OBJECTIVES: Venous thromboembolism (VTE) is a common complication for cancer patients receiving antiemetic treatment. The objective of the present study was to evaluate the number of the cost of VTE-related hospitalizations for patients with breast or prostate cancer during the two first years of their oncologic treatment. METHODS: Patients with breast cancer (BC) or prostate cancer (PC) diagnosed in 2010 who had at least one VTE-related hospitalization during the following two years were selected from the French national hospital database (PMSI), using the disease-specific ICD-10 codes. Hospital costs were estimated from a third-party payer perspective using the official diagnosis related group (DRG) tariffs for each year considered. RESULTS: In 2010, 62,365 patients newly diagnosed with BC and 45,551 with PC were admitted in French hospitals. Among them, 1,271 in the BC cohort (2.0%) and 997 in the PC cohort were hospitalized for VTE at least once during the two-year follow-up, leading to 1,604 stays for BC patients and 1,210 stays for PC patients. During a 2-years follow-up, 15.9% of BC patients and 14.4% of PC patients were re-hospitalized for VTE-related hospitalization. The mean cost per patient was estimated at 3,302 € for BC and 3,614 € for PC. BC patients hospitalized once for VTE-related events, and it increased to 5,545 € and 5,692 € for BC and PC patients who presented recurrences. Over a 2-year period, hospital costs induced by VTE were estimated 1.98 million and 1.43 million € for BC and PC, respectively. CONCLUSIONS: VTE-related hospitalizations in breast or prostate cancer patients lead to a significant economic burden that could be reduced by decreasing VTE recurrence.

PCN67 ASSESSING THE ECONOMIC BURDEN AND HEALTH CARE UTILIZATION OF U.S. MEDICARE PATIENTS DIAGNOSED WITH MELANOMA

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OBJECTIVES: To examine the economic burden and health care utilization of melanoma patients in the U.S. Medicare population. METHODS: A retrospective analysis using U.S. N LT database. The model was a Markov model, with 1-year cycles. The costs were modeled as offset by QALY gained. Sensitivity and Threshold analysis confirmed the base case results. CONCLUSIONS: The incremental cost-effectiveness ratio for the Preve concept was 92,953 USD/QALY gained. Cost-utility ratio for the Preve concept was 104,828 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 151,390 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 212,005 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 272,660 USD/QALY gained.

PCN68 RESOURCE USE AND HEALTH CARE COSTS OF CERVICAL LESIONS AND CERVICAL CANCER IN SLOVAKIA

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OBJECTIVES: The objective of this cost study was to measure the resource utilisation and direct costs associated with health care management of cervical abnormal cytology and cervical cancer in Slovakia and to provide a basis for cost-effectiveness evaluations. METHODS: The cross-sectional survey was performed to obtain the information on the management of patients with cervical lesions (Low Grade Squamous Intraepithelial Lesion (LSIL), High Grade Squamous Intraepithelial Lesion (HSIL), Atypical Squamous Cells of Undetermined Significance (ASCUS)), Cervical Intraepithelial Neoplasia (CIN) I-III) and cervical cancer (clinical stages IA1 to IVB) and to estimate the direct costs of the disease management. All types of health care used in the management of cervical lesions/cancer were evaluated (diagnostics, treatment and follow-up). Average costs per patient were assessed on a yearly basis and correspond to the prices in 2013. RESULTS: Concerning the cervical lesions, the highest cost was the diagnostic costs in the CIN II (84.2%, €857.34). The lowest cost was the diagnostic costs in the CIN I (4.4%, €42.69). Concerning the cervical cancer, the highest cost was the diagnostic costs in the stage IVB (10.9%, €1661.61) and the lowest cost was the diagnostic costs in the stage IA1 (0.5%, €34.04).

PCN69 HOSPITAL COST OF THROMBOEMBOLOGIC EVENTS IN BREAST OR PROSTATE CANCER PATIENTS

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OBJECTIVES: To investigate the economic burden and health care utilization of patients with breast (BC) or prostate (PC) cancer. METHODS: A retrospective analysis using U.S. NLT database. The model was a Markov model, with 1-year cycles. The costs were modeled as offset by QALY gained. Sensitivity and Threshold analysis confirmed the base case results. CONCLUSIONS: The incremental cost-effectiveness ratio for the Preve concept was 92,953 USD/QALY gained. Cost-utility ratio for the Preve concept was 104,828 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 151,390 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 212,005 USD/QALY gained. The incremental cost-effectiveness ratio for the Preve concept was 272,660 USD/QALY gained.