CURRENT CHEMOTHERAPY AND MONOCLONAL ANTIBODY USE PATTERNS IN METASTATIC COLORECTAL CANCER IN WESTERN EUROPE

Zhao Y, Pfeifer E, Barber B, Bhola M, Wang S, Klingman D, Gao SK

OBJECTIVES: Treatment outcomes improved in metastatic colorectal cancer (mCRC) due to the introduction of the monoclonal antibodies (mAb) in combination with chemotherapy. This study described current treatment patterns of chemotherapy and mAbs in clinical practice in 4 EU countries. METHODS: This cohort study used physician-on-record data from the Lifelink® Oncology Data Collector (ODC) for mCRC patients in four EU countries (France, Germany, Italy, and Spain). All patients aged ≥21 years at mCRC diagnosis were included. Treatment patterns in 2009 were examined descriptively by lines of therapy. RESULTS: The study sample includes 2734 mCRC patients (61% male, median age category 61–70 years) with 862, 656, 567, and 649 from France, Germany, Italy, and Spain, respectively. In 1st-line, more patients received FOLFOX-containing regimens than FOLFIRI-containing regimens in Germany (42% vs. 30%) and Spain (25% vs. 16%), while in Italy and France, the reverse was true (Italy: 34% FOLFOX vs. 23% FOLFIRI, France: 26% vs. 19%). In 2nd-line, more patients received FOLFIIRI-containing regimens than FOLFOLX-containing regimens in Germany (36% vs. 18%), Italy (28% vs. 14%), and Spain (34% vs. 6%), while similar proportions of FOLFOX and FOLFIRI were used in France (18% vs. 17%). In 1st line, Bevacizumab (Bv) was administered to 44% of patients in Italy, 42% in France, 37% in Germany, and 30% in Spain, while Cetuximab (Cmab) was used range from 14% in Spain to 7% in Italy. In 2nd-line, Bv was used in 37% of the patients in Germany, 18% in France, 33% in Italy, and 30% in Spain, while Cmab was used in 30% of the patients in Spain, followed by 26% in Italy, 20% in Germany and 14% in France. CONCLUSIONS: FOLFOX- and FOLFIRI-based regimens are common standard of care chemotherapies, and monoclonal antibodies are routinely combined with these chemotherapies.

IN GREECE AND THEIR IMPACT ON PATIENTS AND CARERS

INEQUALITIES IN GEOGRAPHICAL ACCESS TO ONCOLOGY SERVICES

Souliotis K1, Athanassiadis G2, Palaias E, Georgiou P, Galis N, Kyriopoulos I

University of Poteponnese, Corinth, Corinth, Greece; National School of Public Health, Athens, Greece; Foundation of Economic and Industrial Research, Athens, Attica, Greece; "Roche Hellas, Athens, Greece

OBJECTIVES: Previous studies (NSPH 2008, 2009) demonstrated that clustering of oncology resources exceeds the spatial concentration pattern of health-care services in Greece, thus resulting to substantial cross-regional flows of cancer patients. The objective of this study was to assess the impact of geographic accessibility on patients when selecting care and during treatment for cancer. METHODS: Face-to-face interviews with 106 patients diagnosed with cancer from three specialized anticancer hospitals (two Athens and one Thessaloniki). Questionnaire was designed by a specialized Delphi panel of the NSPH to capture patient preferences. Median patient age was 54.5 years. Data were analyzed using SPSS v.15.0. RESULTS: Patients across the board chose their hospital on the basis of specialization (50%), physician reference (41.5%), and hospital reputation (35.8%). Sixty-three percent of patients face access barriers, most commonly cost of health-care services (44.3%), distance from place of residence (17.3%), and demand time (13%). 72.6% of patients return to place of residence at treatment intervals and 43.4% immediately after treatment. To receive treatment, 23.6% stay at homes of relatives, 14.2% at hotels, and 1% in hospital-owned homes. Fifty percent of patients undergo treatment cycles repeating every 15–30 days. Patients travel predominantly by own car (48.1%), 4.7% travel by taxi reimbursed by insurance fund and 1% by hospital ambulance. 84% of patients travel accompanied by one or more carers. At treatment intervals, only 8% of patients are supported by physicians at place of residence. CONCLUSIONS: Significant cross-regional flows of cancer patients to access adequate treatment lead to substantial direct and indirect costs for patients and their carers in a strained financial environment. Patients also face significant gaps in integrated support during treatment intervals. A shift in the organization of cancer services is essential for the system to be responsive to expressed patient needs especially during treatment.

HEALTH RESOURCE UTILIZATION OF SUBJECTS RECEIVING DENOSUMAB AND ZOLEDRONIC ACID IN A RANDOMIZED PHASE 3 TRIAL OF ADVANCED BREAST CANCER PATIENTS WITH BONE METASTASES

Cammarota S1, Mantalledo E, Ciparella A, Putignano D, Riegler S2, Arpino G2

CRIFS, Federico II University, Naples, Italy; "Federico II University Hospital School of Medicine, Naples, Italy

OBJECTIVES: New imaging tests such as computed tomography (CT), [18F]fluorodeoxyglucose-positron emission tomography (FDG-PET) scanning, and magnetic reso nance imaging (MRI) are not recommended for staging or follow-up of asymptomatic patients with EBC according to current guidelines. However, frequently these tests are requested even in the absence of a clinical indication. The purpose of this study was to evaluate how the availability of new imaging techniques has changed staging and follow-up modalities in EBC patients and to estimate its cost implications. METHODS: We analyzed clinical computerized information from 457 general practitioners assisting an average of 630,000 inhabitants of the Campania region in the south of Italy. OBJECTIVES: Imaging tests in staging and surveillance of early breast cancer (EBC) in Italy—changes in routine clinical practice and costs implications.

MEDICAL RESOURCES UTILIZATION OF FIVE MOST PREVALENT CANCERS IN TAIWAN (LUNG CANCER, LIVER CANCER, COLON/RECTAL CANCER, GASTRIC CANCER, AND BREAST CANCER). 2001–2007

Lei Li, Chen LT, Hsiao CF

National Health Research Institutes, Taipei, Taiwan, China

OBJECTIVES: We want to study the real cost structure of cancer treatment using the National Health Insurance Research Database (NHIID) from Taiwan. METHODS: This study adopted a retrospective observational design and the data were retrieved from the NHIID, which is managed by the National Health Research Institutes (NHIRS). We used descriptive statistical methods to describe the cost data. RESULTS: The number of patients with these five cancers showed an increasing trend in these 7 years. Breast cancer had the highest annual increase (7.34%), followed by colorectal cancer (3.73%). Lung cancer and breast cancer had the highest average outpatient cost for each patient per year, while lung cancer, colorectal cancer, and gastric cancer had the highest average inpatient cost for each patient per year. The annual increase rates in the total cancer treatment cost for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were 10.70%, 11.61%, 16.73%, 18.38%, and 17.21% respectively. We divided the cost structure of cancer treatments into diagnostic, adjuvant, supportive, chemotherapy, hormone therapy, and surgical treatment costs. Highest percentages of chemotherapy and hormone therapy were for colorectal cancer (more than 95%) and for breast cancer (more than 11%). On average, the annual increase rates in the cancer chemotherapy cost per patient for liver cancer, lung cancer, colorectal cancer, gastric cancer, and breast cancer were respectively 3.59%, 3.66%, 9.86%, 16.78%, and 11.72%. CONCLUSIONS: This study showed a positive correlation between annual cancer patient number and NHI reimbursement, and an increasing trend for chemotherapy, hormone therapy, and supportive treatment. The results also showed that the amount of NHI reimbursement and the increased costs had increasing trends in these 7 years. This increased the financial burden of cancer patients and may alter the allocation of NHI resources.

IMAGING TESTS IN STAGING AND SURVEILLANCE OF EARLY BREAST CANCER (EBC) IN ITALY—CHANGES IN ROUTINE CLINICAL PRACTICE AND COSTS IMPLICATIONS

Cammarota S, Mantalledo E, Ciparella A, Putignano D, Riegler S, Arpino G2

CRIFS, Federico II University, Naples, Italy; "Federico II University Hospital School of Medicine, Naples, Italy

OBJECTIVES: Imaging tests such as computed tomography (CT), [18F]fluorodeoxyglucose-positron emission tomography (FDG-PET) scanning, and magnetic resonance imaging (MRI) are not recommended for staging or follow-up of asymptomatic patients with EBC according to current guidelines. However, frequently these tests are requested even in the absence of a clinical indication. The purpose of this study was to evaluate how the availability of new imaging techniques has changed staging and follow-up modalities in EBC patients and to estimate its cost implications. METHODS: We analyzed clinical computerized information from 457 general practitioners assisting an average of 630,000 inhabitants of the Campania region in the south of Italy. OBJECTIVES: Imaging tests in staging and surveillance of early breast cancer (EBC) in Italy—changes in routine clinical practice and costs implications.

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