Health care payer in patients with fluoropyrimidine, irinotecan and oxaliplatin refractory advanced colorectal cancer.

**METHODS:** Data on management and resource utilization were collected using a two round questionnaire sent to a representative expert panel. Patients with ≥10% and those with 1–10% EGFR expressing tumour cells were considered separately as the latter are theoretically excluded from reimbursement for cetuximab, the currently available EGFR directed agent in Belgium. In the second round, the average, 10 and 90 percentile values of the responses collected in the first round were sent to each expert who could revise his original answer, acknowledge the average value or provide a new estimate and rank his answers on a (un)certainty scale. Costs were obtained by multiplying the average resource use with the specific unit cost (official tariffs).

Total costs included costs related to preventive measures, adverse events, treatment evaluation and symptom control per treatment cycle (4 or 6 w).

**RESULTS:** Ten different treatment options were defined by the experts. If EGFR-expressing of the tumour is ≥10%, irinotecan-Cetuximab is the treatment of choice in 87% of patients and responsible for 98% of the total cost of €16,611 (95% CI: €13,271–€20,234). If EGFR-expression of the tumour is between 1 and 10%, 48% of patients are treated by BSC alone.

BSC is responsible for 18% of the mean overall cost of €6465 per 3 months (95% CI: €4456–€8851) for a patient in this setting. 5FU-MitomycinC is the most used chemotheraphy regimen in this setting (26.04%).

**CONCLUSIONS:** The majority of irinotecan refractory colorectal cancer patients with a ≥10% EGFR expression are having further active treatment with irinotecan-cetuximab responsible for 98% of total costs. In the 1–10% EGFR group BSC is the most used treatment option.

**PCN60**

**CLINICAL AND ECONOMIC ASPECTS OF THE MANAGEMENT OF PATIENTS WITH MALIGNANT ASCITES—RESULTS OF A PILOT STUDY**

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**OBJECTIVES:** To describe the management of patients with malignant ascites and to evaluate resource consumption and associated cost from the hospital provider’s perspective in a pilot study.

**METHODS:** A cross-sectional, retrospective pilot study was performed at hospitals of maximum medical care in Germany. Resource consumption data for e.g. number of paracenteses, length of hospital stay, diagnostics and drugs were obtained by patient chart abstraction. Direct medical cost was calculated.

**RESULTS:** In total, 27 patients with 94 hospital stays were included in the analysis (mean age 63 years, standard deviation [SD] 15; 56% male, mean Karnofsky index 54% SD 25). The most common underlying malignancies were gastric carcinoma (26%), pancreatic carcinoma (15%) and colon carcinoma (11%). Mean number of therapeutic paracenteses per patient was 4.5 (SD 3.8) within the time period from ascites diagnosis to death. Mean length of hospital stay was 5.5 days (SD 8.0), Medication mainly comprised human albumin (64%), diuretics (20%), antibiotics (5%) and cytostatics used for intra-peritoneal chemotherapy (3%). Mean direct cost per patient and per hospital stay was €738 (SD1258) and €1011 (SD1584) per hospital stay with paracentesis as reason for admission. Mean cost per patient was €2540 (SD 2808). If cost calculation is based on unit cost for German university hospitals, costs were 18% higher. Main cost driver was the hospital stay (60% of costs).

**CONCLUSIONS:** Management of malignant ascites varies with respect to in- or outpatient paracentesis, number of paracenteses, and concomitant medication. More data are needed to optimize management and identification of cost effective therapeutic options. In the field of palliative care investigation of resource consumption and costs is challenging since the needs and quality of life of the patients should always be taken into consideration.

**PCN59**

**ECONOMIC BURDEN OF TREATING VIN AND VAIN 2/3 IN GERMANY**

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**OBJECTIVES:** High-risk human papilloma viruses (HPV) can cause cervical and are associated with high-grade vaginal and vulvar lesions (especially in younger women). The objective of the current study was to assess the economic burden of disease for these lesions in one German hospital.

**METHODS:** Each patient who received at least one surgical intervention was included in the analysis. A retrospective analysis from patient files was conducted to determine the consumption of resources and direct medical cost for treatment of 94 women for VIN and VaIN 2–3 in the Department of Obstetrics and Gynecology at the University of Düsseldorf, Germany, between 1991 and 2008 analysed retrospectively from the patients’ dossiers. The main analysis evaluated the costs for surgical interventions and outpatient visits for one year following surgery.

**RESULTS:** A total of 113 surgical interventions (60 in-patient, 53 out-patient) were performed. 55% of the patients had one intervention and 45% had more than one interventions. The most frequent interventions were biopsy (77%) and laser vapourisation (72%). There were 166 out-patient visits with 137 colposcopies, 110 smears and 60 biopsies. The average direct medical costs were €1353.49€ per patient for in-patient treatment and €208.76 € per patient for out-patient treatment. The average direct costs for outpatient visits in the dysplasia clinic were €59.14 € per patient. Adding indirect costs for sick leave into the main analysis, the average costs increased to €3451.51 € per patient.

**CONCLUSIONS:** This analysis provides the first estimation of the economic burden of high-grade vaginal and vulvar lesions in German health care system. HPV vaccination could prevent half of the high-grade vaginal and vulvar lesions and could significantly reduce the treatment costs for by these lesions.