HEALTH-CARE COSTS ASSOCIATED WITH BREAST CANCER MANAGEMENT

OBJECTIVES: To assess the outpatient direct costs related to early and metastatic breast cancer (BC) management in Campania, a Southern Italy region. METHODS: This is a retrospective cohort study based on clinical records from 457 general practitioners who managed an average of 630,000 inhabitants in Campania. Incident early BC cases from 2003 to 2007 were identified and costs related to outpatient management were calculated until evidence of local recurrence or metastases (BC Event), death, revocation or the end of the database (December 31, 2009). For those patients who developed a BC event, costs for their disease management were further analyzed from the time of the event until death, revocation, or the end of the database. Monthly costs were then expressed in Euros. RESULTS: A total of 1529 patients with early BC were identified in the database. Of these, 112 women developed a BC event during the study period. At a median follow-up of 34 months, adjusted monthly primary care cost per patient was €151.87 in the subset of women with early BC. For those who presented a BC event at a median follow-up, adjusted monthly primary care cost per patient was almost doubled: €289.15 (P < 0.0001). Main causes for this cost difference were related to increased number of specialists' visits, diagnostic procedures, and laboratory test once a BC event developed. CONCLUSIONS: Outpatient's management in women with metastatic BC is twice more expensive compared to management of women with early BC. Reasons for this increase are mainly due to increased frequency of imaging and diagnostic procedures in the metastatic BC subset. However, our study underestimates the total costs for metastatic BC patients' management because hospitalization and chemotherapy costs are not included in our analysis. Based on our data, secondary and tertiary prevention strategies must be significantly implemented in order to rationalize resource allocation.

WHAT IS THE CURRENT R&D LANDSCAPE FOR METASTATIC BREAST CANCER? AN INVESTIGATION INTO RECENT CLINICAL TRIAL ACTIVITY

OBJECTIVES: A number of systemic therapies are available for the treatment of metastatic breast cancer (MBC)—including hormonal therapies, chemotherapeutic drugs, and biologics—but long-term disease progression remains poor, and follow-up treatments that improve survival and are effective in a greater proportion of patients. This research evaluates the recent clinical trial activity directed toward the treatment of MBC. METHODS: MBC trials were identified through a systematic search of the literature using the search engine within 'https://clinicaltrials.gov', using the search terms 'metastatic breast cancer OR stage IV breast cancer OR advanced breast cancer.' Trials with a start date from January 2008 onward were included and categorized by nature of intervention (new investigational agent, drug launched for indications other than breast cancer, or approved breast cancer product); all trials that did not include a pharmaceutical (biological or drug) were for an unsuitable indication, or that were suspended, terminated, or withdrawn were excluded. The remaining trials were evaluated for a number of variables, including phase of development and product type. The overall number of pharmaceuticals under investigation was also explored. RESULTS: The original search identified 2014 trials of which 165 of which met the inclusion criteria. A large proportion of these trials (41%) were evaluating products already approved for the treatment of breast cancer. Of the remaining trials, 68% were investigating new agents; the remainder was evaluating a product launched for an indication other than breast cancer. There were a total of 316 new products under investigation, although these were mainly at an early stage of development with just 8% of trials at Phase III/IV. CONCLUSIONS: MBC is a key area of research, with a large number of products in development. However, since the majority of clinical trials are at an early stage, it will be some years before these products impact patient treatment.

TRANSPARENT REIMBURSEMENT IN POLAND—ONCOLOGY

OBJECTIVES: Increasing the level of transparency of decision-making process of reimbursement for drugs used in oncology by facilitating online access to public information and other information regarding the refund of cancer drugs in Poland compared to solutions used in the world. METHODS: The project will develop a comprehensive system to monitor the transparency of reimbursement decision-making process in Poland consisting of: Guidelines and Clinical and Reimbursement Recom-