We identified 11,602 patients receiving chemotherapy in public hospitals. During follow-up, 147 patients (9.9%) experienced at least one event, mostly penetratin (57.5%), bevacizumab (16.9%), or topotecan (7.2%); these patients were significantly more likely women and younger than the rest of the cohort (p<0.0001). Conversely, all selected comorbidities were associated with lower rates of adverse events, diabetes, cardiovascular diseases, hypertension, COPD and other respiratory diseases (p<0.0001). Taking as reference patients from affluent areas, we observed lower rates of access in intermediary affluent, intermediary deprived and deprived. We identified 1517 patients (9.4%) received expensive drugs, mainly bevacizumab, occupying mostly 50% of total costs. The costs of these patients were significantly higher than the rest of the cohort (p<0.0001). Therefore, we recommend that decisions about access to these drugs should be based on robust evidence and careful risk-benefit analysis. 

CONCLUSION: Our study provides valuable insights into the factors influencing access to expensive drugs in public hospitals and highlights the importance of developing evidence-based approaches to ensure fair and equitable access to innovative therapies.