PCN35

OUT OF POCKET EXPENSES FOR BREAST CANCER SURVIVORS: DIFFERENCES BY TIME SINCE DIAGNOSIS IN A RURAL POPULATION

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OBJECTIVES: The out-of-pocket (OOP) expenses for care related to breast cancer can be burdensome for survivors. We know little about the kind and amount of OOP for survivors’ care, health maintenance and management of side effects. The objective is to report on expenses in 150 participants in the Rural Breast Cancer Survivor Intervention (RBCSI), a clinical trial evaluating a psychoeducational quality of life intervention. METHODS: Breast cancer survivors recruited for the trial were 1–3 years post diagnosis, at least 21 years old and residing in rural Florida. OOP data collected included: doctors’ bills, hospital charges, medications, travel expenses, and patient-reported outcomes. RESULTS: A total of 94.7% reported OOP spending (mean $19.6, median $13.6). Medical Care costs and Home Maintenance costs were highest, $129.3 and $87.6, respectively, for women 25–36 months post diagnosis. Medical Care costs were lowest for women >49 months post-diagnosis, $33.7, and Home Maintenance costs were lowest, $15, for women 10–24 months post-diagnosis. CONCLUSION: Rural Breast Cancer survivors continue to have OOP costs related to their disease years after diagnosis. Understanding how and how much they spend is important information to be considered in cost-effectiveness analyses of interventions to improve their quality of life.

PCN36

COST OF ILLNESS FOR PATIENTS WITH METASTATIC COLORECTAL CANCER

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OBJECTIVES: To estimate the cost of illness and assess the primary cost drivers of treating patients with newly diagnosed metastatic colorectal cancer (mCRC) after the introduction of biologic therapies. METHODS: Patients newly diagnosed with mCRC between 2000 and 2010 were identified using large national claims datasets and were followed for 5 years post diagnosis. Direct healthcare costs of treatment (e.g., physician, hospital, and Home Maintenance (house cleaning/cooking, additional maintenance or child care). We report mean monthly costs for the period from diagnosis to baseline. RESULTS: Of 150 mostly white women, 91.3% were insured, 30.0% had incomes > $50,000, and 60.7% were >24 months post diagnosis. A total of 94.7% reported OOP spending (mean $19.6, median $13.6). Medical Care costs and Home Maintenance costs were highest, $129.3 and $87.6, respectively, for women 25–36 months post diagnosis. Medical Care costs were lowest for women >49 months post-diagnosis, $33.7, and Home Maintenance costs were lowest, $15, for women 10–24 months post-diagnosis. CONCLUSIONS: Rural Breast Cancer survivors continue to have OOP costs related to their disease years after diagnosis. Understanding how and how much they spend is important information to be considered in cost-effectiveness analyses of interventions to improve their quality of life.

PCN37

BURDEN OF INPATIENT CASES OF ACUTE EXACERBATIONS OF COPD WITH LUNG CANCER IN THE UNITED STATES IN 2006

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OBJECTIVES: To determine the cost and outcome related to breast cancer patients treated in a Brazilian outpatient cancer center (OCC). METHODS: This is a retrospective study of women with breast cancer treated at a private practice OCC in Rio de Janeiro, Brazil. OBJECTIVES: To determine the cost and outcome related to breast cancer patients treated in a Brazilian OCC in Rio de Janeiro, Brazil. METHODS: This is a retrospective study of women with breast cancer treated at a private practice OCC in Rio de Janeiro, Brazil. All the patients were covered by Amil, a Brazilian HMO. Direct costs (DC) of their medical care per patient was $4,588 higher for mCRC patients, which was mainly driven by higher cost of inpatient ($7,546) and outpatient ($4,197) care, accounting for over 80% of the total health care costs attributable to mCRC. CONCLUSIONS: Male genital cancers impose a considerable health and economic burden in terms of premature deaths and productivity loss in the United States. Cost of illness for patients with metastatic colorectal cancer (mCRC) after the introduction of biologic therapies. OBJECTIVES: To estimate the cost of illness and assess the primary cost drivers of treating patients with newly diagnosed colorectal cancer (mCRC) after the introduction of biologic therapies. OBJECTIVES: To estimate the cost of illness and assess the primary cost drivers of treating patients with newly diagnosed colorectal cancer (mCRC) after the introduction of biologic therapies. OBJECTIVES: To estimate the cost of illness and assess the primary cost drivers of treating patients with newly diagnosed colorectal cancer (mCRC) after the introduction of biologic therapies. OBJECTIVES: To estimate the cost of illness and assess the primary cost drivers of treating patients with newly diagnosed colorectal cancer (mCRC) after the introduction of biologic therapies.