SURVEY AND ANALYSIS OF THE COST OF METASTATIC COLORECTAL CANCER TREATMENT IN SLOVENIA

OBJECTIVES: To describe chemotherapy regimens used in the first-, second-, third-, and fourth-line treatment of patients with metastatic colorectal cancer and to estimate costs of chemotherapy regimens, supportive care, and medical procedures in Slovenia (part of a multinational study in central Europe). METHODS: In this opinion-based study, necessary data were collected by online questionnaire. All information concerning treatment of colorectal cancer was based on experts opinion from an oncology center in Slovenia. Oncologist had access to medical records of approximately 800 patients treated from 2006 to 2008. RESULTS: The most commonly used regimen in the first line (30% of patients) was XELIRI (capecitabine, irinotecan) + bevacizumab. The most commonly prescribed regimen in the second (28%) and third lines (12%) was XELOX (capecitabine, oxaliplatin) + bevacizumab. XELOX + bevacizumab was the most expensive regimen in all lines. Costs of these regimen were €33,896 in the first line and €36,179 in the second, third, and fourth lines, respectively. CONCLUSIONS: More than 50% of patients received an active treatment until the second line. Costs of treatment vary in Europe. New chemotherapeutic agents are associated with improvements in survival time but also with substantial costs. Factors influencing the selection of chemotherapy included: previous treatments, course of the disease, the patient's performance status, adverse events after previous chemotherapies, and concomitant diseases. However, open-ended coverage policies for new chemotherapeutic agents may prove difficult to sustain as costs continue to rise.

MANAGEMENT OF MALIGNANT ASCITES IN GERMANY—TREATMENT PATTERNS, RESOURCE CONSUMPTION, AND COSTS

OBJECTIVES: To describe treatment patterns, resource use, and associated costs for cancer patients with malignant ascites (MA) receiving paracentesis in Germany. METHODS: The study was conducted as an observational, multicenter, prevalence-based cohort study. Inclusion criteria were: age ≥18, malignant ascites (MA) in patients with carcinoma (CA). Patients were recruited at 33 hospitals (inpatient treatment). CONCLUSIONS: This is the first comprehensive study evaluating the burden of MA in cancer patients undergoing paracentesis in Germany. Our findings indicate that the costs for paracentesis range around €670 to €2700 depending on health-care setting. Our results might serve as a basis for further research on the economic implication of malignant ascites.

ECONOMIC ANALYSIS OF CAPECITABINE PLUS OXALIPLATIN (XELOX) VERSUS FLUOROURACIL/LEUCOVORIN PLUS OXALIPLATIN (FOFOX) IN THE TREATMENT OF ADVANCED COLON-RECTUM CANCER IN CHINA

OBJECTIVES: The objective of the study was to examine the direct medical cost of XELOX (capecitabine plus oxaliplatin) compared to FOFOX (fluorouracil/leucovorin plus oxaliplatin) for the treatment of advanced colon-rectum cancer in China.