5-year overall cost per patient was €13,900-€17,200 in Hungary, €12,500-€15,700 in Slovakia (presented in ranges due to uncertainty around palliative care). Chemotherapy-associated costs accounted for 59-71% of the total, followed by primary surgical treatment (13-23%) due to uncertainty around palliative care. Chemotherapy-associated costs accounted for 59-71% of the total cost.

OBJECTIVES: To examine the incremental costs of chemotherapy-associated AEs in mBC.

Patients treated with first- or second-line taxane (paclitaxel) or docetaxel or capecitabine-based regimens, with treatment episodes (TEs) ≥ 30 days. Inpatient and outpatient medical service, pharmacy costs, and total health care costs. Sensitivity analyses were conducted to examine the average monthly costs in patients cohorts stratified by the number and type of AEs reported during the TEs. RESULTS: Of 3,222 women (mean age 57) received a first- and/or second-line taxane or capecitabine for mBC. Of the 2,678 1st-line patients, 69.7% received taxane and 30.3% capecitabine. AEs were commonly seen in patients treated with first-line taxane (94.6%) and capecitabine (83.7%). On average, the total monthly incremental cost associated with AEs was $38 higher ($3,547) for taxane and 9% higher ($854) for capecitabine. Inpatient and other drug costs accounted for a majority of the increased costs. Of 1,084 2nd-line patients, 66.0% received taxane and 34.0% with capecitabine. 94.4% of 2nd-line taxane patients and 84% of capecitabine patients had an AE. The average total monthly incremental cost associated with AEs for taxane was $5,330 and $4,933 for capecitabine (69.9% and 82.9% higher vs. patients without AEs). Differences in pharmacy costs drove the incremental AE-related costs in taxane users; inpatient and outpatient costs accounted for the majority of these costs in capecitabine users. Sensitivity and threshold analyses showed an increasing economic burden with the number of AEs.

CONCLUSIONS: Chemotherapy-related AEs are associated with a substantial economic burden primarily explained by increased inpatient, outpatient, and pharmacy costs.

PCN52
ENGLISH HOSPITAL COSTS FOR ANAL CANCER: PRELIMINARY RESULTS FROM AN INVESTIGATION OF HOSPITAL EPISODE STATISTICS (HES)
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There is some evidence that the annual number of patients diagnosed with anal cancer in the UK is increasing. Such a rise could potentially have important health and economic consequences. OBJECTIVES: To estimate hospital treatment costs for anal cancer in England, based on data from the HES database, as part of a wider study focusing on total and economic burden of cancer in the UK. METHODS: Inpatient admissions for anal cancer between the years 2006/07 to 2010/11 were retrospectively analysed. Data was obtained from HES, a database covering English hospital activity, with inpatient episodes aggregated into spells of care associated with a specific Healthcare Resource Group (HRG). The HRGs were linked to costs from the UK National Tariff in order to calculate the average annual and per inpatient costs for treatment of anal cancer, as per the NHS Payment by Results framework. Where necessary, costs were supplemented by expert opinion and other published cost estimates. A limited amount of HES data on outpatient consultations was also collected and analysed. RESULTS: In England, the average annual payments for inpatient care associated with anal cancer are estimated to total £7,754,199 (males = £2,930,360, females = £4,823,839). This translated to a mean annual cost per patient of £4,605 and £5,770,000 for males and females respectively. Outpatient costs were lower across both genders with annual payments for outpatient care estimated at £848,479 for males and £286,686 for females. This is likely to be a significant underestimate due to coverage issues with the NHS outpatient dataset on account of local variation in the sources of funding for certain treatments. CONCLUSIONS: The lead author is currently ongoing.

Despite the significant underestimation of the outpatient costs, these results suggest anal cancer places a significant health and economic burden on the English NHS.

PCN53
REAL WORLD MANAGEMENT AND COSTS IN METASTATIC MALIGNANT MELANOMA (MM) PATIENTS: A PILOT STUDY BASED ON AN INSTITUTIONAL PATIENT REGISTRY
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OBJECTIVES: To assess the management and associated lifetime costs in MM patients as from the diagnosis of unresectable metastatic disease until death.

METHODS: A retrospective patient chart review was performed at the Antwerp University Hospital to obtain direct medical consumption related to the management of unresectable metastatic MM (unMM). A complete registry of all MM patients who visited the hospital between 2007 and May 2012 was compiled. Eligible for this retrospective chart review were patients with unMM with sufficient data available in the database. Costs included direct medical costs. Costs were calculated using 2012/2013 cost data, unless otherwise specified. RESULTS: Out of 148 registered MM patients, 29 were eligible and included in this chart review. The median overall survival time in all patients was 6.0 months. 86% (n=25) of patients were treated by systemic treatment(s) of which 24% (n=6) received up to 4 different treatment lines. Data on dose-parametric characteristics and management of unMM were collected. Direct costs were calculated by multiplying each item of resource use with its unit cost (2012, €) using the Belgian public health care payer’s perspective (FCHP) and patient’s perspective. A mean total cost per patient was €31,637 (bootstrap 95%CI: €23,993-39,891), of which 30.58% (€9,551: €23,154-38,784) was reimbursed. The FCHP cost was driven by hospitalization costs and systemic treatments costs both representing 33% of total cost.

CONCLUSIONS: Management of unMM result in considerable costs for the PHCP mainly driven by systemic treatment costs and hospitalization costs. It would be interesting to extend this study in a broader population.

PCN54
ECONOMIC BURDEN ASSOCIATED WITH PanCREATIC CANCER IN EUROPE
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OBJECTIVE: This review was conducted to assess the economic burden of pancreatic cancer (PC) from a societal perspective in Europe. The analysis included recent published cost estimates. A limited amount of HES data on outpatient costs was available and who deceased before May 2012. Data on demographics, disease characteristics and management of unresectable metastatic MM (umMM) were collected. Direct costs were calculated by multiplying each item of resource use with its unit cost (2012, €). The mean total cost of illness/patient for PC in Germany was €4670, surgery (€719), and chemotherapy (€578). The mean total cost of illness in Germany was €31,757 (cost years 2000-2003), where direct cost was responsible for 90% of this total value and the remaining 10% was contributed by indirect costs including loss of productivity due to days-off work. In 2009, the estimated cost/patient associated with loss of productivity due to absenteeism was €6077 in Sweden. Upon assessment of curative resection cost for PC patient in Sweden, it was found to be about €9000 in 2009. The mean costs per patient associated with the use of diagnosis of PC were €1925 in Switzerland (2004), €1249 in Spain (2001), and €1545 in Sweden (2001). CONCLUSIONS: Although limited data is available, a trend in increase of fiscal burden for PC was observed. The major contributors of this burden were surgery, hospitalisations, chemotherapy, and loss of productivity. Therapies that prevent that delay disease progression could reduce this burden.