that their findings can neither be extrapolated to the general patient population nor to therapeutic strategies. Based on the available data, a representative population-based patient cohort, the objective of this study was to develop a simulation model that could predict costs at an individual level and estimate the real medical costs of treating DLBCL. METHODS: All patients newly diagnosed with DLBCL in the UK’s population-based Haematological Malignancy Research Network (www.hmrn.org) in 2007 were followed until 2013 (n=271). The mapped treatment pathways, alongside cost information derived from the National Tariff 2013/14, were used to estimate the impact of each treatment on the cost of DLBCL. The primary outcome was to reflect the heterogeneities of patient characteristics and treatment options. RESULTS: The predicted medical costs of the first line and the second line treatments respectively were £23,184 and £12,255 for those treated curatively with chemotherapy and £2,125 for those with a palliative approach over a period of five years. The predicted medical cost of the first line treatment was £7,145, and £7,145 for the second line and the third line treatments respectively. The predicted cost of patients in stage IIB and IIIA treated with Aprepitant regimen was £3,260 vs. £1,450 for BC and PC, respectively. CONCLUSIONS: This is the first cost modelling study to use empirical data to provide ‘real world’ evidence to estimate medical costs of entire DLBCL treatment pathways. Future application of the model developed here could be used to evaluate new therapeutic strategies to support health care decision makers, especially in the era of personalised medicine.

OBJECTIVES: Venous thromboembolism (VTE) is a common complication for cancer patients. We aimed to evaluate the cost and the number of VTE-related hospitalizations for patients with breast or prostate cancer during the two first years of their oncologic treatment. METHODS: Patients with breast cancer (BC) or prostate cancer (PC) diagnosed in 2010 who had at least one VTE-related hospitalization during the following two years were selected from the French national hospital database (PMSI), using the disease-specific ICD-10 codes. Hospital costs were estimated from the third-party payer perspective using the official diagnosis related group (DRG) tariffs for each year considered. RESULTS: In 2010, 62,365 patients newly diagnosed with BC and 45,551 with PC were admitted in French hospitals. Among them, 1,271 in the BC cohort (2.0%) and 997 in the PC cohort (2.1%) were hospitalized for VTE at least once during the two-year follow-up, leading to 1,604 stays for BC patients and 1,210 stays for PC patients. During a 2-years follow-up, 15.9% of BC patients and 14.4% of PC patients were re-hospitalized for VTE again. The VTE treatment cost was 3,261 € for BC and 3,614 € for PC and PC patients hospitalized once for VTE-related events, and it increased to 5,545 € and 5,692 € for BC and PC patients who presented recurrences. Over a 2-year period, total hospital costs induced by VTE were estimated at 1.98 million and 1.43 million € for BC and PC, respectively. CONCLUSIONS: VTE-related hospitalizations in breast or prostate cancer patients lead to a significant economic burden that could be reduced by decreasing VTE recurrence.

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