PCN68

QUANTIFYING THE COST BURDEN OF LOCALLY ADVANCED BASAL CELL CARCINOMA ON THE HEALTH CARE SYSTEM IN THE UNITED KINGDOM

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OBJECTIVES: Basal cell carcinoma (BCC), the most common non-melanoma skin cancer in the UK, is effectively treated with surgery and/or radiotherapy. However, BCC can become locally advanced (laBCC) and potentially no longer amenable to surgery or radiotherapy (NATSOR). Limited data exist on the burden of illness associated with laBCC. The primary aim of this study was to estimate the cost burden of laBCC(NATSOR) in the UK. **METHODS:** Demographics, medical history, prescriptions, and cost data for patients with BCC with linked records were extracted from primary (Clinical Practice Research Datalink) and secondary (Hospital Episode Statistics) care databases. As no separate diagnosis code exists for laBCC, a patient identification algorithm was developed in collaboration with UK experts. Patients first treated for laBCC between January 2007-December 2012 with ≥2 years follow-up were indexed. Non-laBCC controls were propensity-matched on year of birth and BCC diagnosis, sex, and comorbidities. Pairs where controls had BCC-related events ≤2 years before case indexing were excluded. **RESULTS:** Of 103,852 patients extracted, 64,126 were included in the algorithm, of whom 159 had laBCC (NATSOR). In 29 control-matched cases (after applying exclusion criteria), patients with laBCC utilised more healthcare resources (range, £301.11-5,742.77) than controls (range, £18.27-4,491.36), with a significant difference in overall annualized burden/patient of £1,241.58 (P=.0002). A sensitivity analysis (omitting the BCC-related event criterion) in 52 matched pairs yielded an annualized burden/patient of £1,193.95 (P<.0001). Main drivers of cost in both analyses were minor skin and ear procedures (specialized surgeries to prevent loss of function for lesions in/around the ear can be expensive and technically challenging). **CONCLUSIONS:** These analyses indicate that laBCC (NATSOR) imposes a greater per-patient burden on the UK healthcare system than non-laBCC. Our estimated burden of laBCC (NATSOR) is likely conservative due to methodology and database limitations, such as lack of cancer drug and complete radiotherapy data in the database.

PCN69

PATIENTS OUT-OF-POCKET AND CAREGIVERS ECONOMIC BURDEN IN PATIENTS WITH OVARIAN CANCER: SURVEY PILOT@

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OBJECTIVES: Out-of-pocket (OOP) healthcare expense and caregivers costs could constitutes a barrier to health care, something particularly important for oncology disease in patients without social security (SS). To explore the household OOP healthcare and caregiver expense in ovarian cancer (OC) patients without SS. **METHODS:** A cross-sectional cost survey was applied during 3 months to consecutive outpatients with OC diagnosis, this survey included questions about cost related with OOP healthcare expense (transportation and caregiver expenses) and the total amount of caregiver for formal or informal caregivers was estimated, for informal caregivers the non-paid health related activities was calculated based on the time in hours per day estimated by patient, needs of special support or home adaptations and loss of productivity was explored too. Descriptive and inferential statistical analyses was done and presented by expenses deciles to explore the differential equality impact. All cost are express in us dls at exchange rate 17.1 . **RESULTS:** A total of 70 patients complete the survey. All of them were diagnosed with ovarian cancer and 87.1% are housewife; the average of the age at the moment of the survey was 52 years old and the most frequent disease stage identify was 21.4 early disease, stage III 25.7%, IV 24.3% and recurrent disease 28.6%. The mean of transportation cost was $498 ± $522 median $357.9 range $8.77- $2807 per semester. The total household out-of-pocket healthcare from ovarian cancer were estimated in $ 2286.42, the average of cost from caregiver due to non-paid health care activities was $1420.7± $823 median $2152.8 just 15.7% patients need home adaptations or special support, 76% have productivity affectation and 16% loss their employ. **CONCLUSIONS:** The out-of-pocket of household expenses for families increase if we consider the cost for non- paid health related activities

PCN70

COST OF TREATMENT OF HR+/HER2- POST MENOPAUSAL ADVANCED/ METASTATIC BREAST CANCER PATIENTS IN TURKEY

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OBJECTIVES: The objectives of this study were to define the treatment algorithm of HR+/HER2- post menopausal advanced/metastatic breast cancer in Turkey and to calculate the direct treatment cost of the disease based on this algorithm. **METHODS:** Delphi panel method was used. In this regard, a questionnaire form about the epidemiology, diagnosis, treatment, monitoring, palliative care and adverse events of HR+/HER2- postmenopausal advanced/metastatic breast cancer were prepared in order to identify the number of patients, type and frequency of healthcare resources used. The form was filled in by experts from public and private tertiary care institutions based on their daily practice. Then the answers were aggregated and a consensus form indicating the treatment algorithm was formed. The resources were priced by using the official price lists of the Social Security Institution and the Ministry of Health. **RESULTS:** The study results revealed the epidemiologic outlook and medical resources used in diagnosis, 1st/2nd/3rd and 4th lines of treatment, monitoring, palliative care and adverse events. Based on these results, diagnosis cost per patient was estimated as 723.39 TL and the annual costs of 1st/2nd/3rd and 4th lines of treatment per patient were estimated as 3,497.14 TL, 4,329.94 TL, 11,857.97 TL and 5,367.87 TL respectively. The annual monitoring costs of 1st/2nd/3rd and 4th lines of treatment per patient were estimated as 2,451.55 TL, 2,818.92 TL, 2,581.92 TL and 2,769.14 TL respectively. The annual costs of palliative care and adverse events per patient were estimated as 302.61 TL and 1,122.20 TL. Considering all these cost items, average annual cost per patient was found as 10,015.50 TL. **CONCLUSIONS:** The study revealed that there are different treatment approaches for HR+/HER2- post menopausal advanced/metastatic breast cancer treatment in Turkey. Total treatment costs to public payer have been calculated, taking into account all direct medical costs including adverse events, revealing differences between treatment lines.

PCN71

ECONOMIC BURDEN OF ADVANCED BREAST CANCER

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OBJECTIVES: aBC leads to significant direct and indirect costs. We performed a structured literature review to determine how various treatments affected economic burden in aBC. **METHODS:** We searched publications indexed from January 1, 2013 to September 2, 2015 (PubMed, Embase, Cochrane Library) and meeting abstracts (AACR 2014-2015, ASCO 2014-2015, ASCO Breast Cancer Symposium 2014-2015, and SABCS 2014). Eligible studies included women with hormone receptor–positive and human epidermal growth factor receptor 2–negative BC treated with chemotherapies and/or targeted therapies, including phosphatidylinositol 3 kinase inhibitors and cyclin-dependent kinase 4 and 6 inhibitors (particularly, fulvestrant, palbociclib, buparlisib, and everolimus). Only studies discussing economic burden were included. **RESULTS:** The literature review identified 9 studies related to the economic burden of aBC. Direct and indirect economic costs attributable to aBC were substantial, and cost burden increased with disease stage. The majority of direct health expenditures associated with aBC were due to hospital services (inpatient and outpatient care) and pharmacy costs (eg, medications, nonprescription medications, and special equipment). Indirect costs have been recognized as an important component in evaluating the economic burden of aBC. Women with aBC experienced significantly higher productivity loss due to paid time off and short-term disability vs women with early-stage BC. Caregivers of women with aBC also had significant productivity loss. The main direct costs for late-stage BC were cytotoxic treatments and hormone therapy, and the main indirect cost was supportive care. Patients with aBC accrued a higher mean total cost burden compared with patients with early-stage BC. We also found that patients with later stages of disease consistently experienced higher total cost burden (US$47,000-$67,000 per person). **CONCLUSIONS:** Patients with aBC had increased economic burden vs patients with milder forms of disease. Treatments that reduce risk of relapse and have a manageable safety profile may help reduce this burden.

PCN72

EFFECTS OF WORKPLACE ABSENTEEISM ON FINANCIAL BURDEN FACED BY WOMEN WITH BREAST CANCER OR CERVICAL CANCER

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OBJECTIVES: Workplace absenteeism may contribute to financial burden faced by women with breast cancer or cervical cancer. We examined relationships between paid leave and unpaid leave and having debt due to cancer in women with breast cancer or cervical cancer. **METHODS:** Data from the 2011 Medicare Expenditure Panel Survey (MEPS) Experiences with Cancer Survivorship Supplement linked to MEPS Household Component data was used for all analyses. Inclusion criteria were a self-reported diagnosis of breast cancer or cervical cancer and having worked for pay since cancer diagnosis. Logistic regression was used to assess associations between binary predictor variables "Paid leave" and "Unpaid leave," and the binary response variable, "Debt due to cancer." Age, marital status and type of cancer were included as covariates. An a priori alpha of 0.05 was used for all analyses. **RESULTS:** The sample included 105 women with ages ranging from 25 years to 85 years with a mean ± standard deviation age of 57.31 ± 11.37 years. Among the sample, 46% (95% C.I., 34.11 - 53.42) of respondents had taken paid leave, and 70% (58.71 - 77.55) had taken unpaid leave for cancer. For every unit year increase in age, respondents were 0.91 times less likely to have debt due to cancer, odds ratio=0.91 (95% C.I., 0.86 - 0.96), p=0.001. Marital status, odds ratio=0.40 (95% C.I., 0.09 - 1.73), p=0.348, and paid leave, odds ratio=1.67 (95% C.I., 0.55 - 5.03), p=0.364, were not significantly related to having debt due to cancer. However, respondents with unpaid leave were 3 times more likely to have debt due to cancer compared to respondents without unpaid leave, odd ratio=3.03 (95% C.I.,1.11 - 9.09), p=0.043. **CONCLUSIONS:** Women with breast cancer or cervical cancer who had taken unpaid leave for cancer were significantly more likely to have debt due to cancer.

PCN73

ECONOMIC IMPACT OF HEALTH CARE RESOURCE UTILIZATION PATTERN AMONG PATIENTS DIAGNOSED WITH CERVICAL DYSPLASIA AND CERVICAL CANCER IN COSTA RICA

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OBJECTIVES: The incidence of cervical cancer (CC) among women in Costa Rica (CR) is 6.8%. The aim of this study was to describe the patterns of healthcare