reported were also considered for costing and values were derived from Tables Supplementary File 1 and 2. Euro QoL-5D (EQ-5D) was used in 3,003 USD = 2,038RIL. RESULTS: A total of 233 patients with lung cancer were identified at the database from which 101 were eligible to the study. Fifteen different chemotherapy regimens were reported. The most common regimen was carboplatin with pemetrexed (29.7%), 20.8% received bevacizumab or cetuximab or capecitabine or only use of oral chemotherapy. About 87% of the patients received a total of 3 cycles of treatment. Costs per cycle of the schemes observed ranged from US$ 11,890 to US$ 1,712.95. Considering the number of cycles administered reported in the database, the average costs of management for one patient with metastatic NSCLC in 1L is US$199,011.79. CONCLUSIONS: Treatment of 1L metastatic NSCLC represents a significant burden to the Brazilian public payers. The preferences of chemotherapy regimens may change in the following years due to the incorporation of oral chemotherapy in the list of mandatory coverage treatments and procedures.

PCN75 REAL WORLD MANAGEMENT AND COSTS IN UNRESECTABLE METASTATIC MELANOMA (UdMM) PATIENTS TREATED AT THE ANTWERP UNIVERSITY HOSPITAL (UZA)

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OBJECTIVES: To assess the management and associated lifetime costs in UdMM patients as from the diagnosis of unresectable metastatic disease until death. METHODS: We performed a retrospective patient chart review to obtain data on medical consumption related to the management of UdMM. A complete registry of all patients diagnosed with melanoma at UZA between 2007 and May 2014 was used for this retrospective study. For individuals with UdMM with sufficient data available and who deceased before May 2014. Data on demographics, disease characteristics and management of UdMM were collected. Direct costs were calculated by multiplying each item of resource use with its unit cost (2013, €) using the Belgian public health care payer’s perspective (FHPc) and patient’s perspective. Average (bootstrap 95%CI) overall costs per patient were €7,394 (95 % CI: 5,490-9,472) for patients on best supportive care (BSC) only. 44 eligible patients were included. 81.8% (n=36) of patients were treated by systemic treatment (6) of which 13.6% (n=6) received up to 4 different treatment lines. 14 patients received “new drugs” (ipilimumab: 13; vemurafenib: 4) 48/145 (40%) hospitalizations were for treatment related to skin metastases. RESULTS: Mean overall cost/patient was €45,897 (bootstrap 95% CI: 33,905-57,550), of which €7,394 (95%CI: 33,098-56,584) was reimbursed. The FHPc cost was driven by systemic treatments costs (51% of cost). Mean FHPc cost was €93,537 (95 % CI: 81,710-105,346) for patients treated with “new drugs”, €36,564 (95 % CI: 20,688-32,999) for patients treated with chemotherapy but no “new drugs” and €7,394 (95 % CI: 5,490-9,472) for patients on best supportive care (BSC) only. Median overall survival was 6.1 months (9 months, 5.2 months, and 1 month for patients on systemic drugs, “new drugs”, and BSC only, respectively. CONCLUSIONS: Management of UdMM results in considerable costs for the FHPc, mainly driven by systemic treatment costs.

PCN76 BURDEN OF DISEASE OF THE MASTOCARCINOMA IN AUSTRIA

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OBJECTIVES: Breast cancer or rather called mastocarcinoma, is a malignant growth of the mammary gland. With an incidence rate of 5.105 people in 2010, a breast cancer patient will lose months of productivity, loss of work, costs for accommodation and transportation due to treatment and other costs of patient and caregivers. RESULTS: Annual total cost per patient with asthma accounts for 6,618,682 VND, from which direct costs are 2.5 times more than indirect cost (4,738,682 vs 1,880,000 VND) The total cost of asthma has increased following the asthma severity with 4,960,278, 8,098,156, 10,759,234, 13,196,280 VND in mild, intermittent, moderate and severe asthma rate. In the structure of total cost, following the asthma severity, the percentage of direct costs increases and indirect costs decreases especially in the mild asthma rate. Total economic burden of asthma was 23,165 billion VND, from which 71.5% (16,585 billion VND) are for direct costs and 29.5% (5,580 billion VND) for indirect costs. CONCLUSIONS: The economic impact of asthma (23,165 billion VND) on asthmatics, their families and society is significant. According to the study, putting more public health efforts to better control asthma is the first necessary step to reduce the costs of asthma.

PCN77 ECONOMIC BURDEN OF DISEASE IN FRANCE IN 2012: A TOP-DOWN ALLOCATION OF HEALTH CARE EXPENDITURE BY DISEASE BASED ON THE FRENCH HEALTH INSURANCE SYSTEM DATABASE.

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OBJECTIVES: The aim of this study is to assess health care expenditure by disease in order to provide detailed analyses of resource allocations for 2012, based on the French health care system database. METHODS: Using information about 50 million individuals for the year 2012 (65% of the French population), we identified all people who received care for each of 56 groups of diseases or medical events or treatments, which are frequent, severe and/or have been applied to each person’s medical records for long-term chronic diseases or hospital stays, specific drugs or medical procedures. Costs of all reimbursed expenditures (outpatient/inpatient care, disability, and work absenteeism) were allocated to each of the 56 disease each based on the average expenditure by disease calculated for individuals with only one disease. All expenditures were thereafter extrapolated to the whole population to fit national health account statistics. RESULTS: 1.5 billion euros (all insurance schemes), 21.2% (15%) were related to psychiatric disorders and treatments, 14% (10%) to cancer, 14.6% (10%) to cardiovascular diseases, 7,5% (5%) to diabetes, 6.6% (5%) to vascular-risk treatments, 6.1% (4%) to neurological disorders, 3.5% (2%) to chronic respiratory diseases, 4.7% (3%) to inflammatory/rare diseases/HIV, 3.5% (2%) to treated chronic renal insufficiency, 1.4% (1%) to liver/pancreas diseases, 1.5% (2%) to chronic pain killer users and 4% (3%) to other long-term chronic diseases. (insurance hospitals represented 32.8 billion € (23%), basic care 14.6% (10%) and maternity 9.6%). This analysis also provides detailed patterns of expenditures by diseases. CONCLUSIONS: Our study provides helpful information to policy makers by improving the performance of the French national health care system based on a disease-based approach. This tool will be used to forecast the impact of ageing and epidemiologic patterns on health expenditures.