sensitivity analyses were performed for all key parameters across the three time horizons and different stages of drug use. Stopping use increased costs (5%, 10%, 15%). RESULTS: For 1190 patients, we expect health system costs of $75 million over a 10-year horizon and $120 and $142 million over 20 and 30 year horizons (2012 CAD). We estimated 580 deaths over 30 years, of which 52% will be due to HCV Antiviral treatment was used in patients who had a baseline FVC decline > 10% and 5.4% of patients who were not treated. The sensitivity analysis shows that fibrosis stage at diagnosis will have the greatest impact on costs. Other key variables generating costs were liver-related mortality and transplants. The need for transplants decreases when antiviral use increases. This offsets antiviral drug costs. CONCLUSIONS: Our model indicates that the amount of resources required by a single cohort of Albertans is substantial. The model also provides a resource which planners can use to estimate funding, as they will be responsible for allocating the resources needed to treat HCV.

PHS69

ESTIMATING HEALTHCARE RESOURCE USE ASSOCIATED WITH THE TREATMENT OF METASTATIC MELANOMA IN EIGHT COUNTRIES

McKendrick J1, Gjisen M1, Di Gregorio C1, Zhao Z2, Barber BL2

1Pfizer Inc., College Park, MD, USA, 2Astellas Pharma US, Inc., Highland Park, IL, USA

METHODS: We estimated the healthcare resource use (HRU) associated with the treatment of metastatic melanoma (stages III-B–IV) in Australia, Canada, France, Germany, Italy, the Netherlands, Spain, and the UK. RESULTS: Using published literature and clinician opinions, four treatment phases for metastatic melanoma were identified: active treatment (pre-progression), disease progression, best supportive care (BSC) or palliative care, and terminal care. The elements of HRU for each phase were identified. For most elements, estimates of the magnitude and frequency of use in clinical practice were not available from published literature and were obtained in 2014 through Delphi panels in each country, comprising up to eight experienced oncologists who treated patients with metastatic melanoma. RESULTS: Melanoma pharmacists in key care providers for patients with melanoma in all countries studied except Germany, where dermato-oncologists can also lead care. Each patient was estimated to require 1–2 consultations per month with a melanoma pharmacist at active treatment phase. HRU during active treatment phase included an average of 1.16 physician consultations (range: 0.6–2.7), 1.23 CT imaging scans (0.88–1.5), and 1.35 day-hospital visits (0–2.7) per 3 months across all countries. HRU was intensive during disease progression phase, including an average of 17 hospitalizations as well as 1.22 radiation treatments. The use of palliative and hospice care during the BSC/palliative and terminal phases varied across all countries. CONCLUSIONS: This study generated estimates of healthcare resource use in managing patients with metastatic melanoma using a consistent, robust methodology across eight countries. The estimates of magnitude and frequency of healthcare resource use were substantial and varied for some resources, particularly those used after disease progression.

PHS70

ASSOCIATION OF CHANGE IN FORCED VITAL CAPACITY WITH HEALTHCARE UTILIZATION IN PATIENTS WITH NEWLY DIAGNOSED IDIOPATHIC PULMONARY FIBROSIS

Reichmann WM1, Yu Y1, Macaulay D1, Nathan SD1

1Analysis Group, Inc., Boston, MA, USA, 2Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, USA

METHODS: Using published literature and clinician opinions, four treatment phases for metastatic melanoma were identified: active treatment (pre-progression), disease progression, best supportive care (BSC) or palliative care, and terminal care. The elements of HRU for each phase were identified. For most elements, estimates of the magnitude and frequency of use in clinical practice were not available from published literature and were obtained in 2014 through Delphi panels in each country, comprising up to eight experienced oncologists who treated patients with metastatic melanoma. RESULTS: Melanoma pharmacists in key care providers for patients with melanoma in all countries studied except Germany, where dermato-oncologists can also lead care. Each patient was estimated to require 1–2 consultations per month with a melanoma pharmacist at active treatment phase. HRU during active treatment phase included an average of 1.16 physician consultations (range: 0.6–2.7), 1.23 CT imaging scans (0.88–1.5), and 1.35 day-hospital visits (0–2.7) per 3 months across all countries. HRU was intensive during disease progression phase, including an average of 17 hospitalizations as well as 1.22 radiation treatments. The use of palliative and hospice care during the BSC/palliative and terminal phases varied across all countries. CONCLUSIONS: This study generated estimates of healthcare resource use in managing patients with metastatic melanoma using a consistent, robust methodology across eight countries. The estimates of magnitude and frequency of healthcare resource use were substantial and varied for some resources, particularly those used after disease progression.

PHS71

BURDEN OF MELANOMA AMONG ADULTS ENROLLED IN MEDICAID PROGRAM

Shah R, Khanna R, Pace P, Banahan III B

University of Mississippi, University, MS, USA

OBJECTIVES: Melanoma is the most common kind of cancer in the United States. Advanced-stage cases are missed through routine screening and have a high mortality rate. The objective of this study was to examine the healthcare resource utilization of patient management (5%, 10%, 15%). RESULTS: For 1190 patients, we expect health system costs of $75 million over a 10-year horizon and $120 and $142 million over 20 and 30 year horizons (2012 CAD). We estimated 580 deaths over 30 years, of which 52% will be due to HCV Antiviral treatment was used in patients who had a baseline FVC decline > 10% and 5.4% of patients who were not treated. The sensitivity analysis shows that fibrosis stage at diagnosis will have the greatest impact on costs. Other key variables generating costs were liver-related mortality and transplants. The need for transplants decreases when antiviral use increases. This offsets antiviral drug costs. CONCLUSIONS: Our model indicates that the amount of resources required by a single cohort of Albertans is substantial. The model also provides a resource which planners can use to estimate funding, as they will be responsible for allocating the resources needed to treat HCV.

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