Admissions for other drug-related toxicities were lower for pemetrexed (17 admissions [£15,020]) vs. docetaxel (31 admissions [£27,091]). Average cost of these hospitalisations was £75 and £274 for pemetrexed and docetaxel, respectively. More patients on the pemetrexed arm received red blood cell transfusions (17% vs. 12%), however, more patients on the docetaxel arm received erythropoietin (10% vs. 7%). Patients on the pemetrexed arm received fewer courses of parenteral antibiotics and GCSF and required fewer hospital admissions and days. Total average costs were £159 and £484 for the pemetrexed and docetaxel arms, respectively.

CONCLUSIONS: In the second-line treatment of NSCLC, pemetrexed offers similar efficacy to docetaxel but better tolerability. This results in less expensive management of chemotherapy-related adverse events, primarily through reduced hospitalisation.

**PEN11**

**COMPARING THE PROVIDER TIME AND COSTS FOR RED BLOOD CELL TRANSFUSIONS IN ANAEMIA MANAGEMENT OF CANCER PATIENTS USING THE ACTIVITY-BASED COSTING (ABC) METHOD IN A FRENCH AND AUSTRIAN SETTING**

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**OBJECTIVE:** Estimate and compare resource use and costs associated with RBC transfusions in the management of anaemia among cancer patients treated with chemotherapy in one French and one Austrian setting.

**METHOD:** The same ABC study protocol was used: structured interviews were held with key personnel at the oncology ward to obtain a detailed overview of the activities, frequencies, resource use and related links to other hospital departments when administering RBC transfusions. Sequential tasks were grouped into activity blocks with clear start- and end-points. A trained centre nurse measured the time devoted to each activity block with a stopwatch. The time devoted to isolated or less frequent activities was estimated from interviews. Unit costs for personnel time, supplies, laboratory tests, waste management and overhead costs were collected in each centre.

**RESULTS:** Seven transfusions were observed in the French and eight in the Austrian setting. The average duration per transfusion, including all the observed and non-observed activities performed by the different health care professionals (physician, blood bank physician, nurse, auxiliary nurse, receptionist and lab technician) was 3 hours 15 min (min: 1h50; max: 4h50) in the Austrian setting and 4 hours 31 min (min: 2h33; max: 6h39) in the French setting. A different organisational structure in the blood transfusion centres explains the time difference observed. The average cost per transfusion was €361 (min: €315; max: €411) in Austria and €396 (min: €224; max: €432) in France. Personnel costs in Austria were higher than in France, but the official listed hospital price for 1 RBC blood pack in Austria was considerably lower (€115 versus €166).

**CONCLUSION:** Time involved in one RBC transfusion among anaemic cancer patients may differ substantially between centres due to different organisational structures. Comparing the average cost per transfusion between countries may not reflect these differences when important unit cost variations between European countries exist.

**PEN12**

**BUDGET IMPACT ANALYSIS OF ANASTROZOLE AS ADJUVANT THERAPY IN THE TREATMENT OF EARLY BREAST CANCER IN THE UK**

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**OBJECTIVES:** Britain has one of the highest breast cancer rates in the world with around 36,000 women newly diagnosed each year. With improving survival rates on average 90% of women are still alive 5 years later. The ATAC trial (median follow-up 47.2 months) confirmed that anastrozole resulted in a 18% reduction in the risk of disease recurrence relative to tamoxifen in this population. Our study aimed to identify the budget impact of anastrozole compared to tamoxifen in postmenopausal women with early breast cancer based on alternative scenarios of uptake over three years from the NHS perspective.

**METHODS:** The budget impact model was based on a modelled cost-effectiveness analysis of the ATAC trial data. Published UK data was used to estimate the treatment eligible population each year. Different scenarios about uptake were defined and the net budgetary effects calculated. Costs were discounted at 6% annually. Probabilistic sensitivity analysis was undertaken.

**RESULTS:** For a total number of around 13,200 HR + EBC patients each year the cost of drug treatment with tamoxifen is estimated to be £64.6 million. Under the projected likely scenario of uptake reaching 35% by 2006, the net present value of the incremental drug costs with anastrozole will amount to £18.4 million. This is offset by £3.4 million by avoiding breast cancer recurrences, AEs and follow-up costs. The model is sensitive to the rate of uptake. **CONCLUSIONS:** The budgetary impact of anastrozole for all available patients is less than 7% of the annual amount spent on breast cancer in the UK. If the subpopulation with high risk of thromboembolic and cardiovascular disease were included the impact will be lower. Other technologies with similar budget impact have been approved but NICE. Accompanying the cost-effectiveness analysis the budget impact is going to be an important input into the forthcoming policy decision about the adoption of anastrozole in EBC patients.