RESULTS: Eight oncologists participated in the Panel. Consensus was achieved for all items after the questionnaire’s second filling round. Second line treatment for NSCLC cost estimate was $3577.46 (includes four chemotherapy cycles with docetaxel, administration costs and premedication costs). Estimated cost for AEIs per event was: RA $112.13, AN $140.50, NS $194.56, VO $243.08, DR $243.64, HS $251.56, NP $495.27, TC $948.00, PNA $1167.02, DS $1807.86, AX $1939.88, ST $2055.82, FN $2527.39, and ILD $5189.02. CONCLUSION: ILD was the most expensive AE due to NSCLC treatment, while the most costly were those incurring in emergency room visits and/or patient hospitalization.

COMPARISON OF SURGICAL TREATMENT COSTS OF NONMELANOMA SKIN CANCER PATIENTS IN A UNIVERSITY-AFFILIATED PRACTICE

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OBJECTIVE: Non-melanoma skin cancer incidence is increasing yet no specific guidelines for treatment selection exist. Reports vary on surgical treatment efficacy, and treatment choice may be based in part on costs, despite little comparative cost information. We compared 2007 treatment costs of the three most common nonmelanoma skin cancer treatments: tumor destruction by ED&C, excision, and histologically-guided serial excision (Mohs surgery). METHODS: We studied 936 consecutive non-melanoma skin cancers diagnosed in 1999–2000 in a university-affiliated dermatology practice. Clinical and utilization data were obtained from patient surveys and medical records. We determined cost of treatments, repairs, pathology, and biopsies based on size, lesion location, number of Mohs stages, medications, and physician visits, using CPT codes and Medicare fees. We controlled for procedure risk-selection factors in our sample. RESULTS: A total of 27.2% of lesions were treated with ED&C, 29.2% with excision, and 43.6% with Mohs surgery. The weighted average costs per lesion for initial treatment for ED&C, excision, and Mohs were $221, $529, and $1287, respectively. When wound repairs, pathology, drug costs and follow-up physician visits were included, costs rose to $646, $1531, and $2805. When controlling for risk selection using Mohs sample for baseline risk, initial costs changed little ($232, $578, $1287). However, when adding all costs to the controlled sample, the totals rose to $1750, $2096, and $2805, and differences across treatments diminished. The uncontrolled costs of Mohs procedure itself (46%) accounts for a greater percentage of total costs compared with the other two procedures (35%, 34%), and more than subsequent repair costs (31%, 20% 2%). CONCLUSION: Mohs surgery was the most costly procedure, however cost differences across treatments diminished when controlling for treatment selection factors. This is the first cost study which compares surgical treatment costs using the new (2007) Medicare/CPT costing rules allowing higher payments for increased complexity of lesion location.