

treatment of breast cancers with bad prognosis and of primitive treatment of acute leukaemia.

Discussion: There is a puzzling dilemma for hospitals in general and more especially for cancer institutes between profit-based and health output-based strategies. Public health interest only goes hand in hand with financial interest in implementing new techniques or methods when they cut treatment costs. When they are both life saving and cost improving they may be not adopted even if they are most cost-effective. The prospective payment-like system obviously offers very slight incentives to innovate, which may be detrimental to medical activities such as anticancer ones where medical progresses still remain to be done.

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OP22. Economic evaluation of Amifostine in the treatment of small cell lung cancer (SCLC)

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An economic evaluation is being conducted as part of a randomised multicentre study assessing the role of the cytoprotective agent, amifostine, in the treatment of small cell lung cancer. This study - the DART study (Does Amifostine Reduce Toxicity?) - was developed following a phase II pilot study to assess response rate in 30 previously untreated patients with favourable prognosis SCLC. Treatment was given with ICE (ifosfamide, carboplatin and etoposide) chemotherapy. A high objective response rate was reported (83% (95% CI (70%, 97%))), but myelotoxicity was severe. 86% of patients had WHO grade 3/4 neutropenia (95% CI (73%, 99%)) and 63% had WHO grade 3/4 thrombocytopenia (95% CI (46%, 81%)). One third of patients spent time in hospital for treatment-related complications. The length of stay is shown in the table:

Cycle number	No. of patients receiving cycle	No. of patients spending time in hospital	Median days in hospital	Range
1	30	7	9	1-16
2	29	4	10.5	2-13
3	27	6	2	1-11
4	25	6	2	1-11
5	24	8	2	1-10
6	17	2	2.5	23

It has been suggested that cytoprotection of the normal tissues might allow the preservation of tumour cytotoxic dose intensity with fewer and less severe side effects. If amifostine were found to be effective in reducing myelosuppression, there might be advantages in patient outcome and in resource costs relating to management of chemotherapy-related toxicities.

This study aims to investigate whether the administration of amifostine before each cycle of ICE chemotherapy will attenuate toxicity. Eighty-four previously untreated patients with favourable prognosis SCLC will be randomised to receive either amifostine followed by chemotherapy or chemotherapy alone, for a maximum of 6 cycles.

Resource use will be examined using data about hospital visits, investigational procedures undertaken, and treatments administered. In-patient admissions and length of hospital stays for all reasons, the number of out-patient visits and day patient admissions will be recorded. All medication with associated costs and details of any other procedures will be recorded. Patient outcome will be assessed using the EuroQoL questionnaire, completed immediately prior to each cycle of treatment and then at three monthly intervals for 18 months or until death.

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OP23. Elicitation of preferences and patients participation in the decision making process

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Background: The purpose of this study was to give patients the choice between two ways of adjuvant treatment for breast cancer: a *short* during 9 weeks chemotherapy and radiotherapy concomitant - and a long during 16 weeks chemotherapy followed by radiotherapy - with the intention to determine the explicative factors of this choice, to elicit patients' preferences and the need to choose for the patients.

Methods: As we faced an uncertainty decision problem the referenced economic model is the expected utility theory. We then have developed the questionnaire in order to elicit: patients' behaviour towards risk, present preference and risk perception. Patients enrolled were menopausal or non menopausal. Non menopausal patients had 1 to 3 involved axillary lymph nodes or none with at least 1 of the prognostic factors as SBRIII, HR-, PVTE+. The chemotherapy associated 4 cycles of 12mg/m² mitoxantrone and 600mg/m² cyclophosphamide, every 21 days. At the first consultation, the physician explained to patients what was the choice and gave them an information letter explaining the advantages and disadvantages of each way of treatment and some probabilistic information about side effects. Then (s)he filled out a questionnaire to let us know if patients were influenced by him(her). The day of the first cycle, patients gave their responses and filled out the first questionnaire which had to elicit the three main indicators above in accordance with the economic theory. They received a second one at the end of the treatment so as to know their choice *a posteriori*, the satisfaction to be able to choose the treatment and the degree of desire for participation in the therapeutic decision making process.

Results: At the present time, choice was proposed to 57 patients: 39 (67%) of them chose the *short*. 49 patients had already filled out the first questionnaire. The univariate analysis showed that 7 variables had a statistical significant explicative part for the choices fear of adverse effects, length of treatment, value of gains associated to the chosen treatment, trade off in number of weeks making patients changed their choice: fear of fatigue and fear of amassing adverse effects both linked to the *short* treatment, behaviour toward risk. Among the 34 patients (26 in the short) who had filled out the second questionnaire, only 2 (long) thought that they will "recommend" the other treatment. About satisfaction with the possibility to choose treatment, 88% answered "quite" and 76% said that it wasn't or it was a little difficult to make it. About the degree of participation, 73% wanted to take the decision.

Discussion: At first, because the choice being not statistically associated with patients' social demographics characteristics, we could say that patients' choice could be effectively considered as a trade off between side effects (the risk) and time. Secondly, results demonstrate how important it is to let patients having a more active participation in the decision making process and then to work about elicitation of preferences. Finally, the expected utility theory seems here to be adapted for modelize the decision making process in oncology.

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OP24. Costs and quality of life in metastatic breast cancer

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Background: With an annual incidence of 26,000 cases in France, breast cancer is the most common malignancy in French women, accounting