proportion of HPV-related cancers remains to be established by site and further research is needed to assess outpatient and indirect costs linked to these cancers.

THE COSTS OF BREAST CANCER PRIOR TO AND FOLLOWING DIAGNOSIS

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OBJECTIVES: This incidence-based cost-of-illness analysis aims to quantify the costs associated with female breast cancer in Flanders for the year prior to diagnosis and for each of the five years following diagnosis. METHODS: A bottom-up analysis from the societal perspective included direct healthcare care costs and indirect costs of productivity loss due to morbidity and premature mortality. A retrospective case-control study design compared total costs of breast cancer patients with costs of an equivalent standardised population with a view to calculating the additional costs that can be attributed to breast cancer. The sample was made up of women who had undergone surgical treatment for breast cancer and who were affiliated with the Christian Health Insurance Funds. Resource utilisation data were derived from national publications, the Christian Health Insurance Funds and statistical institutes. RESULTS: The sample consisted of 20,439 breast cancer patients. Total average costs of breast cancer amounted to €1,077,456 per patient over 6 years. Total costs consisted of productivity loss (89% of costs) and health care costs (11% of costs). Health care costs did not vary with age at diagnosis. Health care costs of breast cancer patients converged with those of the general population at five years following diagnosis. Patients with advanced breast cancer stadia had higher health care costs. CONCLUSIONS: To reduce costs associated with breast cancer, attention needs to be focused on decreasing the productivity loss from breast cancer. The implementation of new techniques to prevent, diagnose, and treat breast cancer not impact direct health care costs, but may also influence indirect costs of productivity loss.

COSTS OF ADVANCED GASTRIC CANCER (AGC) IN BRAZIL FROM THE PUBLIC PAYER PERSPECTIVE

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OBJECTIVES: In Brazil, 140 million citizens (40% of the population) depend on the public health care system. Advanced gastric cancer (AGC) is the second most frequent cause of death in Brazil; 10,645 per year. This disease appears among the most costly cancers to treat. OBJECTIVE was to identify the medical resource usage (MRU) to AGC and associated costs in the public health care sector. METHODS: A questionnaire was developed to identify the medical resource usage (MRU) of managing AGC in the public health care system. The questionnaire was applied to 20 oncologists and 20 nurses in a structured interview. MRU data were extracted according to the following stages: 1) diagnosis and staging; 2) 1st line treatment, 3) 2nd line treatment; 4) best supportive care (BSC); and 5) terminal care. Then, modified Delphi panels were conducted in the 5 largest cities of Brazil to reach a consensus on the base-case value and on the possible ranges of each resource used. Financial values were translated into USD based on the exchange rate of R$2.40 = 1 USD. RESULTS: The mostly used diagnostic procedures were upper digestive endoscopy, abdominal computed axial tomography (CAT) and thoracic radiography. For 1st line treatment, SFU-based chemo was the first choice of 50% of the oncologists interviewed, other given in combination with cisplatin (22%), etoposide (17%) or cisplatin (35%) and 12% for best supportive care (BSC). Most used chemotherapy regimens of AGC patients were: cisplatin based (67%), followed by 5FU + cisplatin (14%) and 5FU monotherapy (13%). Mean monthly medical costs were $5080 in the post-period, which consisted of 46% outpatient costs, 40% outpatient costs, and 14% outpatient chemotherapy costs. CONCLUSIONS: One-third of AGC patients were not treated with outpatient oncology. Outpatient chemotherapy costs constituted a small portion of the total cost of AGC.

COST PER DISEASE STAGE OF ADVANCED GASTRIC CANCER IN BRAZIL FROM THE PRIVATE PAYER PERSPECTIVE

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OBJECTIVES: Gastric cancer is the second most frequent cause of cancer death worldwide. Approximately 22,000 new cases are expected in Brazil annually. Our aim was to estimate the cost per disease stage of advanced gastric cancer in Brazil in the private health care sector. METHODS: A questionnaire was developed to identify the medical resource usage (MRU) of managing gastric cancer in the private health care system. The questionnaire was applied in a structured interview to 40 experts (20 medical doctors and 20 nurses) of the private health care sector. The questionnaire was applied to 20 oncologists and 20 nurses in a structured interview. MRU data were extracted according to the following stages: 1) diagnosis and staging; 2) 1st line treatment; 3) 2nd line treatment; 4) best supportive care (BSC); and 5) terminal care. The mean total mean cost of treating AGC per patient in the public sector in Brazil is R$9056 (US$3773). The total mean cost per patient were therefore R$9056 (US$3773) of which chemotherapy drugs represented 37%. CONCLUSIONS: Findings suggest that the total mean cost treatment of AGC per patient in the public sector in Brazil is R$9056 (US$3773).