When considering mean QoL changes versus baseline, STD is most beneficial for Mobility, Self-Care and Emotion dimensions ($p < 0.05$). Under stabilization, fewer patients experience aggravated Pain (27% versus 41% for PD) and Fatigue (17% versus 46%). The incidence of hospitalization and mean number of days in hospital were calculated in terms of number of patients or days per month spent in a given state. All hospitalizations for complications were considered, including toxicity, cancer and other causes. Monthly overall incidence of hospitalization while in STD (0.06) was hardly superior to that of R (0.04) and much lower than in PD (0.25); only two hospital stays due to cancer complications occurred in stabilized patients, whereas this was the prevailing cause for hospitalizing under disease progression (2/3 versus 1/3 for toxicities). Time spent in hospital is cut down by 5 during the stabilization period, as compared to progressive patients (0.40 versus 2.0 days/month).
Discussion: STable Disease (STD) is by all measures better than Progressive Disease (PD). By many measures, it is closer to Response (R) than to PD. Disease stabilization induces QoL benefits in most domains, and particularly regarding Physical Functioning and Pain, as well as a decrease in hospital stays.

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PP34. Economic analysis of adjuvant Interferon-ALFA 2B (IFN) in high risk melanoma using projections from ECOG (E) 1684

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Purpose: IFN in E1684 prolonged relapse free and overall survival in high-risk resected melanoma. However, the costs and toxicities of IFN are barriers to its widespread use. This study was undertaken to analyze the projected costs and long-term benefits of IFN by combining prospectively collected data on IFN actual dosage, time of recurrence and survival with secondary data on long-term melanoma recurrence risks to project the cost-effectiveness of adjuvant IFN.
Patients and Methods: Two hypothetical cohorts of 50 yr old melanoma patients whose mean IFN dosage and clinical results were directly taken from E1684. Melanoma recurrence risks beyond five years were derived from international databases. Melanoma recurrence care costs and quality of life adjustments, when considered, were based on a consensus of experts. Endpoints were incremental costs, life-years gained, and cost-per life year ($/yr) gained with and without quality of life adjustments.
Results: The model's calculated five-year RFS for IFN was 36.8% compared to 37% in E1684 and an overall survival of 43.0% compared to 46% in E1684. The IFN cohort was projected to increase undiscounted survival of 0.81 years at 7 yrs. The lifetime projections were:

	IFN	NO RX	Δ/Benefit
Average survival, yrs.	8.96	6.77	2.19
Average discounted survival, yrs.	6.74	5.15	1.60
Quality adjusted survival, yrs.	6.11	4.87	1.25
Costs associated with IFN, $	28,636	0	28,636
Total lifetime costs of care, $	111,627	92,408	19,219
Cost per year of life gained ($/yr)			12,031
Cost per QALY			15,380

When recurrence costs were excluded the incremental $/yr increased only to $15,380 to $37,040. If the quality of life associated with IFN was worse than recurrence, the cost-utility ratios changed minimally.
Conclusion: The cost and toxicity of IFN must be balanced against its projected benefits in high-risk melanoma. The derived cost-effectiveness and cost-utility ratios for IFN were more favorable than most commonly accepted health care interventions.

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PP35. Use of economic models in an evolving drug evaluation strategy: An example in treatment of metastatic breast cancer

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Background: As part of the planned economic evaluation strategy for a new treatment for advanced metastatic breast cancer a decision analytic model was developed to compare two new taxoids and mitomycin C-vinblastine treatment regimens. To provide economic information on the product at the time of launch, when phase III trial data were unavailable, the model was used to carry out a cost utility analysis for the UK synthesising available data from published sources, early trials and physician opinion. (Hutton et al 1996)
Methods: Since the initial analysis further information has been collected, for example, utilities for the health states in the model from a wider sample of respondents and more specific cost data. More importantly the results of phase III studies for the two taxoid drugs are now being reported providing better estimates of response rates and time to progression, which have an important influence on the results of economic comparisons of treatments. The decision model has been revised and will be used to provide updated cost-utility results for the UK and the US.
Results: The cost utility results using the latest data will be compared with those of the earlier analysis.
Discussion: The intention of the work is two-fold - to provide more accurate estimates for the cost-utility comparison; and to test the usefulness of the modelling approach as part of an evolving evaluation strategy using the best available data at each stage.

Reference: Hutton et al. A New Decision Model for Cost-Utility Comparisons of Chemotherapy in Recurrent Metastatic Breast Cancer. PharmacoEconomics 1996; 9 Suppl.2: 8-22.

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PP36. Economic effect of multiple fraction per day with acceleration (MF) in extended radiotherapy of patients with Hodgkin's disease (HD)

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Background, Methods: We have performed prospectively randomized trials initiated in January 1985 testing new schedule of extended (mantle and Y-inverted fields) radiotherapy - MF with acceleration versus conventional fractionation (CF) for clinical stages I-III HD. All 229 primary patients (on the whole stage III - 163 patients: 71.2%) ageing from 15 to 54 had histologically proven HD. Radiation therapy was delivered with 15 MeV linear accelerator utilizing a total dose 40 - 44 GY regardless of scheme of fractionation. The patients were randomly assigned fractionation's schedules (113 MF, 116 CF). 2 - 3 cycles chemotherapy MOPP were used as a rule before radiotherapy at all II B - III B patients.
Results: The considerable decrease of relapse (12.2% MF-group versus 22% CF-group), acute radiation pneumonitis (for 20%), period of radiotherapy (for 12.4 days in average) were established in patients with MF-schedule as compared with CF-schedule.
Discussion: New schedule of radiotherapy is feasible, faster, well-bearable, more effective and economic method of treatment of patients with HD.

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