In the management of cervical lesions/cervical cancer, the most expensive are the costs of treatment.

PCN69
ECONOMIC BURDEN OF MELANOMA IN THREE EUROPEAN COUNTRIES: A RETROSPECTIVE BOTTOM-UP COST OF ILLNESS STUDY
1GlaxoSmithKline Vaccines, Germantown, Belgium, 2Pharmacy Benefits Management, UK, 3Hematologic Center Buxtehude, Buxtehude, Germany, 4Reims University Hospital, Reims, France, 5GlaxoSmithKline GmbH & Co KG, Munich, Germany, 6GlaxoSmithKline France, Marly le Roi Cedex, France, 7GlaxoSmithKline UK, Middelexes, UK, 8GlaxoSmithKline, Uxbridge, UK, 9RETi Health Solutions, Research Triangle Park, NC, USA, 10RETi Health Solutions, Waltham, MA, USA, 11REti Health Solutions, Manchester, UK

OBJECTIVES: To estimate cost-of-illness data associated with treatment of patients with skin cancer in Germany, France, and United Kingdom, as well as to investigate the role of primary melanoma and regional lymph node metastases in each country. Indirect costs varied by country. Novel therapeutic options may dramatically increase treatment costs in the near future and proper head-to-head cost-effectiveness studies of all similar modalities are therefore necessary.

PCN72
ECONOMICIMPACTMODELOFBREASTCANCERTREATMENTATEARLYSTAGESINTHEMEXICANPUBLICHEALTHCARESECTOR
Guirant-Corpi L, Hernandez-Reyes FC, Kelly J, Miculco-Ortega E
1Pfizer S.A. de C.V, Ciudad de Mexico, Mexico, 2Centro Medico Nacional Siglo XXI, Mexico City, Mexico

OBJECTIVES: Nowadays breast cancer represents a great economic burden to public health care sector in Mexico. This economic burden is due by a lack of prevention campaigns and late diagnosis. The analysis aims to estimate the economic impact of breast cancer in Mexico and therefore estimate the cost of treatment in the near future and proper head-to-head cost-effectiveness studies of all similar modalities are therefore necessary.

PCN70
COSTANDBURDENOFNON-SMALLCULLENLCANCER’SINPORTUGAL
1Center for Evidence Based Medicine, Faculty of Medicine, University of Lisbon, Lisbon, Portugal, 2Católica Lisbon School of Business and Economics, Lisbon, Portugal, 3Centro Hospitalar Lisboa Norte, Lisbon, Portugal, 4Centro Hospitalar de Coimbra, Coimbra, Portugal, 5Hospital CUF Porta, Porto, Portugal

OBJECTIVES: This study estimates the impact of Non-Small Cell Lung Cancer (NSCLC) on population health levels and its economic impact in Portugal in 2012. METHODOLOGY: A retrospective bottom-up cost of illness study was performed. The data produced an estimate of the total cases of NSCLC burden of illness and cost of illness was calculated by a bottom-up approach. Exams and associated drugs were included. Patients of 136 patients were included, follow-up started at diagnosis of bone metastases and ended at death.

2039 to EUR 9346, depending on care required, more costly than SREs without hospitalization (n=165). These SREs had median costs of EUR 200 to EUR 1912, depending on care required. CONCLUSIONS: The impact of SREs on total costs could justify policy aimed at actively preventing SREs, e.g. with radionuclide therapy, possibly resulting in better quality of life and cost-reduction. Treatment of prostate cancer with SREs in bone metastases is not well compared to lung and breast cancer with similar metastases. However, novel therapeutic options may dramatically increase treatment costs in the near future and proper head-to-head cost-effectiveness studies of all similar modalities are therefore necessary.

PCN71
BURDENOFPROSTATECANCERANDFUTURENEEDFORHEALTHCARESERVICES
Purmanen T, Tyrvainen V, Kataja V
1MediQ Ltd, Kuopio, Finland, 2Proper Ltd, Jönköping, Finland, 3Central Finland Health Care District, Jyväskylä, Finland

OBJECTIVES: Prostate cancer is the most common cancer with a current incidence of 0.18% among the 2,6million Finnish men. Demand on health care resource use is dependent on number of patients needing the service. Patient volumes are increasing and timing of staging of patients is significant. The purpose of this study was to develop a model of cumulative prevalence with a 6 months cycle period and a time horizon of 5 years. The impact on health status was measured using the disability adjusted life years (DALY). The economic impact analysis includes two components. The first estimates the direct costs generated by NSCLC including consumption of inpatient care and outpatient care (consultations, medication, diagnostic exams, transportation, etc). The second estimates the indirect costs of work lost because of the disease. RESULTS: The total number of patients in the first year was 24,385, the second year 22,287 and the third year 20,195 million in the UK. CONCLUSIONS: The economic burden of stage IB/IIIC melanoma with macroscopic lymph node involvement was substantial in all three countries. Indirect costs varied by country.

PCN74
THE BURDEN OF NON-SMALLCELLS LCANCER (NSCLC) IN FIRST LINE (1L) TREATMENT: PATTERNS OF CARE AND COST OF ILLNESS
Fiedele A, Goes L, Castro AF, Alves AF, Minowa K

OBJECTIVES: Several treatment options are available for 1L NSCLC. In Brazil, patients with NSCLC have not been systematically evaluated and different management strategies are not associated to better economic outcomes. Therefore, we aimed to the patterns of care and cost of illness of 1L NSCLC treatment according to Brazilian supplementary health system. METHODS: Metastatic NSCLC patients receiving 1L treatment during year 2013 were eligible and selected from the private market using a retrospective claims database. Treatment demographics, supportive drugs and exams were evaluated. Name and any other personal identification were not available at the database. The most reported treatments according to generic name in 1L therapy were defined as patterns of care. The cost of illness was calculated by a bottom-up approach. Exams and associated drugs were included.