elevated liver enzymes, while dabrafenib was most often associated with CSCC and pyrexia. The most common AEs associated with trametinib were hypertension and rash. Common ilipilumab AEs included immune-related diarrhea/colicis, dyspnea, anemia, vomiting, and less frequently, hypophysitis. In the outpatient setting, the most costly AEs per incident included anemia (€431, €310, €276, ES, and €190, NL), diarrhea (€432, ES, and €349, NL), nausea (€201, ES, and €146, NL), vomiting (€146, ES), and pyrexia (€229, ES, and €199, IT). In the inpatient setting, the most costly AEs per hospitalization per country were hypophysitis (€10189, ES), elevated liver enzymes (€6848, FR), anemia (€5286, €5268, NL, IT). Additional inpatient treatments with high costs were diarrhe (€4083, ES), neutropenia (€2322, IT) and vomiting (€2036, NL).

CONCLUSIONS: Costs of managing AEs can be substantial, and effective new treatments with reduced AE profiles would be valuable.

PCN80

THE COST OF TREATING SQUAMOUS CELL CARCINOMA OF THE ANUS (SCCA) IN ENGLAND: RESULTS FROM AN EMPIRICALLY CALIBRATED MODEL

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OBJECTIVES: Squamous cell carcinoma of the anus (SCCA) generally requires a number of complex interventions as part of a multidisciplinary approach to treat- ment. This research aimed to combine available data on disease progression and treatment in order to estimate the average cost of treating a case of SCCA in England. METHODS: Data on primary treatment, disease progression and follow-up were obtained from the Association of Coloproctology of Great Britain and Ireland’s epidemiological database. Validated disease progression curves for SCCA were developed using Cox regression analysis. Costs of diagnosis, staging, and primary treatment. A Markov model was then developed to simulate disease progression and follow-up based on the mode of primary treatment (combined modality versus surgery). A single sensitivity analysis was estimated using bootstrap sampling intervals (CIs).

RESULTS: Mean costs by stage at diagnosis were estimated as follows; Stage 1 (n = 14909, £14139-£23077), Stage 2 (n = 21618, £16448-£16630), Stage 3 (n = 12190, £23077-£23264), Stage 4 (n = 6848, £23264-£23449). From the HSE Primary Care Reimbursement Services claims database. Overall and mean costs by stage of breast cancer are presented with bootstrap 95% confidence intervals (CIs).

CONCLUSIONS: The economic burden of squamous cell carcinoma of the anus (SCCA) in England is considerable, and there is need for effective treatments with improved toxicity profiles.

PCN81

ECONOMIC BURDEN OF TOXICITIES ASSOCIATED WITH ADVANCED MELANOMA TREATMENTS IN THE UNITED STATES

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OBJECTIVES: Objective: To estimate the cost of diagnostic investigation and treatment for breast cancer in an Irish teaching hospital from a health payer perspective. METHODS: Retrospective population based resource utilization data for 6151 patients treated for primary breast cancer in a university teaching hospital in Ireland were available for the period 2009-2011. Health care resource use included diagnostic investigations and all treatments. Unit costs for diagnosis & surgical procedures, laboratory tests, and radiotherapy were derived from DRG costs, hospital finance departments, clinical opinion and literature review. Chemotherapeutic costs were estimated from local hospital protocols, pharmacy departments and clinical opinion. Associated pharmaceutical cost, including oral hormonal therapy, were estimated fromIMS Primary Care Reimbursement Services.

RESULTS: The average cost per patient by stage at diagnosis was estimated as follows; Stage 1 (n = 14909, £14139-£23077), Stage 2 (n = 21618, £16448-£16630), Stage 3 (n = 12190, £23077-£23264), Stage 4 (n = 6848, £23264-£23449). From the HSE Primary Care Reimbursement Services claims database. Overall and mean costs by stage of breast cancer are presented with bootstrap 95% confidence intervals (CIs).

CONCLUSIONS: The economic burden of squamous cell carcinoma of the anus (SCCA) in England is considerable, and there is need for effective treatments with improved toxicity profiles.