OBJECTIVES: Monoclonal antibodies improve treatment outcomes in patients with metastatic colorectal cancer (mCRC); they have distinct and known safety profiles that may be associated with toxicities requiring hospitalization, which likely further impact cost of patient care. The objective of this study was to determine hospitalization costs from the PCN41 perspective. METHODS: From the PCN41 system, including drug dispensing and hospitalization records of approximately 3.2 million residents in The Netherlands, all patients with a primary or secondary hospital discharge code for CRC and distant metastases between 2000 and 2008 were included. The first discharge发生在 metastases cases served as the index date. Patients were followed from index date until end of data collection, death, or end of study period, whichever occurred first. Main outcomes for each identified event were length of stay (days) and costs per hospital admission. All results are reported per U.S. dollar. RESULTS: Of 2,964 patients with mCRC identified, 271 hospital events occurred during a median follow-up of 24 months. The longest mean (± SD) length of stay per hospital admission were for stroke (16 ± 33 days) and arterial thromboembolism (ATE) (14 ± 21 days), followed by wound healing complications (WHC), acute myocardial infarction (AMI), congestive heart failure (CHF), and neutropenia (all 9 days with SD 5 to 15). Highest mean (± SD) costs per admission were observed for stroke ($15,000 ± €28,800), ATE ($13,300 ± €18,800), and WHC ($10,800 ± $20,500), followed by AML ($9,000 ± $7,300), neutropenia ($7,900 ± €4,400), and CHF ($7,700 ± €6,300). Lowest mean (± SD) costs were for dermatological toxicity ($5,400 ± $5,200) and hypertension ($410 ± €2,800). CONCLUSIONS: Inpatient costs for events in patients with mCRC are considerable and vary greatly. Such data are valuable to the pharmacoeconomic evaluations of new treatments in patients with mCRC.

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COSTS OF HOSPITAL EVENTS IN PATIENTS WITH METASTATIC COLORECTAL CANCER

Overbeek JA1, Zhao Z2, van Herk-Sukel MPP1, Barber BL2, Gao S5, Herings RMC1

PHARMO Institute, Utrecht, The Netherlands, 2Amgen, Inc., Thousand Oaks, CA, USA

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