Anaemia is a common complication of chemotherapy. Since anaemia can lead to different symptoms, such as fatigue, respiratory distress and chest pain, thereby diminishing physical capacity and quality of life, it is generally accepted that anaemia should be corrected. Treatment options include red blood cell transfusion (RBCT), erythropoietin (EPO) administration or a combination of both. OBJECTIVE: Our objective was to carry out a cost-effectiveness analysis of treatment with EPO (erythropoietin alpha) compared to traditional treatment with RBCT for patients with chemotherapy-induced anaemia in Sweden from a hospital perspective. METHOD: We developed a model for Swedish treatment practice (patient characteristics, response rates, and RBCT transfusion data taken from Swedish observational data), and Swedish unit costs, based on a model commissioned by the National Institute of Clinical Excellence, UK. Incremental costs associated with EPO treatment compared to treatment with RBCT, were estimated. Different cancer types and populations were modelled by varying initial Hb, response and mortality rates. RESULTS: The model results on costs correspond well to real world data from three big hospitals in Sweden. Average costs per patient are SEK34,900 for EPO and SEK12,400 for RBCT. The cost per QALY gained from administration of EPO assuming a survival benefit attributable to EPO treatment was estimated at SEK 120,000. The survival benefit from EPO is debated, and has a major impact of the results. Excluding this benefit gives an estimated cost of SEK 365,000 per QALY. EPO treatment is most cost-effective in patients with initial Hb of 9–10 g/dl. The cost-effectiveness-ratio is also moderately sensitive to changes in the response rate to EPO, baseline mortality, the cost of EPO and the estimated QALY gain from EPO administration. CONCLUSION: The estimated cost per QALY falls well within the range acceptable in Sweden. The cost-effectiveness of EPO varies between different cancer populations.

OBJECTIVES: Organized nationwide screening programme for cervical cancer was introduced in Hungary in 2003. Women between the ages 25–65 are invited by a personal letter and a 3 years screening interval has been applied. Before the implementation of organized screening programme there was an opportunity to inform it. The aim of this study is to analyse the three year screening rate of the organized programme according to counties. METHODS: The data derived from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2000–2005. We calculated the three-year screening rate of two periods: 2000–2002 without and 2003–2005 with organized screening programme for women aged 25–64. Screening is defined with cytological examination of Papanicolau smear and includes all smears taken either within or outside of the organized programme. RESULTS: The age specific screening rate of women aged 25–64 years increased from 48, 45% in 2000–2002 without organized screening programme to 52, 65% in 2003–2005 following the introduction of organized screening programme. There were significant differences in the screening rate (attendance or coverage) among counties with the highest values in county Baranya (58, 59%), Tolna (55, 35%), Borsod-Abaúj-Zemplén (54, 61%) and the lowest values in county Jász-Nagykun-Szolnok (40, 06%), Vas (41, 47%), Veszprém (42, 52%). From 2000–2002 to 2003–2005 we found the largest increase in the following counties: Veszprém (14.35 percent point), Borsod-Abaúj-Zemplén (7.69 percent point), Békés (5.46 percent point). The gap between the counties with the highest and lowest screening rate decreased. CONCLUSIONS: We found significant differences in the screening rate among counties, which should be reduced. However, the introduction of organized cervical screening programme lead to closing up the between county differences.