p<0.001; second-line treatment: coefficient 0.377, p<0.019), pulmonary infection (coefficient 0.780, p<0.001), and suppressed coefficient 0.352, p=0.047) were significantly associated with increased direct medical costs and urban resident insurance (coefficient -0.410, p<0.001) was significantly associated with less direct medical costs. **CONCLUSIONS:** The direct medical costs associated with MM in urban residents is substantial and varies substantially by treatment settings. Except treatment settings, complications, and comorbidities, the social economic status associated with insurance type and residence city size have a substantial impact on public health resource utilization in Chinese patients with MM.

**PCN104**

**ECONOMIC AND HUMANISTIC BURDEN OF DUCT CARCINOMA IN SITU**

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**OBJECTIVES:** Breast cancer screening has resulted in increased diagnosis of duct carcinoma in situ (DCIS). Compared with other breast cancers, little is known about the cost of illness or quality of life burden associated with DCIS. **METHODS:** A structured approach which strategy was developed for identifying DCIS cost and QOL data in three publication databases (PubMed, EMBASE, and the Cochrane Library). Primary and secondary search criteria were “Carcinoma, Intraductal, Noninfiltrating” or “DCIS” and “Quality of life” or “Costs” or “Resource use,” respectively. Publications for review were restricted to those published between 2004 and 2014 inclusive. Abstract screening was performed by a single reviewer, with included results checked for protocol alignment by two further reviewers. **RESULTS:** In total, 585 articles were identified for review of which 55 were duplicates between databases. Following abstract review, 111 articles were retained for analysis. The majority of excluded articles were not specific to DCIS or did not report cost or QOL data. DCIS does not directly affect QOL. Anxiety caused by DCIS diagnosis is a key decrement to QOL, although its impact can be transient. Longer term impacts on body image and role limitation were apparent following surgical intervention. Evidence of QOL detriment specific to DCIS treatment were limited. Radiological imaging and surgical treatment added to costs. Radiotherapy (both tumor and target) and treatment side effects are the major factors influencing patient QOL in DCIS. Adverse events and costs associated with DCIS treatments makes the choice of treatment pathway important for both patients and healthcare providers.

**PCN105**

**COST OF CARCERAL CANCER AND CARCERAL INTRAEPITHELIAL NEOPLASIA IN CROATIA**

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**OBJECTIVES:** Carceral cancer, caused by oncogenic Human Papillomavirus (HPV) types, is in Croatia the tenth most common cancer in women and accounted for 106 women deaths in 2012. The aim of this study was to evaluate the costs associated with the diagnostic and treatment of carceral cancer and cervical intraepithelial neoplasia in Croatia in 2012. **METHODS:** PubMed – Available public data on the costs related to carceral cancer and cervical intraepithelial neoplasia diagnostic and treatment were collected. The main sources for the number of cases were the Croatian Institute of Public Health (HUP) registry data for 2012 and Croatian Cancer Registry data. For the unit cost, the list of Diagnosis-Related Groups codes was used. When country-specific information was unavailable, reference to international data was used. Total cost was calculated by multiplying the number of cases with unit costs. **RESULTS:** Cervical cancer and carceral treatment side effects are the major factors influencing patient QOL in DCIS. Adverse events and costs associated with DCIS treatments makes the choice of treatment pathway important for both patients and healthcare providers.

**PCN106**

**THE ECONOMICS OF THE TREATMENT AND FOLLOW-UP OF PATIENTS WITH GLOBLASTOMA**

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**OBJECTIVES:** To summarize the existing literature regarding the medical cost associated with treatment and follow-up of glioblastoma. **METHODS:** PubMed was used as search engine to retrieve publications in Medline using the search terms ("glioblastoma" AND [cost]) with a publication date filter (from January 1st 2000 to September 30th 2014). Seventy publications of which 14 were relevant for this review. Costs were recalculated in Euros (€) using the June 5 2015 currency rate of $1 = €0.8914, CA$1 = $1.0713 and £1 = €1.1236. Sensitivity analyses calculated the average total medical costs and glioblastoma treatment including direct hospital centered costs from diagnosis to death and one study included healthcare payer perspective cost from diagnosis to two years of follow-up. The cost ranged between €12,229– €43,894 (median: €39,000). Two studies calculated the average cost of the combination of surgery and chemoradiotherapy which varied from €16,007 per patient in Canada to €41,744 per patient in Switzerland. The addition of temozolomide to radiotherapy prolongs survival and improves quality of life. The incremental cost-effectiveness ratio (ICER) of temozolamide plus radiotherapy as compared to radiotherapy alone ranged from €45,054 (UK) to €77,854 (China) per quality adjusted life years (QALY) and €37,361 per life year gained (LYG)(Europe and Canada). One French study showed an improvement in survival of 4 months between 2004 and 2012, with an ICER of $54,355 per LYG, due to an increased use of temozolomide and bevacizumab. **CONCLUSIONS:** The literature on the cost of treatment and follow up of glioblastoma patients and on the costs of chemotherapy vary dramatically. Due to the use of different assumptions, and the fact that the prices and the costs of services vary in different countries in cost are reported, probably reflecting the variation in health care systems.

**PCN107**

**A SYSTEMATIC LITERATURE REVIEW OF ECONOMIC BURDEN OF MYELOFIBROSIS**

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**OBJECTIVES:** To characterise the economic burden of myelofibrosis and associated areas of unmet need. **METHODS:** A systematic literature review was performed for work done on cost-effectiveness papers published between January 2004 and September 2014. Databases included MEDLINE, MEDLINE In-process, EconLit, EMBASE and the Cochrane Library, as well as HTA websites. **RESULTS:** The search identified 261 cost-effectiveness and 231 cost and resource papers. Following Bennett et al., 2013, reported a substantial rise in total costs from USD10,523 in the year prior to diagnosis to USD51,654 in the year after diagnosis. A lifetime model developed by El Ouagari et al., 2012, (based on COMFORT-II data) predicted lifetime costs of CAD494,859 and CAD421,755 for ruxolitinib and best available therapy (BAT), respectively. The model calculated high indirect costs due to employment absenteeism for patients taking ruxolitinib (CAD7,846 and BAT9,436), indicating high burden for patients and society. **CONCLUSIONS:** The evidence suggests that patients with previous anaemia treatment, including transfusions. Vekeman et al., 2015, reported that 18% of transfusion-dependent patients received iron chelation therapy. This is a higher burden than expected costs. Despite the available treatments, patients with disease and treatment emergent cytopenias and transfusion dependency require additional medical management, further augmenting the economic burden.

**PCN108**

**THE LIFE TIME COST-OF-DISEASE (COD) OF METASTATIC COLORECTAL CANCER (mCRC) IN TURKEY: AN EXPERT PANEL APPROACH FOR ESTIMATION OF COSTS**

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**OBJECTIVES:** To estimate the lifetime CoD of metastatic colorectal cancer (mCRC) patients who have progressed after standard therapies, in Turkish setting. **METHODS:** A panel consisting of experts held a meeting to discuss the disease management in mCRC patients. The panelists held a meeting to discuss the disease management in mCRC patients. The panelists estimated the following: direct costs related to treatments and follow-up of pancreatic cancer; and the social economic status associated with treatment and follow-up of pancreatic cancer. **RESULTS:** The updated CoE model for patients taking ruxolitinib may experience worsening of anaemia. Vekeman et al., 2015, reported that 18% of transfusion-dependent patients received iron chelation therapy. This is a higher burden than expected costs. Despite the available treatments, patients with disease and treatment emergent cytopenias and transfusion dependency require additional medical management, further augmenting the economic burden.

**PCN109**

**COST AND COST-EFFECTIVENESS DATA ON PANCREATIC CANCER: A COMPREHENSIVE REVIEW OF THE LITERATURE**

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**OBJECTIVES:** To summarize the existing literature regarding the medical cost and effectiveness data on pancreatic cancer associated with treatment and follow-up of pancreatic cancer. **METHODS:** PubMed was used as search engine to retrieve publications in Medline, using the search terms “pancreatic cancer” AND “cost” with a publication date filter (from January 1st 2000 to September 30th 2014) and language filter (English). This search yielded 107 published papers. Costs were recalculated in Euros (€) using the June 5 2015 currency rate of $1 = €0.8914, CA$1 = $1.0713 and £1 = €1.1236. **RESULTS:** The medical cost from diagnosis to death of one or more stages of pancreatic cancer were reported in 8 studies conducted in USA (n=3), Sweden (n=3), Germany (n=1) and Japan (n=1). Four studies included...