ilities through the utilization of allied health professionals. METHODS: Two local OSH programs collected detailed resource use data along with several clinical measures. Costs were measured from a payer perspective. The navigator program involved in-person or remote navigator consultations, and costs were based on a wage rate of $15 per hour. The depression program involved multiple services and all costs reflected institution-specific billing data. RESULTS: There were 949 patients in the patient navigator intervention. On average, these patients received 8.28 minutes of navigator services per patient over the phone and 1.93 minutes via in-person visits, translating to a per-patient cost of $2.38. For the six patients enrolled in the team care intervention for depression, resources used included social worker case management and individual psychotherapy; translating to patient costs of $2,576 per patient over the 6 months. Spender over the Belgrade patient’s costs were similar between the intervention and control groups (intervention = $55 per patient, control = $64 per patient). CONCLUSIONS: Costs are an important consideration for evaluating pilot, team-care based interventions to improve patient health outcomes. OSH programs evaluated here offer insight into the potential impact of interventions that employ allied health professionals and demonstrate a relatively low cost per patient. Future work will examine these costs in comparison with measured effects of the program.

PCN63 ASSESSING THE BURDEN OF CAREGIVING FOR PATIENTS WITH LUNG CANCER IN EUROPE
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OBJECTIVES: To investigate the self-reported burden imposed by care of lung cancer (LC) patients in the European Union (EU). METHODS: The study included respondents with 2010 and 2011 EU National Health and Wellness Surveys from France, Germany, Italy, Spain, and the UK who reported being caregivers for a relative with LC versus respondents who did not report being caregivers for a relative with LC. Respondents to the 2010 and 2011 EU National Health and Wellness Survey from France, Germany, Italy, Spain, and the UK who reported being caregivers for a relative with LC versus respondents who did not report being caregivers for a relative with LC. RESULTS: Out of 338 registered melanoma patients, 35 were eligible and included in this chart review. The median overall survival time (OS) for all patients was 6.2 years. 86.6% (n=31) of patients were treated by systemic treatment(s) of which 17% (n=6) received up to 4 different treatment lines. Ten patients received “new drugs”: ipilimumab (1 to 4 cycles); 10; vemurafenib: 2. Fifty-six (41%) of the 137 hospitalizations were for treatment administration. The overall mean cost per patient was €43,429 (bootstrap 95% Cl. 33,372 - 54,351), of which €2,436 (95% Cl. 32,481 - 52,976) was reimbursed. The PHCP cost was driven by systemic treatments costs (46% of cost). Mean PHCP cost was €87,468 (95% Cl. 77,538 - 97,397) for new drugs versus €279 (95% Cl. 173 - 30,634) for patients not treated with “new drugs”. Median OS was 9 and 4.9 months, respectively. CONCLUSIONS: Management of uMM results in considerable costs for the PHCP, driven mainly by systemic treatment costs.

PCN66 MANAGEMENT COSTS OF THE FIRST FIVE YEARS AFTER DIAGNOSIS IN BREAST CANCER: BY STAGE IN FRANCE
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OBJECTIVES: Few recent data are available on breast cancer treatment costs, especially by stage of the disease at diagnosis. This study was designed to estimate the management costs of breast cancer for the first 5-year period following diagnosis. RESULTS: Costs have been distinguished by stage of severity. METHODS: A patient-level analysis was performed from a French physician survey database, collecting data on patient demographics, cancer history from diagnosis and treatment patterns. Data were collected for all breast cancer cases with at least 1 year of follow-up after diagnosis using data collected from 2011 to 2012. Cost analyses were conducted from a health care payers’ perspective adjusting for stage (stages I-IV) at diagnosis and year from diagnosis. RESULTS: A total of 1,157 patients were included in the analysis. The stages at diagnosis distribution was respectively from stage I to IV 29.7%, 39.2%, 15.0% and 16.1%. The median (SD) age at inclusion was 62.5 (12.4) and the median (SD) time from diagnosis was 3.0 years (5.1). The mean annual cost (SD) over the 5-year period after diagnosis was ranging from 4,293 ($2,926) for stage I to 12,111 ($19,070) for stage IV. The mean (SD) annual costs for the 1st year after diagnosis were estimated at 11,657 ($9,839), 13,266 ($11,575), 17,544 ($14,584) and 20,785 ($13,633) for stages I to IV, respectively. The cost contributors in early stages were radiotherapy and surgery while cytotoxic treatments, hormonetherapy and supportive care drove it for the late stage. The mean annual cost increased for following years along with the increase of the stage (from $5,927 to $21,839) decreased, ranging from $1,873 ($9,964) for Stage I to $5,370 ($10,662) for stage IV. CONCLUSIONS: The mean annual cost was strongly related to the clinical stage at diagnosis and the year from diagnosis. These estimates could be useful to populate models that explore impact of treating and preventing breast cancer.

PCN67 THE HUMANISTIC AND ECONOMIC BURDEN OF VENOUS THROMBOEMBOLISM IN CANCER PATIENTS: A SYSTEMATIC REVIEW
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OBJECTIVES: To systematically review the humanistic and economic burden of cancer-related venous thromboembolism (VTE). METHODS: A systematic review was carried out on PubMed, Cochrane Central Register of Controlled Trials, Ecolnit, Science Direct, JSTOR, Oxford Journals and Cambridge Journals. The search was limited to humanistic studies published from January 2000 to December 2012. Additional studies were also identified by searching lists of relevant published reviews and included studies. The identified studies were independently reviewed by two reviewers against pre-determined inclusion and exclusion criteria. Data were collected and analyzed using standard methods. The data of selected studies were extracted onto a data extraction form and consequently synthesized. RESULTS: Fifty five studies were included for this review. It was found that cancer patients experienced over 2-fold and 20-fold higher risk of developing VTE in comparison to non-cancer patients. Cancer patients are more likely to experience a VTE event in the first 3 or 6 months after cancer diagnosis and the onset of chemotherapy. Additionally, an in-depth analysis of the disease stages of cancer (i.e. pancreatic or lung) was identified. VTE strongly affects the prognosis of cancer patients as it has been found that it is a leading cause of death in this group of patients. The annual average total cost for cancer patients with VTE was found to be almost 50% higher compared to that of cancer patients without VTE.