costs from a hospital centered view and four studies included costs from a third party payer view. The mean total treatment cost of pancreatic cancer treat-
ment ranged from €8,037 to €38,232 per patient. The cost of resectable disease ranged from €19,890 to €120,071 per patient. The cost of unresectable disease ranged from €14,899 to €58,208. The cost of metastatic disease ranged from €13,873 to €43,679. The cost of surgery performed by a high-volume surgeon ranged from €15,433 per patient to €22,790 per patient. 15 studies reported cost-effectiveness data. The incre-
mental cost-effectiveness ratios (ICER) of cetuximab plus radiotherapy compared to radiotherapy alone ranged from €48,637 per quality adjusted life years (QALY) to €62,657 per QALY. The ICER of surgery followed by chemotherapy compared to surgery alone ranged from €34,636/ QALY to €81,971/QALY. CONCLUSIONS: Surgery is an important cost-driving factor in pancreatic cancer treatment. Wide variations in cost are reported, probably reflecting the variation in health care systems.

PCN110 THE INCREASING COST BURDEN OF OBESITY RELATED CANCER TO NHS ENGLAND Dasika G, Pennington B, Nielsen SK 1Antwerp University, Antwerp, Belgium, 2Realidal, Grimbergen, Belgium, 3Antwerp University Hospital, Edegem, Belgium OBJECTIVES: A 2014 study by Bhaskaran et al. found that an increase in BMI was associated with an increased risk of cancer in 10 sites. The National Health Service (NHS) England cancer related expenditure for the cancers in these 10 sites from Bhaskaran et al. to account for €27.8 billion in 2012/13. This study estimated the increasing cost burden of these cancers to NHS England relative to increasing BMI. METHODS: The analysis used the primary care trust (PCT) expenditure for the financial year 2012/13 of England. The 10 cancers found by Bhaskaran et al. whose incidences increase as BMI increased were linked to the ‘cancers and tumours’ category of the cancer expenditure. We calculated the cancer expenditure attributable to obesity for each of the 10 cancers using their respective prevalence rate as reported by Bhaskaran et al., and also reported hazard ratios (HRs) for incidence of each cancer for a 5kg/m2 increase in BMI – we used these HRs to estimate the increased cost of each of the 10 cancers for increase in obesity in 2012/2013. We cost all cancers for the 10 cancers attributable to obesity to be £32.3 billion. If the mean population-wide BMI increased by 5 kg/m2 we estimated that the cost burden of 10 cancers attributable to obesity would have increased to £32.3 billion. In 2012/2013 the cost burden of cancer of induction of cancer was £1.6 billion. A population-wide increase in BMI would result in higher incidence of 10 cancers. The cost to NHS England would increase dramatically, with the required budget increasing by more than 25% for an increase in BMI of 5kg/m2.

PCN111 MEDICAL COST ASSOCIATED WITH TREATMENT AND FOLLOW-UP OF PANTENTS WITH HEAD AND NECK CANCER De Faye AM, Vandeneede N, Strens D, Specerien P 1Antwerp University, Antwerp, Belgium, 2Realidal, Grimbergen, Belgium, 3Antwerp University Hospital, Edegem, Belgium OBJECTIVES: To summarize the existing literature regarding the medical cost associ-
ated with treatment and follow-up of head and neck cancer. METHODS: PubMed was used to retrieve publications using the search “(head and neck cancer) AND (cost)” with a publication date filter (from January 1st 2000 up to September 1st 2014) and language filter (English). This search yielded 2,635 publications, of which 97 were relevant for this review. Cost were recalculated in Euros (€) using the June 5 2015 currency rate of €1 = $0.8914. RESULTS: In six stud-
iess total treatment cost from diagnosis to discharge ranged from €15,214 per patient to €23,665 per patient. Five out of six studies reported the cost including treatment and follow-up of patients in the range from €29,434 per patient to €76,277 per patient. The cost range was from €8,797 per patient to €48,115 per patient. In three studies the cost of surgery performed by a high-volume surgeon ranged from €7,869 per patient to €24,233 per patient and by a low-volume surgeon ranged from €9,146 per patient to €20,076 per patient. In two studies the median cost for stage I disease ranged from €3,264 per patient to €11,205 per patient, for stage II disease ranged from €5,230 per patient to €20,473 per patient, for stage III disease ranged from €9,196 per patient to €28,429 per patient and for stage IV disease ranged from €10,222 per patient to €45,573 per patient. In three studies the incremental Cost effectiveness Ratio (ICER) of cetuximab plus radiotherapy compared to radiotherapy alone ranged from €7,530 per QALY to €11,624 per QALY. CONCLUSIONS: The literature on the cost associated with the treatment of head and neck cancer is extensive. Wide variations in cost are reported, probably reflecting the variation in health care systems.

PCN112 CLINICAL AND ECONOMIC BURDEN OF PROSTATE CANCER Saundron PR, Flus-Farré J, Takizawa C, Winter CL 1Osman Health Economics and Communications GmbH, Basel, Switzerland, 2Geenomic Health International, Geneva, Switzerland, 3Osman Health Economics and Communications, Basel, Switzerland OBJECTIVES: Screening programs have resulted in prostate cancer (PC) diagnoses increasing and being made both earlier in the disease state and the patient’s life. Understanding the clinical and cost burden of PC and its associated treatment options is important for the optimization of healthcare resources. METHODS: A systematic literature review of three publication databases (PubMed, EMBASE, and the Cochrane Library) was undertaken. Literature review was focused on publications with a major focus on “Prostatic Neoplasms” or containing the term “Prostate Cancer”. Secondary search criteria restricted results to contain information on epidemiology, cost of ill-
ness, adverse events, or treatment protocols. To ensure that recent estimates and practice guidelines were evaluated, literature was restricted to those published on or after January 1, 2009. Abstract screening selected publications reporting data from European countries and other nations with developed healthcare systems. RESULTS: Age-standardized incidence rates for PC ranged from 4.5 to 170.2 cases per 100,000 males per year and was 159.0 cases per 100,000 males per year. The percentage of active surveillance in France result in a higher cost burden.

PCN113 ECONOMIC ASSESSMENT OF GENETIC TESTING IN UK PATIENTS WITH BREAST CANCER: A MULTICENTRE STUDY Lartey E, Olowolafe OA, Amin AB, Passos-Bueno MR, Fallowfield LJ, Byass P, Schilsky RL 1University College London, 2Royal Free Hospital, London, 3The University of Hong Kong, 4DesignHound Ltd, London, 5Boehringer Ingelheim Ltd, London, 6The University of Athens, Greece OBJECTIVES: The costs of breast cancer (BRCA) genetic testing in the United Kingdom are not well known. Methods: A retrospective cohort study of cancer patients who underwent genetic testing over a period of one year at one hospital. Results: The median cost of genetic testing was £1,048 per patient. CONCLUSIONS: The cost of genetic testing for BRCA is approximately £1,000 per patient. This is less than the maximum reimbursement of £3,000 per patient currently available in the UK. Further research is needed to investigate the long-term cost-effectiveness of genetic testing.

PCN114 THE COST OF DISEASE OF METASTATIC/INOPERABLE GASTROINTESTINAL STROMAL TUMORS IN TURKEY: AN EXPERT PANEL APPROACH FOR ESTIMATION OF COSTS Deger C, Telii F, Gunaldi M, Keskin S, Saglam S, Ozdemir O, Sar C, Paralı E, Erdal E, Sumur F, Ozlu O, Assan S 1Bayer Turkey Market Access team, 2Bayer Turkey Market Access team, 3Bayer Turkey Market Access team, 4Bayer Turkey Market Access team, 5Bayer Turkey Market Access team, 6Bayer Turkey Market Access team, 7Bayer Turkey Market Access team OBJECTIVES: Gastrointestinal stromal tumors (GIST) are rare but costly tumors with an estimated incidence of 1.5-100,000/year in Europe. Granting reimbursement requires locally adapted cost effectiveness data in Turkey. This study was conducted to estimate the costs of disease and direct cost components of metastatic/inoperable GISTs that did not respond to prior imatinib mesylate and sunitinib malate. METHODS: Bayer Turkey Market Access team organized an “expert panel” composed of oncologists to discuss the local treatments, routine monitoring and adverse event management algorithms in metastatic/inoperable GIST patients. The panel reviewed the global and local literature and guidelines and also discussed the spectrum of frequently performed local clinical practices. All cost components, including medications, hospitalization, out-patient follow-up procedures and rehabili-
tation services were reviewed. End of 2014 local prices for medications and pro-
cedures were used as sources. Based on the answers of the physicians, the cost of healthcare resources regarding the conditions described were calculated from the perspective of the Turkish payer (SSI – Social Security Institution). RESULTS: In metastatic/inoperable GIST patients, treatment should be continued indefinitely, since treatment interruption is generally followed by relatively rapid tumor progression in almost all cases, even when lesions have been previously surgically excised. The cost of routine monitoring in the follow-up of metastatic/inoperable GIST patients was estimated to be €340.00/month during progression-free and post-progression periods, while it was €490.00/month during the terminal stage. The greatest cost is estimated for hospitalization in the intensive care unit ranging from 200.00 to 800.55 TL per incident. The most common adverse reactions were listed as hand and foot syndrome (4%) and gastrointestinal bleeding (2%). The cost difference between these drugs, which therefore are quite high, estimated here will provide the most reliable data reflecting current figures to Public Stakeholders. Despite these high expenditures, those treatments’ efficacy is not clinically proven.

PCN115 THE ANALYSIS OF PATIENTS COST OF BREAST CANCER IN CHINA, 2011 Jing Wang Z, Zhang M 1MSM consulting group, Shanghai, China OBJECTIVES: To analyze the patients direct medical costs and reimbursement rate of breast cancer based on national claimed databases for urban employees and to compare the on the cost of different types of treatment. METHODS: Mechanical sam-

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