MANAGEMENT COSTS OF PATIENTS WITH VULVAR AND VAGINAL CANCER IN FRANCE

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OBJECTIVES: Literature on epidemiology of vulvar and vaginal cancers is scarce. It has been reported that about 40% of vulvar and 70% of vaginal cancers may be linked to human papillomavirus (HPV). This study aimed to assess the economic burden of vulvar and vaginal cancer and lesions in France.

METHODS: A retrospective analysis using the French hospital database (PMSI), in which all admissions to public and private hospitals are recorded, was performed to assess the annual number of hospitalised patients and associated management cost from the health care payer perspective (French Social Security System). Admissions in 2006 for vulvar and vaginal cancers and precancerous lesions were extracted. Radiotherapy sessions performed in the private sector are not reported in the PMSI and were estimated from SAE database. The mean charges for the payer were estimated from 2007 official DRG (diagnosis related group) tariffs for public and private hospitals. Outpatient and daily allowance costs (paid by the health care payer) were estimated from 2007 official DRG tariffs for public and private hospitals. Outpatient and daily allowance costs (paid by the health care payer) were estimated from literature review. RESULTS: In 2006, the number of hospitalised patients was estimated at 1237 and 623 for vulvar cancer and lesions and at 728 and 244 for vaginal cancer and lesions, respectively. Annual hospital costs were estimated at €5.7 million and €980,158 for vulvar cancer and lesions and €4.0 million and €312,244 for vaginal cancer and lesions, respectively. Adding outpatient and daily allowance costs led to a total cost of €9.4 million and €6.7 million for, respectively, vulvar and vaginal cancer. CONCLUSIONS: The burden of vulvar and vaginal diseases appears to be substantial. As the HPV6/11/16/18 vaccine is indicated for the prevention of vaccine type-related precancerous vulvar and vaginal lesions, these data could provide useful information for decision-makers. Further research is needed to assess the outpatient burden of precancerous lesions which may be mostly managed in an outpatient setting.

HOSPITAL BURDEN OF DISEASE ASSOCIATED WITH METASTATIC BONE DISEASE (MBD) AND SKELETAL-RELATED EVENTS (SRES) IN PATIENTS WITH BREAST CANCER (BC) AND PROSTATE CANCER (PC) IN SPAIN

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OBJECTIVES: MBD secondary to cancer can result in serious and costly SRES. The objective of this study was to characterise hospital burden associated with MBD and SRES following BC and PC in Spain. METHODS: Data from IASIST’s Conjunto Mínimo Básico Datos (CMBD) hospital activity database (January 1, 2000–March 31, 2006) were analysed. The CMBD database contains clinical and administrative data on hospital admissions at 187 public and private hospitals in Spain. Patients with an index inpatient admission of female BC or PC (ICD-9 codes 174* and 185* respectively) between January 1, 2003 and December 31, 2003 were selected for analysis and followed until March 31, 2006 for subsequent admissions inclusive of MBD (ICD-9 198.5 or ICD-10 C79.5) and SRES (pathological fractures, spinal cord compressions, bone surgery). Hospital length of stay (LOS) and inpatient costs were analysed by cancer type (BC or PC) and disease stage (index, MBD, or SRE). RESULTS: A total of 10,090 patients were identified with BC and 7546 with PC. The 3-year incidence rates/1000 hospital admissions, including MBD diagnosis code and MBD&SRE diagnosis codes, were 94.7 and 20.0 for BC and 166.0 and 29.3 for PC. Readmissions were consistent across both cancer types, with MBD+SRE patients having the greatest number of readmissions (BC: 66%; PC: 62%) compared to patients with cancer diagnosis only (BC: 32%; PC: 27%) and patients with cancer & MBD (BC: 58%; PC: 54%). Additionally, patients developing MBD & SRES had greater mean total LOS (BC: 28 days; PC: 32 days) than those with cancer only (BC: 8 days; PC: 15 days), and those with cancer & MBD (BC: 18 days; PC: 22 days). Mean cost of admissions increased as the disease progressed from cancer only to MBD&SRES for BC and PC patients (€2374 to €3757 and €3194 to €3585, respectively). CONCLUSIONS: In general, Spanish patients with BC and PC, who develop SRES secondary to MBD consume greater hospital resources than those with cancer or MBD only.

PALLIATIVE CARE FOR CANCER PATIENTS IN BRAZIL: A COST-OF-ILLNESS STUDY

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OBJECTIVES: To assess the resource utilization and direct medical costs associated with palliative care for cancer patients in Brazil under the private payer and the patient perspective. METHODS: The target population consisted of adult patients diagnosed with cancer under palliative care. A modified Delphi panel validated and supplemented international published data, and estimated standard treatment patterns in Brazil. The study included only direct medical costs for managing pain, dyspnea, depression and other complications during hospitalization, home care or ambulatory care. The time horizon was six months, due to the short survival of patients under palliative care. RESULTS: During palliative care, 2% of patients needed hospitalization in the Intensive Care Unit and 18% in a general ward; 28% were under home care and 52% under ambulatory care. Total and mean direct medical costs were R$13,108 (US$8,091) per patient, of which R$8,964 (US$5,533) were reimbursed by the private payer and R$4,144 (US$2,558) were out-of-pocket expenses for the patient. Considering total costs of care, the treatment of pain, dyspnea and depression represented 19%, 14% and 10% of total costs respectively. Hospitalization and home care were the major cost items, accounting for 43% of total costs. Under the private payer perspective, these same percentages were 4%, 16% and 63%, respectively. Under the patients’ perspective the percentages were 51%, 11%, 32% and 0%. These differences highlight the fact that medication is only reimbursed when used during hospitalization. CONCLUSIONS: Palliative care is becoming a relevant field of study in Brazil recently. This cost of illness study estimated an average cost of patients in six months under palliative care of R$13,108, considering both private payer’s and patients’ out-of-pocket costs. For the private payers the main cost item was hospitalization/home care and for patients it was the treatment of pain.

MEDICAL RESOURCE CONSUMPTION RELATED TO THE TREATMENT OF IRINOTECAN REFRACTORY ADVANCED COLORECTAL CANCER PATIENTS

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OBJECTIVES: To assess the current management and resource use, and the associated costs from the perspective of the Belgian

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