CURRENT CHEMOTHERAPY AND MONOCLONAL ANTIBODY USE PATTERNS IN METASTATIC COLORECTAL CANCER IN WESTERN EUROPE

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OBJECTIVES: Treatment outcomes improved in metastatic colorectal cancer (mCRC) due to the introduction of the monoclonal antibodies (mAb) in combination with chemotherapy. This study described current treatment patterns of chemotherapy and mAbs in clinical practice in 4 EU countries. METHODS: This cohort study used pharmacy-onset data from the Lifelink® Oncology Analyser Database. mCRC patients in 4 EU countries (France, Germany, Italy, and Spain). All patients aged ≥21 years at mCRC diagnosis were included. Treatment patterns in 2009 were examined descriptively by lines of therapy. RESULTS: The study sample includes 2,734 mCRC patients (61% male, median age category 61–70 years) with 862, 656, 567, and 649 from France, Germany, Italy, and Spain, respectively. In 1st-line, more patients received FOLFOX-containing regimens than FOLFIRI-containing regimens in Germany (42% vs. 30%) and Spain (25% vs. 16%), while in Italy and France, the reverse was true (Italy: 34% FOLFOX vs. 29% FOLFIRI; France: 26% vs. 19%). In 2nd-line, more patients received FOLFIRI-containing regimens than FOLFOX-containing regimens in Germany (36% vs. 18%), Italy (29% vs. 14%), and Spain (34% vs. 6%), while similar proportions of FOLFOX and FOLFIRI were used in France (18% vs. 13%). In 1st-line, Bevacizumab (Bmab) was administered to 44% of patients in Italy, 42% in France, 37% in Germany, and 30% in Spain, while Cetuximab (Cmab) was used ranged from 14% in Spain in 7% in Italy. In 2nd-line, Bmab was used in 37% of the patients in Germany, 18% in France, 33% in Italy, and 30% in Spain, while Cmab was used in 30% of the patients in Spain, followed by 26% in Italy, 20% in Germany and 24% in France. CONCLUSIONS: FOLFOX and FOLFIRI-based regimens are common standard of care chemotherapies, and monoclonal antibodies are routinely combined with these chemotherapies.

IN GREECE AND THEIR IMPACT ON PATIENTS AND CARERS

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BACKGROUND: Breast cancer patients (BCP) may face significant gaps in integrated support during treatment intervals. A shift in the organization of cancer services is essential for the system to be responsive to expressed patient needs especially during treatment. OBJECTIVES: To study the real cost structure of cancer treatment using the National Health Insurance Research Database (NHI RD) from Taiwan. METHODS: This study adopted a retrospective observational design and the data were retrieved from the NHI RD, which is managed by the National Health Research Institutes (NHIRI). We used descriptive statistical methods to describe treatment patterns. RESULTS: The number of patients with these five cancers showed a increasing trend in these 7 years. Breast cancer had the highest annual increase (7.34%), followed by colorectal cancer (3.75%). Lung cancer and breast cancer had the highest average outpatient cost for each patient per year, while lung cancer, colorectal cancer, and gastric cancer had the highest average inpatient cost for each patient per year. The annual increase rates in the total cancer treatment cost for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were 10.70%, 11.61%, 16.73%, 18.38%, and 17.21%, respectively. We divided the cost structure of cancer treatments into four categories: medical treatment, chemotherapeutic, hormone therapy, and supportive treatment. The highest percentages of chemotherapy and hormone therapy were for colorectal cancer (more than 95%) and for breast cancer (more than 11%). On average, the annual increase rates in the cancer chemotherapy cost per patient for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were respectively 3.59%, 3.66%, 9.86%, 16.78%, and 11.72%. CONCLUSIONS: This study showed a positive correlation between annual cancer patient number and NHI reimbursement, and an increasing trend for chemotherapy, hormone therapy, and supportive treatment. The results also showed that the number of the total amount of NHI reimbursement and the drug costs had increasing trends in these 7 years. This increased the financial burden of cancer patients and may alter the allocation of NHI resources.

IMAGING TESTS IN STAGING AND SURVEILLANCE OF EARLY BREAST CANCER (EBC) IN ITALY—CHANGES IN ROUTINE CLINICAL PRACTICE AND COST ImplicationS

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BACKGROUND: Breast cancer incidence is rising in Europe. Breast cancer screening programs are common practice in many European countries. However, breast cancer patients need different support during follow-up and treatment. OBJECTIVES: To study the real cost structure of cancer treatment using the NHI RD from Taiwan. METHODS: This study adopted a retrospective observational design and the data were retrieved from the NHI RD, which is managed by the National Health Research Institutes (NHIRI). We used descriptive statistical methods to describe treatment patterns. RESULTS: The number of patients with these five cancers showed a increasing trend in these 7 years. Breast cancer had the highest annual increase (7.34%), followed by colorectal cancer (3.75%). Lung cancer and breast cancer had the highest average outpatient cost for each patient per year, while lung cancer, colorectal cancer, and gastric cancer had the highest average inpatient cost for each patient per year. The annual increase rates in the total cancer treatment cost for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were 10.70%, 11.61%, 16.73%, 18.38%, and 17.21%, respectively. We divided the cost structure of cancer treatments into four categories: medical treatment, chemotherapeutic, hormone therapy, and supportive treatment. The highest percentages of chemotherapy and hormone therapy were for colorectal cancer (more than 95%) and for breast cancer (more than 11%). On average, the annual increase rates in the cancer chemotherapy cost per patient for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were respectively 3.59%, 3.66%, 9.86%, 16.78%, and 11.72%. CONCLUSIONS: This study showed a positive correlation between annual cancer patient number and NHI reimbursement, and an increasing trend for chemotherapy, hormone therapy, and supportive treatment. The results also showed that the number of the total amount of NHI reimbursement and the drug costs had increasing trends in these 7 years. This increased the financial burden of cancer patients and may alter the allocation of NHI resources.