gefitinib is higher than BSC (19,326€/LY versus 14,745€/LY). The incremental cost-effectiveness ratio of gefitinib compared to BSC is 31,380€ per QALY. Applying the threshold proposed by the Institute for Medical Technology Assessment for disease with highest burden (45,000€/QALY), gefitinib is cost-effective in 73% of advanced NSCLC patients compared to BSC in third-line therapy. CONCLUSION: In addition to its convenient oral administration, its favorable tolerability profile, gefitinib is cost-effective compared to not only BSC but also compared to heart or liver transplantations. “Iressa” is a trademark of the AstraZeneca group of companies.

COSTS OF TREATING ADVANCED NON-SMALL-CELL LUNG CANCER IN SPAIN USING GEMCITABINE IN COMBINATION WITH CISPLATIN: A COMPARISON WITH OTHER 2ND GENERATION NOVEL AGENTS

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OBJECTIVES: To evaluate the costs in Spain of treating advanced non-small-cell lung cancer (NSCLC) with gemcitabine plus cisplatin (Gem/Cis) in comparison with other platinum-based combination chemotherapy regimens, and to compare the findings with previously published cost analyses. METHODS: A retrospective economic analysis was conducted based on medical resource utilisation in a randomised controlled trial (Scagliotti et al. 2002), which found that Gem/Cis demonstrated comparable efficacy to paclitaxel/carboplatin (Pac/Carbo) and vinorelbine/cisplatin (Vin/Cis) regimens in 612 patients with advanced NSCLC. Treatment costs were compared across four main resource categories: chemotherapy acquisition, drug administration, hospitalisation episodes, and other medical resources. Spanish Health Care unit costs were drawn from published literature and public sources. Results were compared with those published by Schiller et al. (2004). RESULTS: The mean total treatment-related costs of Gem/Cis were 55,786€ per patient, which was lower than those seen with Pac/Carbo (11,541€) or Vin/Cis (60,846€). Chemotherapy acquisition was the major cost driver for Gem/Cis (63% of total costs) and Pac/Carbo (90% of total costs), but other component costs, especially hospitalisations, were considerable for the Vin/Cis regimen (36% of total costs). The total costs per patient are comparable to those reported for Spain by Schiller et al. (2004) with calculations based on Conella et al. (2000) (Gem/Cis 40,726€; Vin/Cis 49,996€) and Schiller et al. (2002) (Gem/Cis 50,826€; Pac/Carbo 840€), trials employing different dosing schedules. CONCLUSIONS: Cost-minimisation analyses based on chemotherapy and resource utilisation in randomised controlled clinical trials demonstrate that Gem/Cis has lower total treatment costs compared to the perspective of the Spanish national health system than Pac/Carbo and Vin/Cis for the treatment of advanced NSCLC.

A PHARMACOECONOMIC MODEL OF THE COST-EFFECTIVENESS OF GEFITINIB (“IRESSA”) COMPARED WITH BEST SUPPORTIVE CARE (BSC) IN THIRD-LINE TREATMENT OF PATIENTS WITH REFRACTORY ADVANCED NON-SMALL-CELL LUNG CANCER (NSCLC) IN THE UK

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OBJECTIVE: To assess the cost-effectiveness of gefitinib (“Iressa”) compared to BSC in patients with refractory advanced NSCLC in the UK National Health Service (NHS). METHODS: A probabilistic model was developed to assess the cost-effectiveness (and associated uncertainty) of gefitinib compared with BSC in patients with refractory advanced NSCLC in the UK NHS. Efficacy data were drawn from two independent sources: data for gefitinib were derived from IDEAL II (patients refractory to platinum and docetaxel) and data for BSC were derived from a literature review (BSC arm of a randomised controlled trial in second-line advanced NSCLC). Cost data were collected from the perspective of the UK NHS. In the absence of a UK price for gefitinib, the pre-approval sales price in France (1950€) was converted into UK prices (approximately £1300). Resource utilisation and cost data for gefitinib were derived from pub-