Non-small cell lung cancer (NSCLC) is one of the most frequent oncological diseases with an important economic impact in the National Health System (NHS).

**OBJECTIVES**

To determine the avoided cost for the hospital attributable to drugs assigned to patients with NSCLC enrolled in clinical trials (CT).

**MATERIAL AND METHODS**

- **Collected variables:**
  - CT title and protocol code
  - Phase
  - Promotor
  - Masking
  - Investigational drugs
  - Number of patients enrolled

- **Avoided cost analysis:**
  - Scheme
  - Dispensed drug(s)
  - Number of dispensations
  - Duration of the treatment
  - Standard of care
  - Average drug prices

- **Inclusion criteria:** CT in NSCLC with included patients, with a therapeutic alternative available and those in which the sponsor provide the medicines on research

**RESULTS**

- 23 CTs included
- Phases: II 43.5%, III 34.8%, I (Ib/I) 21.7%
- 19 pharmaceutical industry
- 4 cooperative groups
- 111 patients
- 973 cycles dispensed
- 17±7.5 cycles administered/patient

Estimated average savings:
- € 100,620.62/CT
- € 2,378.49/cycle dispensed
- € 20,849.32/patient

**Total cost avoidance:** € 2,314,274.25

**CONCLUSION**

- CT are essential for evaluating the efficacy and safety of new treatments.
- Cost avoidance in investigational drugs is a tangible benefit of clinical trials.
- It is a source of economic benefits for the hospital as we can see in this study.