PCN112

COMPARISON OF CHARACTERISTICS OF COLORECTAL CANCER PATIENTS ADMITTED EMERGENTLY, URGENTLY OR ELECTIVELY IN WEST VIRGINIA HOSPITALS BETWEEN 2003-2007

Shah, N1, Hensh2

1West Virginia University, Morgantown, WV, USA
2Ohio State University, Columbus, OH, USA

OBJECTIVES: Colorectal cancer poses a significant disease burden in West Virginia. Hospitalization followed by surgical resection is the standard curative treatment. Emergency admissions account for more than 25% of colorectal cancer hospitalizations nationwide. The aim of this study is to compare characteristics of West Virginia residents admitted emergently, urgently or electively to West Virginia hospitals between 2003-2007. Another aim was to explain the association between admission type and in-hospital deaths.

METHODS: Data from the Healthcare Cost and Utilization Project (HCUP), State Inpatient Database were investigated. Descriptive statistics for admission type, comorbidities, in-hospital death, age, and sex were tabulated; chi-square analyses helped explain differences in characteristics between admission types. Logistic regression was employed to explain differences in in-hospital deaths between emergency, urgent and elective admissions.

RESULTS: There were 9380 admissions with a primary or secondary diagnosis of CRC of which 33.1% were emergency admissions, 24.4% urgent and 42.1% elective. Of the in-hospital deaths more than half (50.5%) were the cases admitted emergently compared to electively (23.1%). Among emergency and urgent admissions the most common comorbid conditions were diabetes (17.1%), followed by fluid disorders (6.9%) and hypertension (5.0%). Among elective admissions diabetes (19.9%) was followed by COPD (4.3%) and hypertension (3.5%). Logistic regression showed that the odds of in-hospital death were 3.03 times higher for emergency admission compared to electively after controlling for age, sex, number of comorbidities, diagnosis type and payer.

CONCLUSIONS: Patients admitted emergently are more likely to die in-hospital compared to those admitted electively. The large percentage of in-hospital deaths in patients admitted emergently indicates advanced disease and possibly failure of timely screening. Comorbid conditions differed by admission type and need further investigation. Diabetes was the most common comorbid condition overall and further investigation in diabetics is needed to check screening behavior and access to screening centers.

PCN113

LEARNING THE LESSONS OF ONCOLOGY HTA REVIEWS IN AUSTRALIA & THE UNITED KINGDOM – A CASE STUDY OF FIVE DRUGS

Lewis S, Dummett H

Double Helix Consulting, London, UK

OBJECTIVES: HTA agencies have different requirements and preferences in terms of both the models they receive and the clinical evidence that submission are based on. Our aim was to understand what could be learned about the preferences of the PBAC in Australia and NICE and the SMC in the UK specific to oncology from five selected case studies.

METHODS: Five high-profile cancer drugs, namely Avastin (bevacizumab), Erbitux (cetuximab), Tykerb/Tyverb (lapatinib) and Tarceva (erlotinib) were selected as our research sample. All assessment guidance related to the five drugs by NICE, the PBAC and the SMC were reviewed to examine the rationale behind positive or negative recommendations. Based on the review, we analysed the agencies’ preferences for oncology HTA submissions.

RESULTS: Avastin has been one of the most rejected drugs among the three agencies, with the exception of PBAC’s recommendation of listing for ‘1st line metastatic colorectal cancer’ on the condition of a patient access scheme. There was an increase in the overall drug cost by including Avastin in the treatment regimen. The NICE recommendation was positive, the conclusion can be still negative in CEE countries; this is primarily due to relative price differences and the significance of local budget impacts. The NICE recommendation is negative, the innovative health technology can be still cost-effective in Central-Eastern Europe due to the worse health status of the population and the greater potential health improvement. The conclusions of the study could not be generalized to other countries. The NICE recommendation is influenced by the need to find a compromise between cost-effectiveness and the maintenance of the social acceptability and the budget constraints available. The study results indicate that the HTA agencies have different requirements and preferences in terms of both the models they receive and the clinical evidence that submission are based on.

CONCLUSIONS: We scrutinized the transferability of 68 published NICE appraisals of innovative oncological drugs to CEE countries. The most critical factors influencing the transferability of NICE appraisals were selected based upon differences in in-hospital deaths between emergency, urgent and elective admissions.

PCN114

DEVELOPING A FAMILIAL CANCER RISK ASSESSMENT TOOL FOR USE IN UNDERSERVED COMMUNITIES

Shattahcjarue S1, Westman JA2, Kelly KM1

1West Virginia University, Morgantown, WV, USA; 2Ohio State University, Columbus, OH, USA

OBJECTIVES: Considering human factors in new technology is essential to ensure its acceptance, particularly in underserved communities. This study addressed the usability of the original (Flash) and new (HTML) versions of a self-administered Jameslink. METHODS: Data from the Healthcare Cost and Utilization Project (HCUP), State Inpatient Database were investigated. Descriptive statistics for admission type, comorbidities, in-hospital death, age, and sex were tabulated; chi-square analyses helped explain differences in characteristics between admission types. Logistic regression was employed to explain differences in in-hospital deaths between emergency, urgent and elective admissions.

RESULTS: There were 9380 admissions with a primary or secondary diagnosis of CRC of which 33.1% were emergency admissions, 24.4% urgent and 42.1% elective. Of the in-hospital deaths more than half (50.5%) were the cases admitted emergently compared to electively (23.1%). Among emergency and urgent admissions the most common comorbid conditions were diabetes (17.1%), followed by fluid disorders (6.9%) and hypertension (5.0%). Among elective admissions diabetes (19.9%) was followed by COPD (4.3%) and hypertension (3.5%). Logistic regression showed that the odds of in-hospital death were 3.03 times higher for emergency admission compared to electively after controlling for age, sex, number of comorbidities, diagnosis type and payer.

CONCLUSIONS: Patients admitted emergently are more likely to die in-hospital compared to those admitted electively. The large percentage of in-hospital deaths in patients admitted emergently indicates advanced disease and possibly failure of timely screening. Comorbid conditions differed by admission type and need further investigation. Diabetes was the most common comorbid condition overall and further investigation in diabetics is needed to check screening behavior and access to screening centers.