the limited availability of databases reporting the same information in Italy, the objectives of this study were to assess the applicability of the Belgian analysis, and to estimate cost differences between ESAs in Italy. METHODS: To adapt the Belgian data for the Italian setting, costs were replaced with Italian-specific costs, and discrepancies in epidemiology and treatment patterns were examined. Adjusting for country discrepancies, costs were analyzed using a mixed-effects model stratifying for treatment characteristics and cost differences between the two groups, calculated from over 2 million users of 14 HI. We calculated the costs of the IV chemotherapy (CHEMO) combination. There are restrictions to their use in the private sector in Brazil, as oral (PO) CHEMO is not covered by health insurance plans (HI). For many patients and physicians, a PO option is preferred over the intravenous (IV). Our aim was to study the budgetary impact linked to the use of C for the treatment of CRC in Italy. METHODS: We searched Evidencias Database for CRC patients eligible for the use of C, in the year of 2008. This database has information from over 2 million users of 14 HI. We calculated the costs of the IV chemotherapy actually used (mainly combinations of SFU-FA with oxaliplatin and irinotecan). We calculated the costs of the drug used and, when appropriate, the infusion pump to deliver SFU. Then, based on the real data of each individual patient, we calculated the costs if C replaced SFU-FA in the CHEMO. We assumed both treatments would have the same efficacy, as reported in the literature. RESULTS: We found 315 records of CRC patients that used IV CHEMO and could replace it by C. These patients received 2706 cycles of treatment and had an actual total cost of US$237,000 (85% of them refer to the CHEMO drugs only). If C replaced SFU-FA in the IV CHEMO, the total cost would drop 9.5%, to US$6,804,000, mainly due to the exclusion of the need of an infusion pump. CONCLUSIONS: The use of C to treat CRC is linked to a smaller cost than the IV alternative in the private health plans in Brazil.

PCN37

COST MINIMIZATION ANALYSIS OF SECOND-LINE CHEMOTHERAPY FOR NON-SMALL-CELL LUNG CANCER (NSCLC) Laudeurenue C1, Choudur C2, Florentin V3, Duchon D’engenières v4, Detournay B1
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OBJECTIVES: To compare the costs associated to second-line chemotherapies for adNSCLC in France. Three therapies, docetaxel, pemetrexed and erlotinib are currently marketed in France for second-line management of advanced non-small-cell lung cancer (adNSCLC). Previous studies showed no statistically differences between these treatments in term of efficacy (median progression-free survival or survival), but there are few data on the costs of these therapies. METHODS: A cost-minimization analysis was based on an indirect comparison of the results of two randomized French clinical trials (GFP and CEPAGE) in second-line setting. Costs were estimated in the perspective of the French National Sickness Fund and included direct treatments costs (excluding transports) and in-patients costs both for treatment administration and potential adverse effects. All costs were estimated on a 100 days period. RESULTS: Studied population included 145 patients treated with erlotinib, 75 patients treated with docetaxel and 75 with pemetrexed. Characteristics of patients were assumed to be similar. Overall, the median direct costs of the second line chemotherapies/100 days management were: 9,009 (IQR: 8,403-12,293) for docetaxel, 14,229 (IQR: 12,718-20,099) for pemetrexed and 7,134 (IQR: 6,752-8669) for erlotinib. Two by two, total costs differences between compared chemotherapies were all statistically significant (p<0.001). The cost breakdows among drug costs, in-patient stay for drug delivery and supportive care and adverse events were respectively 51%, 4, 0%, 15% (erlotinib), 73%, 6%, 6% (pemetrexed), and 59%, 20%, 7%, 14% (docetaxel). CONCLUSIONS: Costs of second-line therapies for adNSCLC appeared to be slightly lower using erlotinib as compared with docetaxel and pemetrexed due to lower administration costs. However, this study was based only on an indirect comparison and head to head trials are required to confirm such a conclusion.

PCN38

ECONOMIC EVALUATION OF DARBEPOETIN ALPHA IN THE MANAGEMENT OF PATIENTS WITH CHEMOTHERAPY INDUCED ANEMIA (CIA) IN GREECE Fragoulakis V, Maniadakis N
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OBJECTIVES: An economic evaluation was undertaken to compare the treatment cost of patients on darbepeotin alfa (DA) 500 mcg once every 3 weeks (Q3W) and 150 mcg weekly (QW), epoetin-alfa (EA) 40,000 IU QW, epoetin-beta (EB) 30,000 IU QW and 150 mcg weekly (QW) in the management of chemotherapy-induced anemia (CIA) in Greece. METHODS: The analysis was based on a decision tree model reflecting the local management of patients, driven primarily by their response to therapy (measured in terms of an increase in haemoglobin concentration ≥ 2 g/dl). As therapies are assumed to be of similar efficacy, a cost-minimisation analysis was undertaken considering National Health Services and patient transportation costs. Different on the data and cost of drugs, and frequency of therapy and response rates, were obtained from the published literature, expert opinions and registries. The model was probabilistic and was used to run Monte Carlo simulations to compensate for uncertainty. Results correspond to 2011 costs. RESULTS: The mean total cost per patient treated with DA-Q3W was €2951 (95% Uncertainty Interval (UI): €2912-2992), DA-QW €3192 (95% UI: €3075-3308), EA-QW €3781 (95% UI: €3649-3914), EB-QW €4036-4639 and EB-QW €745 and €910 for EPO-A (p=0.001) and EPO-B (p=0.001) respectively. The cost breakdowns among drug costs, in-patient stays for drug delivery and supportive care and adverse events were respectively 910, 98 and 85%, 0%, 0% (erlotinib), 73%, 6%, 6% (pemetrexed), and 59%, 20%, 7%, 14% (docetaxel). CONCLUSIONS: Costs of second-line therapies for adNSCLC appeared to be slightly lower using erlotinib as compared with docetaxel and pemetrexed due to lower administration costs. However, this study was based only on an indirect comparison and head to head trials are required to confirm such a conclusion.

PCN39

THE ECONOMIC IMPACT OF TREATING EARLY LUNG CANCER: A SYSTEMATIC REVIEW Mahir AL, Fong R, Johnson A
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OBJECTIVES: Lung cancer is one of the most common cancers in the world. Standard curative therapy includes surgical resection of the primary tumour. Understanding how to combine best clinical outcomes for the most efficient use of resources is important. We undertook a systematic review of the costs related to managing early stage lung cancer to summarize the body of literature from the global community. METHODS: An electronic literature search of EMBASE, MEDLINE and HEALTHSTAR was performed (January 2000-August 1, 2010). The search terms “Lung Cancer” and “Costs and Cost Analysis” or “Economics” were used. Two reviewers independently evaluated articles and consensus was achieved for all discordant situations. Data were abstracted using a standardized abstraction form. Costs are reported in 2010 Canadian dollars. RESULTS: The literature search identified 3654 abstracts; 25 articles were included and the research spanned 13 countries. The majority (15/25) of the studies performed cost identification studies; the remainder included 9 cost-effectiveness and 1 cost-utility analyses. Prospective research was performed in only one study. Just over 50% (13/25) of the studies reported a perspective, while 14/25 specified a time horizon for cost and health outcome collection. Overall costs for treating early NSCLC ranged from $24,040 (no recurrence) to $97,774 (persistent recurrence). The mean costs per patient for surgery was $698 (lobectomy chest drain equipment) to $92,967 (thoracotomy, lobectomy). CONCLUSIONS: The literature varies in adherence to optimal assessment methodology, and room for improvement is evident. Costs vary by treatment modality, yet few comparisons of available options exist for this population. Further comparisons of population-based clinical and economic outcomes are necessary in order to understand the burden of early lung cancer. This systematic review of the costs of early lung cancer may help to inform the methodologies and costs for future cost-effectiveness evaluations.