BrMets was 23% higher ($184,872 vs. $150,931, p = 0.010) after adjustment for other factors. The difference was consistent across resources: 25% higher inpatient hospital costs [$46,871 vs. $37,504, p = 0.082]; 23% higher ambulatory visits costs, [$121,224 vs. $98,276, p = 0.033]; 23% higher retail pharmacy costs, [$13,282 vs. $10,774, p = 0.018].

Patients with BrMets averaged more hospitalizations (2.4 vs. 1.9; p = 0.005), ER visits (2.7 vs. 2.2; p = 0.067), and ambulatory encounters (11 vs. 9.2; p = 0.005) from initial NSCLC to the natural follow-up. CONCLUSIONS: Intensity of resource use and costs were higher in metastatic NSCLC, especially in BrMets patients. Treatment that improves disease control could reduce the intensity of cost and resource use among NSCLC BrMets patients.

PCN40 HEALTH CARE RESOURCES UTILIZATION AND COSTS IN METASTATIC MELANOMA
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OBJECTIVES: To assess health care resource utilization and costs among patients with metastatic melanoma in real world practice setting. METHODS: Using a large US medical claims database, patients were identified between 2005 and 2010 using ≥2melanoma diagnoses (ICD-9-CM: 170.xx, V10.82) and ≥2 diagnoses for metastasis (ICD-9-CM: 170.xx, 198.xx). The index date was the first date of metastasis diagnosis. Patients who had either primary malignant tumors prior to the melana-

RESULTS: A total of 2,546 patients with metastatic melanoma were identified. Mean (± standard deviation) age at the index was 60.6 (± 14.0) years and 36.5% were female. Overall, 74.8% of the patients had at least 1 outpatient office visit and 24.0 visits per person-year, 64.7% had an ER visit with a mean of 12.9 visits per person-year, 90.6% had an outpatient visit with a mean of 8.3 visits per person-year, and 82.2% had been hospitalized with a mean of 12.4 hospitalizations per person-year. The mean total costs per patient-year were $117,610, which was driven mainly by inpatient costs ($60,355/patient-year) and outpatient costs ($34,540/patient-year). CONCLUSIONS: Inpatient and outpatient care are key cost drivers in the medical management of patients with advanced melanoma.

PCN41 HOSPITAL HEALTH CARE COSTS FOR THE MANAGEMENT OF HER2-POSITIVE BREAST CANCER: RESULTS WITH BRAIN METASTASES
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OBJECTIVES: To assess economical burden of HER2 positive breast cancer with brain metastases (BrMets) in terms of in-hospital and ambulatory costs. METHODS: Using the Bang and Tsiasis method. Healthcare costs (2011-€) were examined per patient-year for office visits, outpa-

RESULTS: The mean duration of BrMets diagnosis was 0.8 (± 0.5) years and 36.5% were female. Mean age at the index was 60.6 (± 14.0) years. The difference in costs was significant across all resources: 25% higher inpatient hospitalization costs ($98,276; p = 0.005), 23% higher ER visits costs ($13,282 vs. $10,774, p = 0.018), and 23% higher retail pharmacy costs ($13,282 vs. $10,774, p = 0.018). The median survival time was 5.8 months, and the 1- and 2-year survival rates were 22% and 7%, respectively. The main BrMets treatment costs were opiate therapy (78%), biphosphonates (52%), radiotherapy (42%), and surgery (9%). The mean monthly BrMets treatment costs were $190, €374, and 4,672 € for asymptomatic patients, patients with primary malignant tumors, and patients with SRE, respectively. The average first-year BrMets management cost was $3,999 = € 4,135 (IC95%: 3,745-4,886) and 49.5% of this cost was attributable to patients with SRE. CONCLUSIONS: This analysis underlines the burden of bone metastatic disease, and particularly of skeletal-related events in overall treatment costs.

PCN43 COST OF HPV ASSOCIATED DISEASES IN SAINT-PETERSBURG
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OBJECTIVES: To assess an economical burden of HPV associated diseases in Saint-Petersburg. METHODS: Total lifetime costs (direct and indirect) of HPV-associated diseases (cervical cancer, cervical dysplasia – CIN-I-III, and condylomata – genital wasarts) in one cohort (13 years old girls in 2010; life expectancy - 74 years; cohort amount - 16 thousand) were estimated. Epidemiologic forecast was prepared based on mathematical-statistical modeling with least-square method of regression analysis on parent observation matrix. Raw epidemiologic data on morbidity and mortality were derived from official statistics. Cost of treatment was calculated using current out-patient and hospital tariffs in obligatory medical insurance (2010) and standards of treatment (as of 2009). Indirect costs (gross output underproduction, disability pension, sick-pay etc.) were assessed based on existing legislation (Federal and Saint-Petersburg regional). No discounting was applied in the analysis. RESULTS: Rates (per 100 000 female population) of dysplasia, genital warts, and cervical cancer incidence, and death were 16.5, 38.7-59.7, and 13.1-17.3, and 7-9.6, respectively. 10 years' growth of cervical cancer incidence and mortality was expected to be 12-15% and 8-15% (in different age groups), re-

CONCLUSIONS: Total annual economic burden due to HPV diseases was 822 Rub. Million which includes: 72.6 Rub – treatment of cervical cancer, 637.6 million rub. – indirect costs due cervical cancer; 89.8 million Rub. – dysplasia, 20.8 Rub. – genital warts. Total lifetime cost in one cohort was 1,1 billion Rub. CONCLUSIONS: Economic burden of HPV-associated diseases in Saint-Petersburg in one cohort expected to be 1.1 billion Rub.

PCN44 COST-OF-ILLNESS STUDY OF HUMAN PAPILLOMAVIRUS CANCERS IN ENGLAND
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BACKGROUND: Human papillomavirus (HPV) is the most common sexually transmitted infection and is a well-established cause of anogenital cancers (responsible for over 70% of cervical cancers). Vaccines that target the HPV strain responsible for such cancers elicit virus-neutralising antibody responses, thus preventing the initial infection and some re-infections associated with the same HPV types. Research also suggests that HPV is a risk factor in cancers originating in the upper aerodigestive tract, known as and head and neck (H+N) cancers. OBJECTIVES: To es-

RESULTS: The analyses will highlight key drivers of the broader burden of HPV-related cancers and quantify the associated healthcare costs falling on the NHS in England. A proportion of HPV-related cancers can be prevented through vaccination, as such, the analysis aims to capture overall costs and, in turn, the potential for cost offsets through the implementation of preventative healthcare costs. CONCLUSIONS: The use of HPV vaccines has the potential to reduce the incidence of a proportion of HPV-related cancers, improving patient quality of life in a cost-effective manner.