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OBJECTIVES: Androgen ablation (ADT) maintenance is recommended during castration-resistant prostate cancer; however, the overall cost of medications during this phase is dramatically increasing with ADT accounting for almost 21% of the total cost. The objective of this study was to perform a cost comparison of different forms of ADT, including luteinizing hormone releasing hormone agonists (LHRHa) medications and surgical castration, over the phase of metastatic castration-resistant prostate cancer (mCRPC).

METHODS: Two databases of US patients were analyzed to simulate survival in mCRPC, and the cost of ADT as per Quebec’s public health care system. The models include recently approved additional lines of treatment after and/or before castration (e.g. abiraterone and cabazitaxel). Survival was based on clinical trial results and clinical practice guidelines found in a literature review.

RESULTS: The mean cost of ADT per patient in mCRPC was 37.2 months, for a 3-year period, the total cost was $1,413, $11,078, $11,302, $13,130, $13,316, and $13,503, respectively. For each mg CRPC over an average period of 28.1 months was estimated at: $1,413 for surgical castration, $8,346 for Leuprolide (Eligard), $8,514 for Triptorelin (Delepar), $8,981 for Buserelin (Suprefact Depot), $10,032 Leuprolide (Lupron Depot), and $10,172 for Goserelin (Zoladex). The corresponding values obtained with the alternate model (which includes abiraterone initiation prior to docetaxel therapy) over a 37.2 months were $1,413, $11,350, $11,370, $13,380, $13,600, and $13,600.

CONCLUSIONS: The cost of ADT in mCRPC varies widely depending on the method of treatment and the duration of treatment. The cost of ADT is a significant contributor to the total health care cost in patients with mCRPC.

PCN59 MEDICAL COSTS BY DISEASE STAGE IN MEDICARE PATIENTS WITH MELANOMA

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OBJECTIVES: The direct medical costs of melanoma patients by disease stage have not been reported. This study used Surveillance, Epidemiology, and End Results (SEER) – Medicare linked data to examine costs in patients with melanoma, by disease stage. The objective of this study was to determine the direct medical costs of melanoma patients by disease stage from the Medicare payer perspective.

METHODS: The study used Surveillance, Epidemiology, and End Results data linked to Medicare claims data from January 2007-2012. A total of 78,622 colorectal resections were identified, including 40,592 patients with breast cancer, 22,656 patients with prostate cancer, and 3,162 patients with colorectal cancer. The proportion of patients with anastomotic leaks were 7.1% (95% CI: 6.9%-7.3%). The proportion of patients with anastomotic leaks was associated with longer LOS than without anastomotic leaks (9.5 versus 7.4 days, p<0.0001). The proportion of patients who recovered from anastomotic leaks was higher in recipients with breast cancer as compared to those without breast cancer (p<0.0001). In the multivariable analysis, recipients with breast cancer were found to have ~23.4% higher costs per year as compared to recipients without breast cancer (estimate: 0.2104, 95% confidence interval: 0.1950-0.2252). CONCLUSIONS: Anastomotic leaks are associated with longer LOS than without anastomotic leaks (9.5 versus 7.4 days, p<0.0001) more likely to suffer an anastomotic leak than laparoscopic procedures. CONCLUSIONS: In colorectal resection, anastomotic leaks are associated with a longer LOS, an increased likelihood of readmission during the 30-day post-operative period and an incremental economic burden of $13,797 per patient during the index hospitalization.

PCN61 HEALTH CARE BURDEN ASSOCIATED WITH BREAST CANCER IN THE MEDICARE POPULATION

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OBJECTIVES: The objective of this study was to determine the health care burden associated with breast cancer in the Medicare population in terms of health care use and costs associated with the condition. METHODS: This study used the 2006-2008 Medicare analytic extract files for 39 states in the United States. The target population included recipients with breast cancer (ICD-9 diagnosis: 184.x and 184.9) who were enrolled in Medicare during 2006-2008. Breast cancer-related health care utilization during 2007-2008 in terms of inpatient, outpatient, and emergency room visits and treatment use was determined for women with breast cancer. The excess health care use and costs are associated with breast cancer recipients with breast cancer and a matched control group of recipients without breast cancer. Generalized linear model with loglink and Poisson distribution was used for multivariable comparison of all-case costs between recipients with and without breast cancer. RESULTS: We identified 34,198 cases of breast cancer in the Medicare population. Breast cancer-related inpatient, outpatient, and emergency room visits were higher among women aged 65-74 years. The means of all-cause costs as compared to those without breast cancer during 2007-2008 was determined by comparing 18-29, 30-49, and 50-64 years and whites respectively (p<0.0001). Hormonal therapy was the most commonly used treatment (26.4% and 28.1% of the recipients in 2007 and 2008 respectively). The all-cause, inpatient, and outpatient costs were higher in recipients with breast cancer as compared to those without breast cancer (p<0.0001). In the multivariable analysis, recipients with breast cancer were found to have ~23.3% higher costs per year as compared to recipients without breast cancer (estimate: 0.2070, 95% confidence interval: 0.1911-0.2229). CONCLUSIONS: Breast cancer is associated with a considerable health care burden in the Medicare population. Health care use and costs were considerably greater among recipients with breast cancer as compared to those without breast cancer.