proportion of HPV-related cancers remains to be established by site and further research is needed to assess our patient and indirect costs linked to these cancers.

PCNS1
THE COSTS OF BREAST CANCER PRIOR TO AND FOLLOWING DIAGNOSIS
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OBJECTIVES: This incidence-based cost-of-illness analysis aims to quantify the costs associated with female breast cancer in Flanders for the year prior to diagnosis and for each of the five years following diagnosis. METHODS: A bottom-up analysis from the societal perspective included direct health care costs and indirect costs of productivity loss due to morbidity and premature mortality. A retrospective case-control study design compared total costs of breast cancer patients with costs of an equivalent standardised population with a view to calculating the additional costs that can be attributed to breast cancer. The sample was made up of women who had undergone surgical treatment for breast cancer and who were affiliated with the Christian Health Insurance Funds. Resource utilisation data were derived from national publications, the Christian Health Insurance Funds and statistical institutes. RESULTS: The sample consisted of 20,439 breast cancer patients. Total average costs of breast cancer amounted to €1107,456 per patient over 6 years. Total costs consisted of productivity loss costs (89%) and health care costs (11%). Health care costs did not vary with age at diagnosis. Health care costs of breast cancer patients converged with those of the general population at five years following diagnosis. Patients with advanced breast cancer stadia had higher health care costs. CONCLUSIONS: To reduce costs associated with breast cancer, attention needs to be focused on decreasing the productivity loss from breast cancer. The implementation of new techniques to prevent, diagnose, and treat breast cancer does not impact direct health care costs, but may influence indirect costs of productivity loss.

PCNS2
COSTS OF ADVANCED GASTRIC CANCER (AGC) IN BRAZIL FROM THE PUBLIC PAYER PERSPECTIVE
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OBJECTIVES: In Brazil, 140 million citizens (~30% of the population) depend on the public health care system. Advanced gastric cancer (AGC) is the second most frequent cause of death in Brazil: 10,645 per year. This disease appears among the most costly cancers to treat. Objective was to identify the medical resource usage (MRU) to treat AGC and associated costs in the public health care sector. METHODS: A questionnaire was developed to identify the medical resource usage (MRU) of managing AGC in the public health care system. The questionnaire was applied to 20 oncologists and 20 nurses in a structured interview. MRU data were extracted according to the following stages: 1) diagnosis and staging; 2) 1st line treatment; 3) 2nd line treatment; 4) best supportive care (BSC); and 5) terminal care. Then, modified Delphi panels were conducted in the 5 largest cities of Brazil to reach a consensus on the base-case value and on the possible ranges of each resource used. Financial values were translated into USD based on the exchange rate of $1.24 per R$. RESULTS: The mostly used diagnostic procedures were upper digestive endoscopy, abdominal computed axial tomography (CAT) and thoracic radiography. For 1st line treatment, SFU-based chemo was the first choice of 50% of the oncologists interviewed, either given in combination with cisplatin (22%), etoposide (17%) or both. Most common second line treatment was blood analysis and anti-algic radiation. The mean cost per patient were: diagnostic and staging: R$1,283 (US$533); 1st line treatment: R$3,032 (US$1270); 2nd line treatment: R$ 6,406 (US$2620); BSC: R$ 56,833 (US$22847); and terminal care: R$5745 (US$2310). The total mean cost per patient were R$45,768 (US$19,070), of which chemotherapy drugs represented 66%. CONCLUSIONS: The findings indicate that the most expensive stage in treating advanced gastric cancer in the private sector in Brazil is the 1st line treatment. Further studies are recommended to explore the results.

PCNS3
COST PER DISEASE STAGE OF ADVANCED GASTRIC CANCER IN BRAZIL FROM THE PRIVATE PAYER PERSPECTIVE
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OBJECTIVES: Gastric cancer is the second most frequent cause of cancer death worldwide. Approximately 22,000 new cases are expected in Brazil annually. Our aim was to estimate the cost per disease stage of advanced gastric cancer in Brazil in the private health care sector. METHODS: A questionnaire was developed to identify the medical resource usage (MRU) of managing gastric cancer in the private health care system. The questionnaire was applied to 40 experts (20 oncologists and 20 nurses) who represented different Brazilian regions. MRU data were extracted according to the following stages: 1) diagnosis and staging; 2) 1st line treatment; 3) 2nd line treatment; 4) best supportive care (BSC), and 5) terminal care. Then, a modified Delphi panel was conducted to reach a consensus on the base-case value and on the possible ranges for each resource identified. A macro-costing technique was then applied to calculate costs. Financial values were translated into USD based on the exchange rate of $1.24 per R$. RESULTS: The most used diagnostic procedures were upper digestive endoscopy, abdominal computed axial tomography (CAT) and thoracic radiography. SPU/acetabrine-based chemo was the oncological first choice for both 1st and 2nd line treatment (48% and 42%, respectively). Most commonly used resources in the BSC terminal care stages were medical visits and blood analysis. The mean cost per patient were diagnostic and staging: R$1,283 (US$533); 1st line treatment: R$3,032 (US$1270); 2nd line treatment: R$ 6,406 (US$2620); BSC: R$ 56,833 (US$22847); and terminal care: R$5745 (US$2310). The total mean cost per patient were R$45,768 (US$19,070), of which chemotherapy drugs represented 66%. CONCLUSIONS: The findings indicate that the most expensive stage in treating advanced gastric cancer in the private sector in Brazil is the 1st line treatment. Further studies are recommended to explore the results.

PCNS4
A DESCRIPTIVE ANALYSIS OF SUBJECTS WITH METASTATIC GASTRIC CANCER (MGC)
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OBJECTIVES: To examine the patient characteristics, comorbidities, and medication usage of subjects diagnosed with mGC. METHODS: Subjects in the Marketscan Commercial Claims and Encounter Database (July 1, 2003–June 30, 2008) were included for analysis if they received a diagnosis of metastasis based on ICD-9 codes on or after the first occurrence of GC, had no claims for other secondary metastases in the 6 months prior to the initial mGC claim, and had continuous insurance coverage from 6 months prior through at least one month post the initial diagnoses of mGC. Health care costs and resource utilization (HRU) are described from the date of initial mGC diagnosis through end of data collection due to patient drop out or end of the data collection period (e.g. post-period). Study data are shown as summary (or descriptive) statistics. RESULTS: A total of 2058 subjects with mGC were included in the analysis. At mGC diagnosis, the median age was 58 years (25th/75th percentile: 31 and 62 years respectively) and 60% were male. The mean length of follow-up after mGC diagnosis was 2.6 years (SD: 1.3 years). The most common comorbidities were hypertension (38%) and diabetes (16%). Sixty-five percent of mGC subjects received outpatient chemotherapy in the post-period. Mean monthly medical costs were $5080 in the post-period, which consisted of 46% inpatient costs, 40% outpatient costs, and 14% outpatient chemotherapy costs. CONCLUSIONS: One-third of mGC patients were not treated with outpatient oncology. Outpatient chemotherapy costs constituted a small portion of the total cost of mGC.