5-year overall cost per patient was €13,900-€17,200 in Hungary, €16,300-€18,300 in Poland, €14,000-€16,600 in Serbia and €12,500-€13,800 in Slovakia (presented in ranges due to uncertainty around palliative care). Chemotherapy-associated costs accounted for 59-71% of the total, followed by primary surgical treatment (13-23%) and palliative care (4-15%). Contribution of drug costs to the overall costs varied among the countries (in Poland 29%, in Serbia 55% of total costs).

CONCLUSIONS: Given the scarcity of OC cost studies worldwide, these findings may provide a useful source for clinicians and decision makers in understanding the economic implications of managing ovarian cancer in Central and Eastern Europe and the need for innovative therapies.

PCN51

COMPREHENSIVE INVESTIGATION OF ADVERSE EVENT (AE)-RELATED COSTS IN PATIENTS WITH METASTATIC BREAST CANCER (MBC) TREATED WITH FIRST- AND SECOND-LINE CHEMOTHERAPIES

HurtuI ST1, Guerri A2, Brammer M2, Guardino E3, Zhou YY4, Kaminsky MS5, Wu EQ6, Stadler P7

1UCa, Santa Monica, CA, USA, 2Analysis Group, Lere, Montreal, QC, Canada, 3Genentech, South San Francisco, CA, USA, 4Analysis Group, Inc., Boston, MA, USA

OBJECTIVES: To examine the incremental costs of chemotherapy-associated AEs in mBC methods. The PharMerits Database (2000-2010) was used to identify mBC patients treated with first- or second-line taxane (paclitaxel) or docetaxel) or capecitabine-based regimens, with treatment episodes (TEs) ≥ 30 days. Inverse probability weighting was used to balance patient characteristics between cohorts with and without AEs. Incremental costs attributable to AEs were assessed by comparing costs incurred during TEs with and without AEs and included the following components: inpatient, outpatient, emergency room, other medical service, pharmacy costs, and total health care costs. Sensitivity analyses were conducted to examine the average monthly costs in patients cohorts stratified by the number and type of AEs. The analysis was performed during the TEs RESULTS: 3,222 women (mean age ± 57) received a first- and/or second-line taxane or capecitabine for mBC. Of the 2,678 1st-line patients, 69.7% received taxane and 30.3% capecitabine. AEs were commonly seen in patients treated with first-line taxane (94.6%) and capecitabine (83.7%). On average, the total monthly incremental cost associated with AEs was 38% higher ($3,549) for taxane and 9% higher ($854) for capecitabine. Inpatient and other drug costs accounted for a majority of the increased costs. Of 1,084 second-line patients, 66.0% received taxane and 34.0% with capcitabine. 94.4% of second-line taxane patients and 84% of capcitabine patients had an AE. The average total monthly incremental cost associated with AEs for taxane was $5,936 and $4,993 for capcitabine (69.9% and 82.9% higher vs. patients without AEs). Differences in pharmacy costs drove the incremental AE-related costs in taxanes users; inpatient and outpatient costs accounted for the majority of these costs in capcitabine users. Sensitivity analyses showed that the incremental cost per patient in Sweden, it was found to be about €29,000 in 2009. Five years later, the mean costs per patient associated with the use of therapy was €1925 in Switzerland (2004), €1249 in Spain (2001), and €1545 in Sweden (2003).

CONCLUSIONS: Given the scarcity of OC cost studies worldwide, these findings may provide a useful source for clinicians and decision makers in understanding the economic implications of managing ovarian cancer in Central and Eastern Europe and the need for innovative therapies.

PCN52

ENGLISH HOSPITAL COSTS FOR CANCER: PRELIMINARY RESULTS FROM AN INVESTIGATION OF HOSPITAL EPISODES STATISTICS (HES) DATABASE

Tempest M1, Keeping ST1, Thurston S1, Carroll SM2

1MSD, Maidenhead, UK 2Pharmerit Ltd, York, UK

OBJECTIVES: To estimate hospital treatment costs for cancer in England, based on data from the HES database, as part of a wider study of the direct medical and economic burden of cancer in the UK. Inpatient admissions for cancer between the years 2006/07 to 2010/11 were retrospectively analysed. Data was obtained from HES, a database covering English hospital activity, with inpatient episodes aggregated into spells of care associated with a specific Healthcare Resource Group (HRG). The HRGs were linked to costs from the UK National Tariff in order to calculate the average annual and per inpatient payments for treatment of anaesthesia, as per the NHS Payment by Results framework. Where necessary, costs were supplemented by expert opinion and other published cost estimates. A limited amount of HES data on outpatient consultations was also collected and analysed. RESULTS: In England, the average annual payments for inpatient care associated with anaesthesia are estimated to total £7,754,219 (males = £2,930,360, females = £4,823,859). This translated to a mean annual cost per patient of £4,605 and £5,232 for males and females respectively. Outpatient costs were lower across both genders with annual payments for outpatient care estimated at £184,479 for males and £286,686 for females. This is likely to be a significant underestimate due to coverage issues with the HES outpatient dataset on account of local variation in the sources of funding for certain treatments and differences in how data is currently ongoing. CONCLUSIONS: Despite the significant underestimation of the outpatient costs, these results suggest that the treatment cost burden significantly underestimates the overall burden of cancer in England. In 2009, the estimated cost/patient associated with loss of productivity due to days-off work. In 2009, the estimated cost/patient/month associated with PC rose from €1,578 in 2001 to €3,103 in 2002-2005 and then to €6,590 in 2009. In 2009, the major contributors of this direct cost were hospitalisations (€4,670), surgery (€719), and chemotherapy (€385). The mean total cost of illness per patient in Germany was €31,975 (cost years 2000-2003), where direct cost was responsible for 90% of this total value and the remaining 10% was contributed by indirect costs including loss of productivity due to days-off work. In 2009, the estimated cost/patient associated with loss of productivity due to absenteeism was €6,077 in Sweden. Upon assessment of curative resection cost for PC per patient in Sweden, it was found to be about €30,000 in 2009. The mean costs per patient associated with the use of diagnosis of PC were €1925 in Switzerland (2004), €1249 in Spain (2001), and €1545 in Sweden (2003).

CONCLUSIONS: Although limited data is available, a trend in increase of fiscal burden due to PC has been observed. The major contributors of this burden were surgery, hospitalisations, chemotherapy, and loss of productivity. Therapies that prevent or delay disease progression could reduce this burden.

PCN55

THE COST OF RARE DISEASES: THE EXAMPLE OF CHRONIC LYMPHOCYTIC LEUKAEMIA

Blankart C1, Koch T2, Linder R2, Verheyen F2, Schreyögg J2, Stargaritz T2

1University of Hamburg, Hamburg, Germany, 2Scientific Institute of TK for Benefit and Efficiency in Health Care, Hamburg, Germany

OBJECTIVES: Chronic lymphocytic leukaemia (CLL) is a slowly progressing but mortal disease that imposes a high economic burden on sickness funds and society. The objective of this study is to analyze and compare the direct and indirect costs of CLL in Germany from the perspective of both sickness funds and society, and to analyze the burden of the disease. METHODS: Using a database of 7.6 million enrolled individuals, we identified 4198 CLL patients in 2007 and 2008. Costs attributable to CLL were estimated using a case-control design, with a control group of 150 individuals randomly drawn by age and sex for each CLL observation. We used HES data for different tariffs in cost estimation and health care utilization. RESULTS: The cost attributable to CLL per prevalent case amounts to €4946 from the payer’s perspective, and €7910 from that of society. Inpatient stays and pharmaceutical consumption are the main cost drivers of the disease. The annual cost in Germany is estimated to be approximately €32 million per year from the sickness fund perspective (€322 million from the societal perspective).

CONCLUSIONS: Compared with common diseases such as diabetes or COPD, the economic burden of CLL is considerably lower. However, the cost of treatment per case is about twice as high as for these common diseases, even though inpatient treatment is performed in later stages of the disease. The high cost of treatment is due to the extensive care technologies, an ageing population, and an increasing incidence, it is likely that the burden of the disease will continue to grow.

PCN56

PRELIMINARY RESULTS FROM A STUDY OF HOSPITAL COSTS DUE TO TREATMENT OF HEAD AND NECK CANCERS IN ENGLAND

Tempest M1, Thurston S2, Carroll SM3

1Pharmerit Ltd, York, UK, 2Sanofi Pasteur MSD, Maidenhead, UK, 3Sanofi Pasteur MSD, University Hospital Antwerp, Edegem, Belgium