



Title	Clinical and Cost Effectiveness of Capecitabine and Tegafur With Uracil for the Treatment of Metastatic Colorectal Cancer: Systematic Review and Economic Evaluation
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Aim

To evaluate the clinical and cost effectiveness of capecitabine and tegafur with uracil (UFT/LV) as first-line treatments for patients with metastatic colorectal cancer, as compared with 5-fluorouracil/folinic acid (5-FU/FA) regimens.

Conclusions and results

Capecitabine treatment appeared to improve overall response rates and the adverse effect profile compared to 5-FU/LV treatment with the Mayo regimen, except in hand-foot syndrome. Time to disease progression or death after UFT/LV treatment was shorter (1 study) than after 5-FU/LV treatment with the Mayo regimen. Neither capecitabine nor UFT/LV improved health-related quality of life. The estimated total cost of capecitabine and UFT/LV treatments were compared with the cost of the Mayo regimen. Cost estimates were also presented for the modified and inpatient de Gramont regimens. RCTs showed no survival advantage from the oral drugs against the Mayo regimen. Cost savings of capecitabine and UFT/LV over the Mayo regimen were estimated. Drug acquisition costs were higher for the oral therapies than for the Mayo regimen, but were offset by lower administrative costs. Costs to treat adverse events were similar across the three regimens. Indirect comparison inferred no survival difference between oral drugs and the de Gramont regimens. Cost savings were estimated for capecitabine and UFT/LV over the modified and inpatient de Gramont regimens.

Recommendations

The results show a potential cost savings associated with oral therapies. No survival difference has been proven between oral drugs and the Mayo regimen. Evidence of a survival difference between the Mayo regimen and the de Gramont regimens was not identified. Improved progression-free survival and an improved adverse event profile have been shown for the de Gramont regimen over the Mayo regimen.

Methods

Systematic searches, selection against criteria, and quality assessment were used to obtain data from relevant studies. Costs were estimated through resource-use data from published trials and unpublished sponsor submissions. Unit costs were taken from published sources. The cost-effectiveness of capecitabine and UFT/LV was compared with three intravenous 5-FU/LV regimens widely used in the UK: the Mayo, the modified de Gramont (outpatient) regimen, and the inpatient de Gramont regimens.

Further research/reviews required

Inclusion of quality of life data in trials of colorectal cancer treatments. The place of effective oral treatments in treating colorectal cancer. The safety mechanisms needed to ensure compliance and the monitoring of adverse effects. The optimum duration of treatment. The measurement of patient preferences. A phase III comparative trial of capecitabine and UFT/LV versus modified de Gramont treatment to determine survival advantage and to collate necessary economic data.