tion). CONCLUSIONS: Disability in cancer survivors is very common and is more severe than in other diseases.

PC145 IMPACT OF NURSING AND PHARMACY CARE BETWEEN CAPCITABINE AND 5-FU CONTINUOUS REGIMENS IN THE MANAGEMENT OF ADVANCED ESOPHAGO-GASTRIC CANCER IN HONG KONG

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OBJECTIVES: To compare the possible time savings from reduction of nursing and pharmacy time to manage advanced esophago-gastric cancer (AGC) patients using capcitabine-based regimens versus traditional 5-FU-based intravenous (IV) chemotherapy in the Hong Kong public hospital setting. METHODS: This was a time-and-motion study conducted in 2 public hospitals of Hong Kong based on the simulation of day-to-day chemotherapy regimens using Capcitabine-based (ELOX and XP) and IV 5-FU-based regimens (FOLFAX and FP). The preparation, dispensing and administration time for ELOX, XP, FOLFAX and FP were compared. The capital item utilization including hospital bed, infusion pump etc and length of patient attendance were recorded. Each subject was based on 24-week cycle in the analysis. The projected cost saving in nursing and pharmacy time was estimated if all AGC in Hong Kong were pre-scribed capcitabine-based regimen. RESULTS: The average nursing time for FOLFOX and FP was 83.7 and 83.4 minutes versus ELOX and XP was 33.7 and 39.8 minutes respectively. The average pharmacy dispensing time for FOLFOX and FP was 25.3 and 71.4 minutes versus ELOX and XP was 18.7 and 19.9 minutes respectively. The total time saved for each patient for a 24-week cycle in FOLFOX versus ELOX was 734.8 minutes (12.3% vs 19.0%), 92.0 minutes in versus XP was 182 minutes in nursing and 269.2 minutes in pharmacy. Nursing and pharmacy could potentially spare 3.3 full time equivalent (FTE) and 1.5 FTE if all AGC patients were converted to capcitabine-based chemotherapy. CONCLUSIONS: Capcitabine-based chemotherapy regimens saved in both nursing and pharmacy time as compared to traditional 5-FU based IV chemotherapy in the Hong Kong public hospital setting.

PC146 WORKFORCE PARTICIPATION AND PRODUCTIVITY LOSSES AFTER HEAD AND NECK CANCER

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OBJECTIVES: There has been no estimate of the productivity losses associated with head and neck cancer (HNC) conducted using bottom-up data, or beyond premorture mortality. The aim of this work is to investigate workforce participation, and estimate the productivity losses associated with temporary and permanent work absences and, and premorture mortality. In Ireland, 26% of individuals were in paid work at the time of diagnosis. 88% had time off following diagnosis, with 63% of these returning to work. The mean (median) time off work was 9 months (6 months), range 0 to 65 months. The productivity percent returning to work reported reducing the hours they worked, by an average of 20 hours per week. Preliminary results show the average productivity losses per person associated with temporary and permanent work absences and, premorture mortality were estimated if all HNC in Hong Kong were pre-scribed capcitabine-based regimen. RESULTS: The average productivity losses per person associated with temporary and permanent work absences and, premorture mortality was estimated if all HNC in Hong Kong were pre-scribed capcitabine-based regimen. CONCLUSIONS: Head and neck cancer and its treatment can have a profound impact on workforce participation. This affects not only the individuals’ and their family’s economic wellbeing, but also society in terms of productivity costs. These costs should be considered in economic evaluations of cancer treatments and health service delivery in this population.

PC147 HOSPITAL RESOURCES CONSUMPTION ASSOCIATED WITH TRASTUZUMAB TREATMENT IN BREAST CANCER IN PORTUGAL

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OBJECTIVES: Determine the costs associated with the preparation and administration of the diagnostic and therapeutic resources consumed and to compare the costs to the health care professionals (HP), of Her2 positive breast cancer treatment with trastuzumab intravenous (IV) and to estimate the difference compared with a subcutaneous (s.c) formulation. METHODS: Data were collected in face to face interviews with the pharmacist and nurse responsible for the preparation and administration of trastuzumab in each hospital. The cost of the HP time was calculated by multiplying the value of each HP hour by the average time of each procedure, MR costs were represented by the market reference price, and the retail price of the resource provided by the manufacturer. RESULTS: Five public and two private Hospitals from mainland Portugal, with an average of 12 patients with HER2+ breast cancer treated with Trastuzumab. The average time spent for the HP in trastuzumab preparation and administration was 79 minutes for IV and 18 minutes for sc. Per treatment cycle, the estimated average overall cost of each treatment was €432.22 (HP- €261.01, MR - €171.21) for IV, and €3.18 (HP - €3.13, MR - €0.05) for sc. CONCLUSIONS: Trastuzumab s.c would also contribute to maximize the efficacy and effectiveness of health resources.

This study presents a limitation regarding the subjectivity inherent to costs determination based on answers given by the HP. Moreover values may be underestimated due to lack of information regarding fixed costs.

PC148 RESOURCE USE OF NON-SMALL CELL LUNG CANCER IN SLOVAKIA

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OBJECTIVES: Data on economic burden of advanced or metastatic non-small cell lung cancer (NSCLC) are lacking in Slovakia. Therefore, the objective of this cost of illness study was to measure the resource utilisation and the costs associated with treating advanced or metastatic NSCLC in Slovakia and provide a basis for cost-effectiveness evaluations. METHODS: The project was run in two phases: in the first phase an Expert panel took part in the survey and developed the diagnostic and treatment algorithms. In the second phase, the CTS and FP was performed and quantify the use of resources associated with anticancer drug treatment, management of adverse events and best supportive care. Then, in the second step, 2012 management costs were applied to the resources. All types of health care used in the NSCLC management were evaluated in Slovakia. RESULTS: The analysis was performed from the Slovakian health insurance perspective reflecting direct medical costs only. The structure of cost data follows the requirements of pharma-economic modelling in NSCLC. RESULTS: Monthly costs of advanced or metastatic NSCLC management during the active treatment (before progression) count for €1055.67, during the disease progression €1102.21 and on the best supporting care €1561.22. The most frequent regimens were capecitabine +gemcitabine (20.6%) and cisplatin+gemcitabine (19.1%) in the first line, erlotinib (9.1%) in the second line and gemcitabine (29.6%) in the third line. The most costly side effects were renal toxicity (€1006.85), febrile neutropenia (€902.92), hypertension (€717.08), anaemia (€686.84), pain (€593.31), leucopenia (€469.58), dyspnoea (€628.35), thrombocytophenia (€578.60), nausea/vomiting (€562.72) and fatigue (€523.9). CONCLUSIONS: Cost-effectiveness must be demonstrated in order to get reimbursement in Slovakia and local reference use data are key to this analysis. Economic modelling will be able to guide resource allocation decisions in NSCLC. This study provides important information to support these decisions.

CANCER – Patient-Reported Outcomes & Patient Preference Studies

PC149 ADHERE RATES FOR INTRAVENOUS CHEMOTHERAPY REGIMENS TO TREAT COLORECTAL CANCER

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OBJECTIVES: It is widely thought that adherence to intravenous (IV) chemotherapy regimens for colon cancer are high. However, there are no known formal assessments of this issue. METHODS: A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with CRC between July 1, 2004 and December 31, 2010, who were insured by a commercial health plan were included in the study. Adherence to the following IV chemotherapy regimens was assessed using the National Comprehensive Cancer Network (NCCN) guidelines as the standard for expected cycle/regimen duration: FOLFOX, FOLFOX bevacizumab, FOLFRI, and FOLFRI bevacizumab. Adherence was defined as maintaining the maximum potency ratio (MR) calculated as the number of days a patient was covered by their chemotherapy regimen, according to NCCN guidelines, divided by the number of days elapsed from the first to the last infusion in that regimen. RESULTS: Resource use and chemotherapy cycles in patient care was analyzed. Overall, adherence rates to IV chemotherapy were fairly high, with mean MRF ranging between 0.84 and 0.88 for these regimens. However, a substantial proportion of each patient experienced low adherence. We first found per cent of patients receiving FOLFOX, FOLFOX bevacizumab, FOLFRI, and FOLFRI bevacizumab regimens experienced MRF<0.8. Additionally, approximately 35% of patients receiving FOLFOX experienced an MRF<0.8. At least 10% of patients receiving FOLFRI regimens had an MRF less than 0.7, while at least 10% of patients receiving FOLFRI regimens had an MRF of less than 0.6. CONCLUSIONS: Although overall rates of adherence were fairly high, a substantial subpopulation experienced low adherence to each of these IV regimens per NCCN guideline recommendations. The reasons for the low adherence rates need to be explored as this could have an impact on efficacy. These results also highlight the drawback of relying solely on summary statistics at the population level.

PC150 PERSISTENCE IN PATIENTS WITH BREAST CANCER TREATED WITH TAMOXIFEN OR AROMATASE INHIBITORS – ANALYSIS BASED ON ONCOLOGY ANALYZER DATABASE

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OBJECTIVES: Lack of non-compliance is often underestimated in breast cancer treatment. The aim of our study was to analyze the persistence with tamoxifen (TAM) or aromatase inhibitors (AI) in women with breast cancer (BC) to identify reasons of treatment discontinuation and determinants of non-persistence. METHODS: We used data of the Oncology Analyzer database, which includes individual information on patient history related to the treatment of breast cancer. This database enables a comprehensive assessment of patient care from diagnosis onward, facilitating research in areas such as treatment changes, dosing and regimen compliance, market sizing and off-label use. We identified 1063 breast cancer patients with a start of TAM or AI therapy from 1990 until 2011 and with a treatment duration of at least 365 days. RESULTS: After