ASSESSING THE MAJOR DRIVERS FOR THE INCREASED HEALTH CARE COSTS ASSOCIATED WITH PROSTATE CANCER

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OBJECTIVES: This burden of illness study was conducted to assess the 12-month resource utilization and health care costs, along with the major drivers of those costs, associated with an incident diagnosis of prostate cancer (PC). METHODS: An analysis of incident PC patients identified using a claims database, was performed, for 2005, 2006, and 2007. PC patients and the age and gender matched comparator group (1:4) for each year, were required to have continuous enrollment in a plan and no prostate cancer diagnoses during the 18 months prior to the first diagnosis of prostate cancer in each year. The highest 12-month utilization and health care costs, were compared, using nonparametric Wilcoxon rank-sum tests, with mean values reported here for 2007. RESULTS: There were 21,320 men diagnosed with PC in 2007, in this database, and we selected 86,080 controls. The mean health care cost for the men diagnosed with PC was $15,979 vs. $7,105 for controls, p < 0.001. The primary drivers for this nearly triple cost difference between the two groups were: hospitalizations ($6,292 vs. $2,375; p < 0.001); radiology tests ($3,014 vs. $348; p < 0.001); prescription drugs ($2,293 vs. $1,439; p < 0.001); and laboratory tests ($800 vs. $260; p < 0.001). Resource utilization over the 12-month period showed that the men with PC, when compared to the control group, had a significantly greater (p < 0.001) number of hospitalizations (0.4 vs. 0.2; p < 0.001); radiology tests (10 vs. 2; p < 0.001); prescription drugs (22 vs. 16; p < 0.001); and laboratory tests (18 vs. 8; p < 0.001). CONCLUSIONS: The markedly higher 12-month resource utilization and health care costs, noted in men diagnosed with PC, compared to age and gender matched controls, are primarily driven by an increased need for hospitalizations, radiology tests, prescription drugs, and laboratory tests.

HEALTH CARE COSTS IN WOMEN WITH INCIDENT METASTATIC BREAST CANCER RECEIVING CHEMOTHERAPY AS THEIR PRINCIPAL TREATMENT MODALITY

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OBJECTIVES: To characterize health care resource use and costs in US women with incident metastatic breast cancer receiving chemotherapy as their principal treatment modality. METHODS: Using a retrospective cohort design and a large private health insurance claims database (2000–2005), we identified all women initiating chemotherapy for incident metastatic breast cancer with no evidence of concomitant or subsequent receipt of hormonal therapy or trastuzumab. Health care resource use (inpatient, outpatient, medications) and costs were tallied on a cumulative basis from date of chemotherapy initiation (ie, index date) to date of discontinuance from the health plan (in most instances, presumably due to death) or the end of the study period, whichever occurred first. Study measures were summarized using Kaplan-Meier Sample Average (KMSA) method; 95% CIs were generated using nonparametric bootstrapping. Reimbursed amounts were used as a proxy for costs. RESULTS: The study included 707 women with an estimated 830 woman-years (mean [SD] age was 58.4 [12.0] years). Over a mean follow-up of 692 days (range: 3 to 2,182), study subjects averaged 1.1 hospital admissions, 6.8 inpatient days, and 62.4 physician office and hospital outpatient visits. Mean (95% CI) cumulative total health care costs were $91,400 ($83,804, $99,050) per patient over their treatment period. Outpatient chemotherapy constituted 24% of total health care costs; comparable percentages for inpatient care, outpatient services, and all other outpatient pharmacy were 19%, 32%, and 24%, respectively. CONCLUSIONS: Health care costs are high in US women with incident metastatic breast cancer receiving chemotherapy as their principal treatment modality. This study provides important additional information on the cost of treatment of this disease.