Abstracts

PCN33

A COST-CONSEQUENCE ANALYSIS OF DARBEPOETIN ALFA ADMINISTERED EVERY 3 WEEKS (Q3W_DA) COMPARED TO WEEKLY EPOETIN ALFA (QW_EA) OR EPOETIN BETA (QW EB) IN PATIENTS WITH CHEMOTHERAPY-INDUCED ANEMIA (CIA): A RETROSPECTIVE STUDY

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OBJECTIVE: Anemia, a common chemotherapy complication, is often treated with erythropoiesis-stimulating agents (ESAs), DA, EA or EB. The objective of this study was to assess, from a French societal perspective, the cost consequence of Q3W_DA administration (500 µg) compared to QW_EA or QW_EB at the European label doses, based on the results of a European retrospective observational study. METHOD: A decision-tree model making explicit the conduct of the patients in the 16-week observational study (drug administrations, transfusion and response to treatment) was developed in Excel®. Transition probabilities, average Hb value over treatment period, number of blood transfusions and ESA administration settings were extracted from the observational study. Unit costs were applied to medical resources used (red blood cells packs, health care professional visits, hospital stays) and to patients’ time, further specified by a panel of 20 French clinical experts. Time was valued at gross hourly wage rate. Both time and medical costs were extracted from official sources (AMELI; INSEE) and adjusted to €2006. A 5000-replications probabilistic sensitivity analysis was performed with @RISK® using distributions for probabilities (binomial), medical resources used (triangular), time (triangular) and outcome measures (normal). RESULTS: Compared to either EA or EB, DA showed slightly greater increases in Hb levels (0.128 g/dL [95% CI: 0.160; 0.411] vs. EA; 0.186 g/dL [-1.995; 0.384] vs. EB) and a lower cost (€-422 [-920; 42.9] vs. EA; -€114 [95% CI: -452; 211] vs. EB). Probabilistic sensitivity analysis revealed for DA_Q3W 80% of the replications vs EA and 73% vs EB with lower Hb values and lower costs (dominant); 3% vs EA and 22% vs EB with higher costs and better Hb values. CONCLUSION: This analysis provides real-life information to decision makers about the costs and consequences of Q3W_DA compared to QW_EA and QW_EB. A decision in favor of Q3W_DA has the highest probability to be beneficial from a health economic viewpoint.

PCN34

EFFECT OF METASTASIS LOCALIZATION ON SYMPTOMS AND ASSISTANCE COSTS IN ADVANCED NSCLC PATIENTS. FURTHER EVIDENCE FROM THE HABIT STUDY

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OBJECTIVES: Study aim was to compare symptom severity and home assistance burden in advanced non-small-cell-lung cancer (NSCLC) patients with no metastasis (NM), bony and/or cerebral (BCM) metastases and other metastasis localization (OM). METHODS: A total of 104 advanced NSCLC patients were enrolled in 18 Italian oncology departments and followed up for 3 months. Main caregiver workload was assessed monthly by a task scale; activities of other caregivers were also registered and completed the LCS symptoms subscale of the FACT-L questionnaire. Formal caregiving time was valued according to market prices; informal caregiving hours were valued using the wage rate for an equivalent service. RESULTS: Mean age of the total sample was 65.5 years, males’ prevalence of was over 80%; principal caregiver was patient’s spouse living with the patient and non-working in over 70% of cases. Three-monthly mean total per patient assistance costs amounted to €4431 in BCM, to €2617 and €2716 in OM and NM patients. Cerebral and/or bony metastases caused, upon each monthly check, significantly higher assistance costs referred to the main caregiver (p < 0.0001). Higher percentages of patients reported symptoms deterioration in the NM and BCM (45% and 43%) respectively, while only 23% of patients referred symptom worsening in OM. CONCLUSION: Home assistance burden was higher in patient with bony and/or cerebral metastases, other metastasis localizations showed no impact on caregiving costs and symptom severity measured by the LCS subscale.

PCN35

BURDEN OF ILLNESS OF RENAL CELL CARCINOMA IN SPAIN

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OBJECTIVE: The incidence of renal cell carcinoma (RCC) in Spain is about 4000 patients per year. RCC patients have limited treatment options and low survival rates at 5 years in advanced-staged patients. Despite the growing importance of RCC, data on its economic burden are limited. METHODS: An incidence-based approach was used to estimate the aggregate annual cost burden from a societal perspective, including costs of medical treatment and lost productivity due to RCC in Spain. The annual numbers of patients treated for RCC were classified by age, gender and cancer stage (I–IV). The utilization of cancer specific treatments, unit costs of these treatments, work-days missed by these patients and wage rates were included in the model. Data source included the linked Surveillance, Epidemiology, and End-results. Data were obtain from publishes literature and experts’ opinion. RESULTS: The annual cost of RCC in Spain (€2005) was found to be €41.8 million (€10,607 per patient). Health-care costs and lost productivity accounted for 66.3% (€27.8 million) and 33.7% (€14.1 million) of the total cost, respectively. The total cost associated with RCC stage II accounted for the highest portion (43.4%) of the total cost of illness, at €18.2 million. This reflected the highest incidence of RCC at stage II (54% of all incident cases). Other stages (I, III and IV) accounted for 11.1% (€4.6 million), 12.1% (€5.1 million) and 33.4% (€14.0 million) of the overall cost. Per patient cost was remarkably high for stage IV patients (€17,748), attributable to the high resource utilization for this stage. CONCLUSIONS: The economic impact of RCC in Spain is substantial. New therapies for RCC have the potential to yield considerable economic and social benefits.

PCN36

BURDEN OF CERVICAL CANCER IN POLAND

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OBJECTIVES: To assess the costs of cervical cancer in Poland in 2006 measured from the public payer or the societal perspective. METHODS: The time horizon of the analysis was 12 months and a retrospective approach based on Polish oncology register was applied. Calculations were performed from the public payer (direct costs) or societal perspectives (both direct and indirect costs). Direct medical costs cover diagnostic tests, surgery, physician consultations and rehabilitation; the unit costs were obtained from the Polish National Health Fund. Costs from societal perspective including both costs from public payer point of view and productivity loss for each clinical state were calculated on Polish official statistical data; both sick-leave and premature mortality were taken into account. Number of invasive