

Capecitabine (X) is Resource Saving

Compared With I.V. Bolus 5-FU/LV in Adjuvant Chemotherapy for Dukes' C Colon Cancer Patients: Medical Resource Utilization (MRU) Data From a Large Phase III Trial (X-ACT)

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Background

Treatment resource use has important implications for the total costs of therapy and quality of life/clinical outcomes. Treatment convenience impacts patient satisfaction and compliance. The X-ACT trial aimed to replace intravenous (i.v.) 5-FU/LV with oral X, an effective 1st line treatment in metastatic colorectal cancer.

Methods

MRU was measured in the trial, which compared 6 months of twice-daily oral X 1,250mg/m² d1-14 every 3 weeks (n=993) with i.v. 5-FU/LV (n=974; Mayo Clinic regimen). Information was collected on visits for study drug administration, hospital use, visits to providers and medication for adverse events (AEs). Hospitalizations linked to specific AEs were

designated by the investigator as being study treatment-related or not.

Results

Patients on 5-FU/LV typically made 30 visits to the clinic for treatment administration, while X patients made 8 visits, one at the beginning of each cycle. Treatment-related hospitalizations were lower (91 vs 100) in the X arm but the total number of associated days hospitalized was nearly identical (961 vs 959). On average, all patients made approximately 1 additional visit to general practitioners or specialists during the treatment period. In terms of medications to treat adverse events, patients on 5-FU/LV required more days of therapy for higher cost drugs such as anti-diarrheals, analgesics, and anti-fungals; patients on X

used more low-cost vitamins and emollients.

Conclusions

Adjuvant chemotherapy with oral X yields substantial savings in MRU due to the avoidance of administration costs of i.v. therapy. The indirect cost savings in terms of the value of patient time are substantial. Other potential cost factors, including hospital use, ambulatory encounters, and other medications, did not differ significantly between the regimens. If this trial meets its primary endpoint of equivalence in disease-free survival, X is likely to be cost-effective from a societal perspective compared with the Mayo Clinic regimen in the adjuvant treatment of Dukes' C colon cancer. ■

Article # 3

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Randomized Phase III Trial of Docetaxel (D)/Estramustine (E) Versus Mitoxantrone(M)/Prednisone(p) in Men with Androgen-Independent Prostate Cancer (AIPCA)

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Background

The median survival of AIPCA patients (pts) treated with M+P is 10-12 months. Phase I/II trials of AIPCA pts treated with D+E reported survivals of 20-23 months. SWOG

99-16 was designed to compare the survival D+E to M+P.

Methods

770 men with progressive AIPCA were

randomized to either Arm 1) Dexamethasone 60 mg premedication; D=60 mg/m² day(D) 2, E= 280 mg PO D1-5 Q 21 D or Arm 2) M 12 mg/m² + P 5 mg PO BID

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