The number of cases of head and neck (H&N) cancer diagnosed in the UK has been increasing in recent years. These cancers often require complex surgical treatments and extensive rehabilitation. **Objectives:** To use data from the Hospital Episode Statistics (HES) database to estimate the costs incurred by English NHS hospitals due to treatment of H&N cancers, with a particular focus on oral cavity, oropharyngeal and laryngeal cancers. **Methods:** Impatient admissions for H&N cancer between the years 2006/07 to 2010/11 were retrospectively analysed. Data was obtained from HES, a database covering English hospital activity, with impatient episodes aggregated into spells of care associated with a specific Healthcare Resource Group (HRG). HRGs were linked to costs from the UK National Tariff in order to calculate the average annual and per patient payments for inpatient treatment of H&N cancer, as per the NHS Payment by Results framework. Where necessary, costs were supplemented by expert opinion and other published cost estimates. **Results:** The direct costs for hospital and outpatient care between the years 2006/07 to 2010/11 were estimated to cost on average £57.1 million per year. The main drivers of costs are the disproportionately high number of male cases, the costs of which are £12,517,235, £3,327,351 and £16,185,743 for oral cavity, oropharyngeal and laryngeal cancers, respectively. **Conclusions:** Impatient treatments place a significant economic burden on English NHS hospitals. This, however, is far less than the total burden of treatment as a large proportion is delivered in the outpatient setting. Further research is currently underway to quantify this total burden.

**PCN7 ECONOMIC BURDEN OF PROSTATE CANCER IN RUSSIA**

Iginayevo E1, Verkhovodov E2, Omelyanovskiy V3, Ayvertseyova M4, Sveshinikova ND5, Grabareva D1

1Research Center for Clinical and Economic Evaluation and Pharmacoeconomics, Russian National Research Center for Clinical and Economic Evaluation and Pharmacoeconomics, Moscow, Russia, 2Research Center of Clinical and Economic Evaluation and Pharmacoeconomics, Moscow, Russia, 3Janssen, the pharmaceutical division of Johnson & Johnson LLC, Moscow, Russia

**Objectives:** To estimate the costs associated with prostate cancer (PC) in Russia in 2009. **Methods:** We used the standard cost of illness (COI) method, relying on the prevalence approach and adopting the viewpoint of the payers (national and regional governments). We calculated direct medical costs (hospital and outpatient services and drugs provided in outpatient care), non-medical costs (monetary payments in social benefits) and indirect costs (projected productivity loss due to sickness and disability) associated with the PC in Russia in 2009. The data for analysis was obtained from the national statistics, regional cancer and prescription registries, expert panel interviews and literature. The costs were calculated for the total population of PC patients in Russia. To calculate direct medical costs, we used national reimbursement rates per unit of care (1 hospital day or 1 visit to an outpatient oncology clinic) and regional data on prostate cancer drug costs. To access non-medical costs, we used data on social benefits expenditures. Indirect costs were estimated with friction costs method. **Results:** The total costs of prostate cancer in Russia in 2009 was 3,674 billion RUR (£87.98 million), or £37.2 RUR (£0.81) as average cost per patient per year. More than half of total cost (65.4%) occur in patients during the 1st year after diagnosis. The direct medical costs accounted for 73.1%, 19.9% is spending, direct non-medical costs – for 19.7%, and indirect costs – for 5.7%. Direct medical costs represented 86.6% of total spending in PC patients within the 1st years after the diagnosis; during the subsequent years after the diagnosis this number reduces to 47.6%. **Conclusions:** Our analysis demonstrated that the largest part of the total burden of treatment as a large proportion is delivered in the outpatient setting. Further research is currently underway to quantify this total burden.