advanced SCCHN diagnosed between March 1, 2003 and March 1, 2008 were in- cluded. Patients were divided by date of diagnosis prior to or following cetuximab approval (January 1, 2004). Direct medical costs were calculated for cost-related medical care (i.e., diagnostic, treatment, end-of-life) and overall. Patient characteristics are pre- sented as descriptive statistics. Medical costs between phases and cohorts were compared using the Mann-Whitney U-Test. RESULTS: Overall, 366 patients met study criteria. Patients were predominately male (78.4%) with a median age of 57 years. Diagnosed costs were much higher in pre-cetuximab ($6503) versus post-cetuximab ($6860) cohorts (p = 0.028). Costs of treatment ($102,427 vs. $97,594; p = 0.69) and of end-of-life ($15,853 vs. $21,822; p = 0.57) were similar among cohorts. Median total costs for pre- and post-cetuximab cohorts were $110,099 and $111,156, respectively (p = 0.82). Treatment costs comprised the greatest percentage of total cost (89.3%) for SCCHN. Adjusted patient costs were the primary driver of treatment costs (median: $19,248; 23% followed by radiation therapy (median: $15,691; 18%). Chemotherapy accounted for 2.6% (median $974) of treatment costs. In the post-cetuximab cohort, cetuximab was responsible for 5.7% and 4.4% of total and treatment costs, respectively. CONCLUSIONS: Compared to diagnosis and end-of-life phases, treat- ment is the primary driver of SCCHN costs, predominately dominated by outpatient costs. Total costs were similar prior to and following cetuximab approval.

PCN50 A PILOT ASSESSMENT TO DETERMINE COST OF AHERIS TREATMENT Sebeira M1, Dramanis G2
Genzyme, Minskusa, ON, Canada, 1Augmentum Pharma Consulting, Toronto, ON, Canada
OBJECTIVES: To examine the factors associated with total health care expendi- tures in newly diagnosed subjects with colorectal cancer (CRC) receiving systemic therapy. METHODS: Patients ages 18-63 years when newly diagnosed with CRC between January 1, 2005 and June 31, 2009 receiving systemic therapy were iden- tified using a large, US-based administrative medical claims (MarketScan) data- base. At least 6 months of patient history prior to CRC diagnosis and at least 1-year post-index CRC surgery was required for these patients. Kaplan-Meier survival was calculated for each patient from initial CRC diagnosis (index date) to disenrollment or June 31, 2010. Chemotherapy and biologic treatments over time were analyzed to identify lines of therapy. General- ized linear regression models were used to estimate total medical expenditures (outcome variable) as a function of number of lines of therapy (key independent variable) and demographic/clinical covariates. The excess expenditures associated with additional lines of therapy were estimated as the difference between predicted medical expenditures for those with 1st line of therapy versus 2nd and 3rd + lines of therapy. RESULTS: A total of 5160 subjects were included with the majority being male (55.9%) with ages between 51-60 years (51%). Of the patients and overall cost of treatment prior to and following cetuximab approval.

PCN48 COSTS ASSOCIATED WITH TREATMENT OF METASTATIC HER2 POSITIVE BREAST CANCER (MBC) IN THE PRIVATELY INSURED PATIENTS: A PILOT ASSESSMENT TO DETERMINE THE COST OF TREATMENT UNDER THE PERSPECTIVE OF THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM Clark OAC1, Teich V2
1Economia, Campinas, SP, Brazil, 2MedInsight, São Paulo, São Paulo, Brazil
OBJECTIVES: In 2004, average Medicare payments for treating squamous cell head and neck cancer (SCCHN) were an estimated $25,000 higher than matched controls. This study was conducted to determine the costs of diagnostic, treatment, and end-of-life phases of SCCHN with the cost of newer biologic agents being factored into these estimates. We aim to determine the costs of diagnostic, treatment, and end-of-life phases of SCCHN and control costs of treatment prior to and following cetuximab approval.

METHODS: This was a retrospective analysis of the PharmEconomics Choice insurance claims database. Patients ≥20 years of age with ICD-9-CM codes suggestive of squamous cell head and neck cancer: A PHARMAECONOMIC ANALYSIS USING A PRIVATE INSURANCE DATABASE Belewes 16, Kreye ED2, Corral M3, Zhang Y3, Kielheid I3
1University of Texas at Austin, San Antonio, TX, USA, 2Bayer HealthCare Pharmaceuticals, Inc., Pine Brook, NJ, USA, 3University of Washington, Seattle, WA, USA, 4Bayer HealthCare, Wayne, NJ, USA
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