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DISEASE PREVALENCE AND HEALTHCARE RESOURCES CONSUMPTION IN PATIENTS WITH BASAL CELL CARCINOMA IN ITALIAN LIHS
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OBJECTIVES: The aim of this study was to assess basal cell carcinoma (BCC) prevalence in real practice, and to calculate the related healthcare resources consumption. METHODS: An observational retrospective cohort analysis based on administrative databases of three Italian Local Health Units was conducted. Beneficiaries who have been hospitalised for BCC (ICD-9 code 173) or with a histological diagnosis (ICD-O M8090/3-8093/3) from January 1st, 2009 to December 31st, 2013 - index date - were included. Patients were characterised back to Jan 2009, and followed up till the end of the observation period (Dec 2013) to assess healthcare resource consumption. RESULTS: According to preliminary findings on around 150,000 beneficiaries, BCC prevalence per discharge diagnosis was around 6 cases per 100,000 population per year; considering the mean age of the population, 10 cases of BCC every 10,000 patients/year were reported. Advanced patients (aBCC) were reported to be around 4%, most of them defined according to the following criteria: two surgical excisions on the same side and at least one subsequent procedure (surgery, radiotherapy, photodynamic therapy or imiquimod), 0.3% of enrolled patients had metastasis. During follow-up, ambulatory surgery was performed in 63.5% of advanced patients, around 1.6% underwent radiotherapy and 38.1% of them had at least one hospital admission, imiquimod was prescribed in 11.1% of patients. Yearly aBCC patients resource expenditure was around 404€ for hospitalisations - index costs excluded - 52€ for ambulatory care and 77€ for drugs (anti-inflammatory agents, antibiotics and topical drugs, 16€ for imiquimod). CONCLUSIONS: As BCC patients are reported to have a low recurrence of hospitalisation, discharge-based analysis would underestimate real prevalence. With pathological anatomy database, this study estimated 0.4 advanced BCC cases/10,000 beneficiaries/year. Healthcare consumption in this sub-population was driven by hospitalisations and ambulatory costs due to surgical excision.

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ASSESSMENT OF BURDEN AND ECONOMIC IMPACT OF THE VANDETANIB RESTRICTED DISTRIBUTION PROGRAM IN CANADA
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OBJECTIVES: Vandetanib, approved in 2012 in Canada, is indicated for the treatment of advanced medullary thyroid cancer. QTc-prolongation or torsade de pointes is considered in the risk management plan as an identified risk. To minimize this risk a restricted distribution program (RDP) has been implemented. Although shown effective, there are limited data on its associated burden to patients, health care professionals, and the healthcare system. The objective of the present study was to evaluate quantitatively the burden associated with the different components of the vandetanib RDP and, to determine the economic impact of the program for the healthcare system. METHODS: A mixed method evaluation has been used. Burden was determined by comparing prescribing and monitoring practices under the RDP with those that would have been observed in the absence of the RDP. Data on healthcare usage were collected through interviews conducted in 2012 to 2013 in 20 Canadian centres. Availability and affordability of vandetanib were recorded as well. A cost analysis, considering the perspective of the third party payers, was conducted to evaluate qualitatively and quantitatively the burden associated with the different components of the vandetanib RDP and, to determine the economic impact of the program for the healthcare system. RESULTS: The implementation of the vandetanib RDP have been identified as well as areas of redundancies with standard oncology care. For each component, the qualitative burden for HCPs and ultimately patients was determined along with its associated costs considering the third party payers perspective. CONCLUSIONS: Risk minimisation measures should avoid duplication of efforts and loss of economic value. Evaluation of burden, key to optimize the effectiveness of risk management plans, should be conducted systematically.