0.9 (95% CI 0.7–1.1), with a mean increase in total length of stays per SRE of 16.1 (95% CI 13.1–18.4), 10.9 (95% CI 8.8–13.3), 13.0 (95% CI 9.3–17.4) and 17.2 (95% CI 13.6–20.7) days, respectively. For the same countries, the mean increase in number of outpatient visits per SRE were 3.85 (95% CI 2.7–4.9), 4.79 (95% CI 3.5–6.0), 1.1 (95% CI 0.7–1.7) and 5.2 (95% CI 4.0–6.5). Mean increase in number of procedures per SRE were 10.9 (95% CI 9.5–12.2), 6.8 (95% CI 5.6–8.2), 4.4 (95% CI 3.5–5.6) and 4.6 (95% CI 3.5–5.6) and the 95% confidence interval for SRE type indicate show considerable HR variation. CONCLUSIONS: Data indicate that SREs may result in a mean increase of 0.8–1.0 inpatient stays with a mean total duration of 10.9–17.2 days. SREs are also linked to numerous outpatient visits and procedures. Thus, it is necessary to further pursue targeted agents to reduce the financial burden on European health care systems.

PCN118
CONSUMPTION OF ANTINEOPLASTIC AGENTS IN SLOVAK REPUBLIC WITHIN PERIOD OF 2006–2010
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OBJECTIVES: The main objective of this study was to evaluate the utilisation of antineoplastic agents in Slovak Republic during the period of 2006–2010. METHODS: Statistical analysis data including the number of medicine packages, DDD and financial expenditures were abstracted from the Slovak Institute of Drug Control. Key data were provided by wholesalers due to their legal obligation towards the SIDC. RESULTS: Consumption of antineoplastic agents in terms of DID (DDD/1000 inhabitants/day) reached its highest peak in 2007 with 51.2% of the lowest value of DID was observed in 2009 with 27.0. The total expenditures doubled their volume within period of 2006–2010 from 56,021,412 € to 111,646,240 € respectively. Number of delivered packages showed slight increase from 426,412 in 2006 to 739,782 in 2010 while price per single package was rising from 131,29 € (2006) to 197,68 € (2008) and then decreased to 177,28 € (2010). Resulted from further study the highest consumption in terms of DID was reached by gemcitabine (7.6 in 2006 and 7.21 in 2010), ifosfamide (5.91 in 2006 and 6.94 in 2010) and fourouracil (2.56 in 2006 and 3.26 in 2010). Expressed in financial units the most costly antineoplastic agent in 2006 was imatinibum with 8 569 021 €, followed by rituximab with 4,896,000 € and irinotecan with 4,888,660 €. In 2010 reached paramount financial consumption bevacizumab with 17,771,426 €, trastuzumab with 10,173,639 € and imatinibum with 8,213,353 €. CONCLUSIONS: Expenditures for antineoplastic agents are continually rising as a result of biological treatment establishment. There is observed significant increase of their consumption due rheumatic diseases treatment.

PCN119
LACK OF DATA FOR INDIRECT COSTS ASSOCIATED WITH TREATMENT OF EARLY BREAST CANCER
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OBJECTIVES: To review and analyse studies capturing indirect costs of treatment in EBC. Indirect costs can form a substantial part of the treatment cost and have a considerable impact on both the patient and society. METHODS: A literature review was conducted to identify publications that included indirect costs of EBC treatment. Indirect costs were defined as various out-of-pocket expenses or productivity losses. Data were collected for breast cancer, lymphoma, melanoma, and other cancers. Data were searched for published articles (January 2000 to November 2010), respectively. Mortality-associated costs were captured in 11% of studies. Productivity losses and out-of-pocket costs were captured in 20% of studies. Indirect costs to society, but rarely as part of total costs of EBC. Data collation and reporting inconsistencies in reporting of data. Reduced indirect costs would ease the financial burden on European health care systems. The assessed periods of advanced breast cancer were: a) treatment initiation, b) routine follow-up on active treatment; c) pre-progressor follow-up, and d) progression free survival. Data were extracted from hospital information systems and patients' charts retrospectively. Final results covered individual treatment/disease periods and total treatment course. RESULTS: Similar proportions of breast cancer patients preceded to second-line treatment, we found differences in patients' pre- and post-line treatment costs. Data were extracted from hospital information systems and positions resulted in cost variations per patient from about 6 thousand USD (excluding chemotherapy) in Poland to 12 thousand USD in Hungary. Positions with highest relevance to cost differences were frequency and reimbursement of in-patient management and BS/palliative care. CONCLUSIONS: Only about 67 % of treated completed 3 lines of therapy represented the preferred first-line choice, Poland and Hungary favoured combined chemotherapy. We found differences across countries such as cancer care organization, treatment algorithms and reimbursement for services differ, there is limited value in transferring cost data across ECE countries. The observed differences are especially relevant for cancer care where market access for new technologies might be un-equal in particular health care systems.

Cancer – Patient-Reported Outcomes & Preference-Based Studies

PCN122
DISCLOSING TRADITIONAL & COMPLEMENTARY MEDICINES (TCM) USE TO THE HEALTH CARE PROVIDERS: A QUALITATIVE STUDY AMONG CANCER PATIENTS AT A LOCAL HOSPITAL IN MALAYSIA
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OBJECTIVES: This research study aimed to investigate the cancer patients’ beliefs and practices of disclosing TCM use to the health care provider. METHODS: Qualitative methodology was adapted to collect in-depth information with consented cancer patients. The participants were recruited from the oncology wards at Penang General Hospital from February till July 2010. Patients with different types of cancer and stages were recruited from the three major ethnic groups in Malaysia namely Malay, Chinese and Indians. Upon institutional ethical approval and informed consent, the patients were interviewed for 20–45 minutes. The mean age of the patients was 52.2 years. Average age was 62.2 (range 41–77), 76% were male and average number of co-morbidities was 2.2. Many patients (59%) died during the post index period with median survival following diagnosis of refractory disease being 6.3 months. In the pre-index period the average survival was 9.9 (range 0–3) and in the post-index period 1.4 (range 1–4). During the 24 month review period the most frequent single agent regimens were alemtuzumab (38%) and methylprednisolone (39%). Patients receiving combination therapy most frequently received rituximab most frequently in combination with CHOP (16%), fludarabine/cyclophosphamide (11%), and bendamustine (8%). 9% of patients experienced at least one treatment related adverse event, including infection (76%), anaemia (76%), thrombocytopenia (68%) and neutropenia (62%). Average number of post-index ARI visits was 0.8 and inpatient stays 1.9, the majority (86%) relating to CCL or its treatment. Average inpatient stay was 11.2 days. Most patients (81%) had multiple diagnostic investigations (average 11.5), predominantly CT scans (average 6.1) and X-rays (average 2.0). CONCLUSIONS: This study demonstrates the high economic burden and continuing unmet clinical needs of patients with fludara-bine-refractory CLL disease in Europe.