S9 Tt Du C,FU Du B or C<75ys	58.45	6138	117.9	0.24
S10 Tt Du C,FU Du B or C	58.96	6190	157.5	0.29
S11 Tt Du B or C,No FU	59.42	6239	128.5	0.22
S12 Tt Du B or C,FU Du C+	59.75	6274	148.9	0.24
S13 Tt Du B or C,FU Du C	59.94	6294	170.7	0.27
S14 Tt Du B or C,FU Du B or C	60.26	6327	227.7	0.34

In sensitivity analysis, two parameters of decision tree influenced the survival rate at 5 years more than 1.5%: the percentage of Dukes B and C colonic cancer, and the adjuvant chemotherapy. The impact of follow-up on survival rate was less than 1 %.
Discussion: The "classic" strategy (S1O) could decrease the death rate of 1% with a marginal cost of 0.29 10^6 FF by comparison SO (no Tt, no FU). These estimations suggest that the marginal cost of the follow-up is low in strategies with adjuvant chemotherapy. The efficiency of the follow-up must be balanced with the efficiency of screening to detect more colonic cancer at Dukes B stage.

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PP48. A review of the pharmacoeconomic research on Gemcitabine (Gemzar™) in the treatment of advanced non-small cell lung cancer

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Background: Gemcitabine (GEMZAR™) is a novel nucleoside analogue with unique activity against a range of solid tumors including non-small cell lung cancer (NSCLC) and pancreatic cancer. As of April 17, gemcitabine has been approved for chemotherapeutic treatment in 39 countries: 13 for NSCLC only, 6 for pancreatic cancer only and 20 for both NSCLC and pancreatic cancer.
Methods: Over the past three years, a series of retrospective economic evaluations (cost-minimization and cost-effectiveness) have taken place in order to better estimate the economic impact of gemcitabine (single agent and in combination) in NSCLC treatment compared with other chemotherapeutic regimens.
Results:

Country	Mean cost savings for single agent gemcitabine
USA	$1,879/cycle* vs. cisplatin/etoposide
Spain	$ 1,359/cycle* vs. cisplatin/etoposide
Germany	$ 892/cycle* vs. ifosfamide/etoposide
Belgium	Up to $935/cycle vs. cisplatin/etoposide and carboplatin/etoposide
Sweden	$267/cycle vs. cisplatin/etoposide, $1,778 vs. ifosfamide/etoposide
Canada	$1,174-$6,955/life-year gained vs. best supportive care
Country	**Mean cost savings for gemcitabine + cisplatin**
Italy	All cycles: $4,910 vs. mitomycin/ifosfamide/cisplatin; $35,204 vs. cisplatin/etoposide; $29,464 vs. cisplatin/vinorelbine

* Excluding chemotherapy cost

Discussion: These results suggest that gemcitabine, as a single agent or in combination, may be cost saving or perhaps even cost-effective largely due to the possibility for chemotherapy administration in an outpatient setting and the lower side effect/toxicity profile (e.g. lower febrile neutropenia and nausea/vomiting). This economic advantage assumes equivalent efficacy for NSCLC treatment between gemcitabine and other chemotherapeutic regimens.

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PP49. Management of lung cancer - a comparison of management strategies, outcomes and resource utilisation in specialist and non specialist centres

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Background: Incidence rates for lung cancer in Scotland are among the highest in the world - 116 per 100,000 in men and 68 per 100,000 in women. The overall five year survival rate has remained around 7% for more than 25 years. In 1989/90 the National Health Service spent £55-75 million on the care of lung cancer patients but there is insufficient data available to determine whether the most cost effective use is made of this resource. There is also insufficient information available about the true benefits, costs of different treatment, approaches, resource utilisation, and outcome for patients treated in different clinical settings.
Methods: This is a prospective descriptive study of the outcome of clinical management strategies for lung cancer patients in specialist and non-specialist centres. The study population consists of an unsolicited consecutive series of all new lung cancer patients referred to respiratory physicians in SE Scotland. Assessment consists of patient self reported questionnaires to measure quality of life variables, i.e. EORTC QLQ-C30 and the Lung Cancer Module (LC-Cl3) and the Hospital Anxiety and Depression Scale (HADS), together with a structured interview based on the Support Team Assessment Schedule (STAS) to monitor symptoms and resource use. Follow up questionnaires are administered by post with telephone interviews at one, three and six months. Demographic, clinical and resource use data are being collected on all patients. The main resource data are collected from case records and will be costed for each setting. Data collection is ongoing.
Progress: In the first year two main problems have had to be addressed 1) Accrual (physician compliance): Slow initial accrual is not uncommon but the following action is being taken a) progress report circulated to clinicians, b) research nurses review accrual with clinicians at the two poorest recruiting centres c) summary of progress is presented at quarterly meetings of South East Scotland Respiratory Group d) pathology department records are being checked to ascertain whether any patients with a pathologically confirmed diagnosis of lung cancer have been missed.
2) Quality Assurance: There is considerable potential for variability in the interpretation of casenote data. Two measures have been undertaken to address this a) a compendium of data definitions is used in the casenote review b) a random sample of casenotes is independently completed by and cross checked to ensure uniformity of interpretation. Anomalies are reviewed by the whole team. The study opened for recruitment in June 1996 and as of 31st May 1997 524 patients have been registered. The expected recruitment to the study for this period is 737 patients. It was anticipated that a proportion of newly diagnosed lung cancer patients would be unable or unwilling to complete quality of life assessments and the intention was to collect casenote data only for these patients. To date we have casenote data only for 34.3% of the sample. The compliance rate in this study remains high at 73.5%, which is extremely encouraging in this patient population.

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PP50. Economic evaluation of endocrine therapies for post-menopausal metastatic breast cancer

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Background: A cost-effectiveness study is being carried out to compare vorozole, a new nonsteroidal oral aromatase inhibitor, to other endocrine therapies for metastatic breast cancer patients in the UK, France, Sweden and Canada. Endocrine therapies have demonstrated effectiveness in prolonging time to progression of disease for women with post-menopausal metastatic breast cancer, which may have economic implications. Resource constraints have increased the need for evidence of cost-effectiveness. A decision-modelling approach was used to compare vorozole with other