

possible, acquisition costs from published sources were applied to the resource use identified for events.

Results: The total costs including drug cost, treatment administration, management of toxicity and of disease progression amounted to £16,701 per patient treated with irinotecan+5FU/FA and £16,009 per patient treated with oxaliplatin+FU/FA. When the difference in cost is related to the clinical benefit of irinotecan, the cost per life year gained amounted to just £2,881. Varying the survival difference for oxaliplatin showed that the cost per life year gained would not rise above £20,000 unless there was a significant survival difference for oxaliplatin over 5FU/FA.

Conclusion: In the treatment of advanced metastatic colorectal cancer in the UK, irinotecan+5FU/FA can be considered to cost-effective versus oxaliplatin+5FU/FA

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POSTER

Economic evaluation of the clinical management of lung cancer in France

A. Vergnenegre¹, L. Molinier², C. Combescure³, J.P. Daures³, M.P. Schuller-Lebeau⁴, C. Chouaid⁵. ¹CHU, Service de Pneumologie, LIMOGES, FRANCE; ²Institut Claudius Regaud, CLCC, Toulouse, France; ³Faculté de Médecine, Montpellier, France; ⁴Laboratoires Aventis, Paris, France; ⁵CHU St Antoine, Paris, France

Rationale: The costs of lung cancer care are unknown in southern European countries, like France. The objective of this study was to assess the overall costs per lung cancer patient.

Setting: A representative sample of institutions in which lung cancer are treated (3 teaching hospitals, 3 public hospitals, 3 private clinics and 2 cancer treatment centers).

Methods: The perspective of the economic study was the payer (French National Insurer). A retrospective study was performed in patients admitted in the selected institutions (from 1998 July, 1st to 1999 June, 30th). Only direct costs were recorded. All the variable direct costs (chemotherapy, radiotherapy, surgery, drugs, hospitalizations, transports) were recorded from the diagnosis to the terminal care or the date of censorus (2000 January, 1st) for each patient. The fixed direct costs were extracted from the French national cost scale for public hospitals and private clinics. Six Markov models were built: extensive SCLC, limited SCLC, surgical NSCLC, non surgical stage I, II NSCLC, stage III NSCLC and metastatic NSCLC. Parameters for the models were estimated from collected data, practical guidelines for lung cancer in France and experts opinions. Markov models were run with a three months interval. The costs were introduced in each time interval. Monte-Carlo simulations were performed to analyse the validity of the results (sensitivity analyses) and calculate the 95% confidence interval at 1 and 2 years.

Results: 430 patients were included during the study, according to the epidemiology of lung cancer (79% NSCLC and 21% SCLC). The results are as follows:

Lung cancer (average costs 1999 euros)

	1 year	95% CI	2 years	95% CI
LC	22 073	(5 351-36 423)	25 472	(7 426-48 179)
SCLC	22 633	(10 557-37 508)	24 337	(10 557- 37 508)
NSCLC	21 822	(6 061-36 718)	25 903	(7 693-49 331)

During the first year of care, diagnosis corresponded to 11 to 17%, initial treatment 37 to 70%, adverse events 5 to 17%, relapse 0.5 to 4.5%, terminal care 6 to 18%, transports 6 to 11% according to the histology and stages of the diseases.

Conclusion: These are the first results on the costs of lung cancer in France. Analyses of treatment strategies and comparison of cost-effectiveness results are on going. Complete results for the 6 models will be presented at the meeting.

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POSTER

A stochastic economic evaluation of Letrozole versus Tamoxifen as a first-line therapy for postmenopausal women with advanced breast cancer

J.D. Karon¹, T.E.D. Jones². ¹Health and Safety Laboratory, Sheffield, United Kingdom; ²Novartis Pharmaceuticals UK Ltd, Health Technology Assessment, Surrey, United Kingdom

Letrozole is a new generation aromatase inhibitor that is a feasible alternative to tamoxifen as the preferred choice of first-line hormonal therapy for

patients with advanced breast cancer. This paper presents the results of an economic evaluation comparing letrozole and tamoxifen as a first-line hormonal therapy in postmenopausal women diagnosed with advanced breast cancer. A Markov process was built to describe possible patient pathways from the point of diagnosis, which was populated using patient-specific clinical trial data, data from the existing literature, and expert opinion. Probability distributions were specified for the majority of the input parameters, which represented the uncertainty about their true value. This facilitated the stochastic analysis of the decision model, whereby distributions of the model's outputs (aggregate costs and lifeyears) were estimated that enabled the statistical analysis of the cost-effectiveness results. The baseline results show that letrozole is an extremely cost-effective alternative to tamoxifen as a first-line hormonal therapy with a mean incremental cost per life year gained of £500. Even under the most severe assumptions the incremental cost increases to £12,530, which remains a relatively low cost to pay to gain an additional life year.

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POSTER

Mapping clinical cancer research by MEDLINE publications in the years 1995-1999

F. Grossi¹, O. Belvedere¹, R. Rosso². ¹University of Udine, Medical Oncology, Udine, Italy; ²Istituto Nazionale per la Ricerca sul Cancro, Medical Oncology, Genova, Italy

In this study, we address the geography of clinical cancer research in the years 1995-1999.

A MEDLINE search (<http://www.ncbi.nlm.nih.gov>) was performed to retrieve scientific papers in clinical oncology reporting phase I, phase II, and phase III studies. The following search strings were used: cancer AND chemotherapy AND phase I [TITL] OR dose finding [TITL]cancer AND chemotherapy AND phase II [TITL]cancer AND chemotherapy AND phase III [TITL] OR randomised [TITL] OR randomized [TITL]. The retrieval was limited to papers published from January 1, 1995 to December 31, 1999. Only studies reporting antineoplastic chemotherapy have been considered, either alone or in combination with radiotherapy, surgery, immunotherapy. The country was assigned according to the address field in the MEDLINE record. For each country, the total number of published papers, the total impact factor (IF), and the mean IF were determined. Similar calculations were performed to compare the European Union vs. North America. The performance of cooperative groups was also evaluated. The attribution of a publication to a group was determined according to the mention of the group in the paper title.

3,247 papers were identified which report phase I, phase II, or phase III clinical trials in oncology and have been published between 1995 and 1999. Here, we consider the 25 countries which score at least ten records matching our search strings published in the years 1995-1999. These 25 countries account for 2,818 papers, corresponding to 87% of the retrieved papers. The United States ranks first by number of published papers, accounting for 35.5% of the world's papers. Italy is second (8.9% share), followed by the United Kingdom (6.6%), and France (5.9%). Investigators at North American institutions published a higher number of papers compared to their European colleagues (1,242 vs. 1,254). Moreover, the mean I.F. of North American papers is higher than the papers with a European address (3.55 vs. 3.18). Interestingly, the majority of phase I studies were performed in North America, while most of phase III studies were performed in Europe. EORTC is the most active cooperative group.

Taken together, these results provide information on the geography of clinical cancer research worldwide, which may reflect the human and economic resources involved in this field.

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POSTER

Therapeutic strategies and costs for patients with head and neck squamous cell carcinoma

C. Schmitt¹, J. Armand². ¹MDS Pharma Services, Health Economics, Sevre, France; ²Institut Gustave Roussy, Service d'Oncologie, Villejuif, France

Objective: To describe the therapeutic strategies that are currently applied in treating Head and Neck Squamous Cell Carcinoma (HNSCC) in France and to estimate their costs.

Methods: A retrospective patient charts review was conducted in 82 hospitals spread all over France and representative of the different types of centres treating HNSCC. Patients were classified into 4 groups: patients with resected primary tumors (P-RES; N = 107), patients whose primary tumor was not resected (P-NR; N = 111), patients with locoregional recurrence only