of anastomotic leak following colorectal surgery was 6.4% (8,404 out of 131,689). After propensity score matching by key covariates, Patients with leak (vs. without leak) had higher in-hospital mortality (15.9% (95% CI 15.2%, 16.7%) vs. 6.2% (95% CI 5.7%, 6.7%), p < 0.001), 30-day readmission rate (19.7% vs. 11.6%, p < 0.001), and post-operative infection rate (19.3% vs. 4.5%, p < 0.001). The hospitalizations for patients with leaks included more days of stay (16.4 vs 10.9, p < 0.001) and more blood transfusions (2,664 vs 1,287, 895 p < 0.001) and longer (20.23 vs. 11.13 days, p < 0.001). Anastomotic leak resulted in an additional cost of $2651 and an extra LOS of 9 days per patient. CONCLUSIONS: Our findings underscore the clinical/economic threat of anastomotic leaks following colorectal surgeries in the UK. The presence of anastomotic leak was associated with greater mortality, LOS, and costs, highlighting the importance of providing prompt medical attention to minimize the impact of anastomotic leak.

PCN53 TOTAL TREATMENT COSTS ANALYSIS BETWEEN SUBCUTANEOUS AND INTRAVENOUS BORTEZOMIB UNDER BRASILIAN PRIVATE HEALTH CARE SYSTEM PERSPECTIVE Vilela V1, Pinto Neto IV2, Asano E1
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OBJECTIVES: The analysis was used to understand the cost differences between the treatment with subcutaneous (SC) and intravenous (IV) bortezomib in patients with Multiple Myeloma treated by the Brazilian Private Health Care System. METHODS: A treatment cost model was developed to estimate and compare the total costs for the treatments with SC and IV. The main inputs used in the model were: medication cost, adverse events cost, average number of cycles, intake and duration of infusion. Sensitivity and uncertainty analyses were conducted. Results: The total costs were assessed from the perspective of payers (HM0s) and service provider (Infusion Clinic). The unit costs were obtained from official government price list applying reimbursement indexation; unit cost was obtained from the literature, and number of cycles were obtained from published literature. Deterministic sensitivity analysis (DSA) was performed to assess robustness of the model results. RESULTS: The total infusion time per patient was 37.8 minutes (± 7.3 minutes) and no histological cancer was identified for patients taking the same for both treatments with a reimbursement inflator of 15% in MFP. The Total Costs considering the HMO perspective were R$80,536.04 for SC and R$81,009.78 for IV per patient. The comparison between the treatments generates a difference of R$454.68. From an Infusion Clinic perspective the Total Costs were R$87,129.44 for SC and R$87,881.02 for IV per patient. The total reimbursement (difference from income and cost) generated for the service provider was R$12,558.30 for IV and R$12,212.21 for SC per patient. The reimbursement comparison presented a financial return of R$323.91 per patient. In DSA, the SC formulation remained as the option associated with a lower economical impact for the HMO and a better financial return for the infusion clinic in all scenarios. CONCLUSIONS: The SC treatment compared with the IV treatment may generate savings for HMO and a rise of reimbursement for service provider.

PCN54 A CANADIAN COST ANALYSIS COMPARING THE USE OF BORTEZOMIB OR LENALIDOMIDE AS MAINTENANCE THERAPY IN MULTIPLE MYELOMA PATIENTS ELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANT LeBlanc R1, Pati EN2, Hao Y3, Lin E3, Deen KC4, Rajan KD5, Hackshaw M.D.5
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OBJECTIVES: We have studied new evidence health care costs associated among elderly breast cancer patients with improved survival rates and increased health care costs. We estimated the total direct health care cost savings of coffee consumption associated with prevention of chronic disease and cancer over a one-year time horizon in the UK. We found that the economic impact of coffee consumption was used to model the prevalence and costs of chronic disease (Alzheimer’s, depression/suicide, diabetes, heart failure, Parkinson’s, stroke) and cancer (bladder, breast, colorectal, endometrial, esophageal, leukemia, liver, oral, pancreatic, prostate). Relationships between incidence and cost of chronic diseases and cancer were obtained from meta-analyses of prospective cohort and case-control studies. US daily coffee consumption, duration of disease, and attributable disease costs were estimated. A Markov model was validated by comparing predicted disease-specific health care cost estimates to estimates from published disease burden analyses. Probabilistic sensitivity analysis (PSA) was conducted. RESULTS: The model estimates that US coffee consumption prevents over 50,000 chronic disease and cancer cases per year and results in an estimated savings of $3.4 billion per year (95% CI: $2.7bn, $3.8bn) of which $30.8bn is due to chronic disease and $3.4bn due to cancer. Cost savings were greatest for diabetes ($230bn), stroke ($20bn), and breast cancer ($1bn). In the PSA breast cancer and colorectal cancer were the only disease states in which the 95% CI ranged over no cost savings. CONCLUSIONS: This analysis suggests a potential public health benefit and health economic savings associated with coffee consumption. Given the limitations of effectiveness data obtained from observational studies, additional research on the health effects of coffee is warranted.

PCN56 EXCESS HEALTH CARE COSTS AMONG ELDERLY BREAST CANCER PATIENTS, BY RECEIPT OF HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2-TARGETED THERAPY: AN ANALYSIS OF SEER-MEDICARE DATA McClelland M1, Henley JN2, Menzies R3, Novartis.4, Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; 2Boston Health Economics Inc., Wallium, MA, USA
OBJECTIVES: We have reviewed some studies examined excess health care costs among elderly breast cancer (BC) patients by receipt of human epidermal growth factor receptor 2 (HER2-) targeted therapy. METHODS: Women aged 65+ with an incident diagnosis of BC with any tumor node stage (T1-T4) and no prior BC therapy and with at least 1 year of follow-up were included in Surveillance, Epidemiology, and End Results (SEER) and Medicare data. Women were divided into two cohorts based on receipt of HER2-targeted therapy (trastuzumab or lapatinib) and matched 1:1 to non-cancer comparison cohorts by age, sex, race, and tumour stage. The pre-index (3 months) enrolment, treatment, or death, or the end of the data was required. All-cause costs were evaluated per-patient-per-month (PPPM) overall and by stage. Generalized linear models were constructed to identify factors associated with costs, by stage, controlling for demographics and comorbidity. RESULTS: We identified 1,746 BC patients receiving and 35,114 not receiving HER2-targeted therapy. Unadjusted excess total costs (vs. non-cancer patients) were $4,079 PPPM for the HER2-targeted cohort and $950 for the non-cancer cohort. When controlling for stage, women on HER2-targeted therapy women had $4,280 in excess medical costs at more advanced stages. Excess cost drivers were outpatient care and physician/provider services (including HER2-targeted therapy acquisition and administration costs). In multivariate analyses, Stage 1 HER2-targeted BC patients experienced 3.17 times greater total costs than non-cancer patients; while those with Stages II, III, and IV had 3.0, 3.4, and 4.27 times greater costs respectively (all p < 0.003). Similar trends with generally smaller magnitudes were observed among patients without HER2-targeted therapy (0.48 [I, 0.83], 1.19 [I, 2.01], 1.33 [I, 2.00]) with the largest differences observed for stage 4: HER2-targeted therapy versus no HER2-targeted therapy. Excess cost drivers were outpatient care and physician/provider services.

PCN57 COSTS ASSOCIATED WITH HEALTH CARE RESOURCE USE IN PATIENTS WITH ADVANCED RENAL CELL CARCINOMA RECEIVING FIRST-LINE TREATMENT WITH PAZOPANIB VERSUS SUNITINIB Irazoqui TD1, Dunstan RN2, Nagar SP3, Arzandekar B4, Deen KC5, Sullivan SD6, Ramsey KD7
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OBJECTIVES: To compare costs associated with health care resource use in patients with advanced renal cell carcinomas (RCC) receiving first-line treatment with pazopanib versus sunitinib. METHODS: COMPARE was a multi-country, randomized, open-label, phase III study which demonstrated non-inferiority of pazopanib compared to sunitinib in adult patients with advanced RCC and no prior systemic therapy. Treatment continued until disease progression, unacceptable toxicity, withdrawal of consent, or death. We estimated total costs by combining non-protocol health care resource use with standardized price weights from a US claims database, and tracked from treatment initiation to study endpoint. Unadjusted and adjusted cost data were compared using univariate parametric (t-test) and non-parametric (Kaplan Meier Sample Average [KMSA]) tests to account for skewness and right-censoring. We estimated 80% power to detect a difference of $8,000 in total costs between treatment arms (two-sided test), assuming that non-parametric cost predictors included older age, Black or Hispanic race, and baseline Charlson score ≥2. CONCLUSIONS: Women with BC experience higher costs than non-cancer patients, with greater burdens in advanced stages. Among receiving HER2-targeted therapy. Excess cost drivers were outpatient care and physician/provider services.

PCN58 THE HEALTH ECONOMIC IMPACT OF COFFEE CONSUMPTION ON PREVENTION OF CHRONIC DISEASE AND CANCER IN THE UNITED STATES O’Day K, Campbell CM, Popelar BV, McAulughlin T
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OBJECTIVES: Obesity, overweight, and adults consume coffee (Coffea arabica) on a daily basis. Epidemiologic studies suggest coffee may prevent some chronic diseases and cancers. This analysis aims to quantify the potential health economic impact of coffee consumption in the US. METHODS: A period-life analysis war developed to estimate the total direct health care cost savings of coffee consumption associated with prevention of chronic disease and cancer over a one-year time horizon in the United States. The economic impact of coffee consumption was estimated using existing published research in both clinical and demographic characteristics. The population was 73% male, mean age of 61 and good performance status (76% had Karnofsky score 90-100). Rates of emergency visits/hospital days, provider contacts, diagnostics, and procedures were greater for cancer patients compared to patients without cancer. Results were $12,120 for pazopanib-treated patients and $15,727 for sunitinib-treated patients (p=0.02), a difference of 29.7%. KMSA-derived costs were $21,026 for pazopanib and $29,043 for sunitinib. Cost differences across arms were significant when using Ordinary Least Squares and Generalized Linear models. Adjustments for