OBJECTIVES: To determine if the starting time of chemotherapy influences on illness-free survival and general survival in a cohort of Mexican patients with breast cancer treated with crizotinib. Methods: A comprehensive review of ALK+ NSCLC patients who discontinue crizotinib therapy was performed; charts were reviewed to determine the starting time of chemotherapy. Results: Of 119 ALK+ NSCLC patients who received crizotinib monotherapy and changed regimen prior to death or last follow-up were analyzed. At primary NSCLC diagnosis, patients were older than 65 years old and 56% (n=66) were male. A majority of them received first-line crizotinib monotherapy (60% first-line; 33% second-line), and median crizotinib treatment duration for all 119 patients was 141 days (IQR: 92-209). Before changing crizotinib monotherapy regimen, 32 (27%) patients were diagnosed with brain metastases. A total of 102 (86%) patients had progressed while on crizotinib monotherapy after a median time of 140 days (IQR: 88-219) post crizotinib initiation, and changed regimen after a median of 1 day (IQR: 1-3) post progression. After discontinuing crizotinib, 50 (42%) patients did not receive antineoplastic therapy. Among the 69 patients (58%) who received treatment, 37 (54%) received chemotherapy, 15 (22%) radiation therapy without chemotherapy, and 13 (19%) targeted therapy, and for 6 (8%) patients enrolled in a clinical trial. CONCLUSION: There is significant unmet need among patients progressing on crizotinib. In this retrospective study, ALK+ NSCLC patients were found to have an overall survival of 61 days post crizotinib discontinuation, which is an additional reason to understand clinical outcomes among patients progressing on crizotinib.

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THE UTILIZATION OF VIDEO-ASSISTED THORACIC SURGERY (VATS) VERSUS OPEN THORACOTOMY FOR STAGE 1 AND STAGE 2 NON-SMALL CELL LUNG CANCER IN CANADIAN HOSPITALS: A BUDGET IMPACT ANALYSIS

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OBJECTIVES: Lung cancer is the leading cause of cancer related death in Canada. Lobectomy is the most common form of treatment for early stage lung cancer and can be performed using an open approach with a thoracotomy incision or as a minimally-invasive procedure using Video-Assisted Thoracic Surgery (VATS). Several recent studies have demonstrated that open and VATS lobectomies achieve oncologic equivalent outcomes. The objective of this study was to determine the budget impact of VATS versus open lobectomy in Canada. METHODS: We examined the budget impact of increasing the proportion of VATS cases from 25% to 75%, while decreasing the proportion of open cases by the same amount in a sample of 142 hospitals that performs VATS or open thoracotomies. We estimated the costs associated with surgery, length of stay (taking into account facility and staff costs) and common postoperative complications. The cost data used in the model was obtained from peer reviewed literature, the Ontario Case Costing Initiative and the Canadian health care environment hospitals are faced with increasingly restrictive budgets, creating a need to demonstrate the cost-effectiveness of procedures performed. RESULTS: A study was determined to be cost-saving by demonstrating the proportion of VATS vs. open lobectomies in a Canadian hospital. METHODS: We examined the budget impact of increasing the proportion of VATS cases from 25% to 75%, while decreasing the proportion of open cases by the same amount in a sample of 142 hospitals that performs VATS or open thoracotomies. We estimated the costs associated with surgery, length of stay (taking into account facility and staff costs) and common postoperative complications. The cost data used in the model was obtained from peer reviewed literature, the Ontario Case Costing Initiative and the Canadian health care environment hospitals are faced with increasingly restrictive budgets, creating a need to demonstrate the cost-effectiveness of procedures performed.

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