CURRENT CHEMOTHERAPY AND MONOCLONAL ANTIBODY USE PATTERNS IN METASTATIC COLORECTAL CANCER IN WESTERN EUROPE

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OBJECTIVES: Treatment outcomes improved in metastatic colorectal cancer (mCRC) due to the introduction of the monoclonal antibodies (mAbs) in combination with chemotherapy. This study described current treatment patterns of chemotherapy and mAbs in clinical practice in 4 EU countries. METHODS: This cohort study used pharmacy claims data from the LifeLink® Oncology Analyzer Database (mCRC patients in 4 EU countries (France, Germany, Italy, and Spain). All patients aged ≥21 years at mCRC diagnosis were included. Treatment patterns in 2009 were examined descriptively by lines of therapy. RESULTS: The study sample includes 2734 mCRC patients (61% male, median age category 61–70 years) with 862, 656, 567, and 649 from France, Germany, Italy, and Spain, respectively. In 1st-line, more patients received FOLFOX-containing regimens than FOLFIRI-containing regimens in Germany (42% vs. 30%) and Spain (25% vs. 16%), while in Italy and France, the reverse was true (Italy: 34% FOLFOX vs. 29% FOLFIRI; France: 26% vs. 19%). In 2nd-line, more patients received FOLFIRI-containing regimens than FOLFOX-containing regimens in France (18% vs. 15%), while similar proportions of FOLFOX and FOLFIRI were used in Spain (34% vs. 6%), and in Italy (29% vs. 14%), and Spain (34% vs. 6%), while similar proportions of FOLFOX and FOLFIRI were used in France (18% vs. 15%). In 1st line, Bevacizumab (Bmab) was administered to 44% of patients in Italy, 42% in France, 37% in Germany, and 30% in Spain, while Cetuximab (Cmb) used range from 14% in Spain to 7% in Italy. In 2nd-line, Bmab was used in 37% of patients in Germany, 18% in France, 33% in Italy, and 30% in Spain, while Cmb was used in 30% of the patients in Spain, followed by 26% in Italy, 20% in Germany and 19% in France. CONCLUSIONS: FOLFOX and FOLFIRI-based regimens are common standard of care chemotherapies, and monoclonal antibodies are routinely combined with these chemotherapies.

INEQUALITIES IN GEOGRAPHICAL ACCESS TO ONCOLOGY SERVICES IN GREECE AND THEIR IMPACT ON PATIENTS AND CARERS

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OBJECTIVES: Our primary objective was to determine the real cost structure of cancer treatment using the National Health Insurance Research Database (NHI RD) from Taiwan. METHODS: This study adopted a retrospective observational design and the data were retrieved from the NHI RD, which is managed by the National Health Research Institutes (NHRI). We used descriptive statistical methods to describe the cost of treatment. RESULTS: The number of patients with these five cancers showed an increasing trend in these 7 years. Breast cancer had the highest annual increase (7.34%), followed by colorectal cancer (3.75%). Lung cancer and breast cancer had the highest average outpatient cost for each patient per year, while lung cancer, colorectal cancer, and gastric cancer had the highest average inpatient cost for each patient per year. The annual increase rates in the total cancer treatment cost for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were 10.70, 11.61, 16.73, 18.38, and 17.21% respectively. We divided the cost structure of cancer treatments into cost for chemotherapy, hormone therapy, and supportive treatment. Higher percentages of chemotherapy and hormone therapy were for colorectal cancer (more than 95%) and for breast cancer (more than 11%). On average, the annual increase rates in the cancer chemotherapy cost per patient for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were 3.39, 3.66, 9.86, 16.78, and 11.72%. CONCLUSIONS: This study showed a positive correlation between annual cancer patient number and NHI reimbursement, and an increasing trend for chemotherapy, hormone therapy, and supportive treatment. The results also showed that the amount of NHI reimbursement and the drug costs had increasing trends in these 7 years. This increased the financial burden of cancer patients and may alter the allocation of NHI resources.

HEALTH RESOURCE UTILIZATION OF SUBJECTS RECEIVING DENOSUMAB AND ZOLEDRONIC ACID IN A RANDOMIZED PHASE 3 TRIAL OF ADVANCED BREAST CANCER PATIENTS WITH BONE METASTASES

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OBJECTIVES: New imaging tests such as computed tomography (CT), [18F]fluorodeoxyglucose-potassium emission tomography (FDG-PET) scanning, and magnetic resonance imaging (MRI) are not recommended for staging or follow-up of asymptomatic patients with EBC according to current guidelines. However, these tests are requested even in the absence of a clinical indication. The purpose of this study was to explore whether the availability of new imaging techniques has changed taking into account the increasing costs of cancer care. We analyzed clinical computerized information from 457 general practitioners assisting patients with EBC according to current guidelines. However, frequently these tests are requested even in the absence of a clinical indication. The purpose of this study was to explore whether the availability of new imaging techniques has changed taking into account the increasing costs of cancer care.

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