

Objective

Capecitabine (C) is approved in Brazil to treat colorectal cancer (CRC), and can replace the combination of 5-fluorouracil (5FU) and folinic acid (FA) in many chemotherapy (CHEMO) combinations. There are restrictions to its use in the private sector in Brazil, as oral (PO) CHEMO

is not covered by health insurance plans (HI). For many patients and physicians, however, a PO treatment option is preferred over an intravenous (IV) one. Our aim was to study the budgetary impact related to the use of C for the treatment of CRC in HI.

Methods

We searched Evidências Database (Figure 1) for CRC patients eligible for the use of C, during the year of 2008. At that time, this database had information from over 2 million patients from 14 different HI. We calculated the costs of the IV chemo actually used (mainly combinations of 5FU-FA with Oxaliplatin and Irinotecan). We calculated the costs of the drugs used and also, when appropriate, the cost of infusion pumps to deliver 5FU by continuous infusion. Then, based on the real data of each individual patient, we calculated the costs if C replaced 5FU-FA in the CHEMO scheme. We assumed both treatments would have the same efficacy, as reported in the literature (Figure 2).

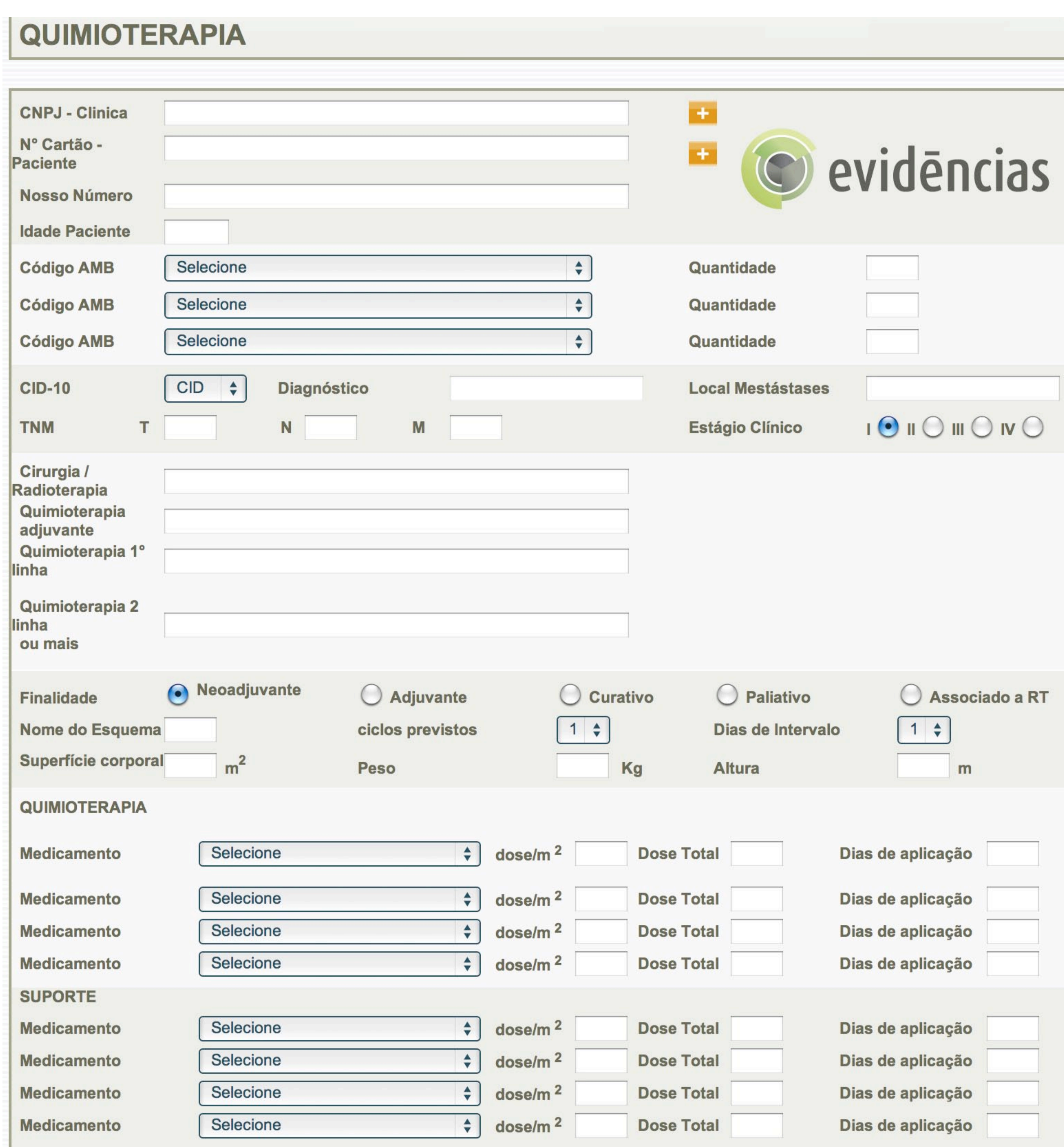
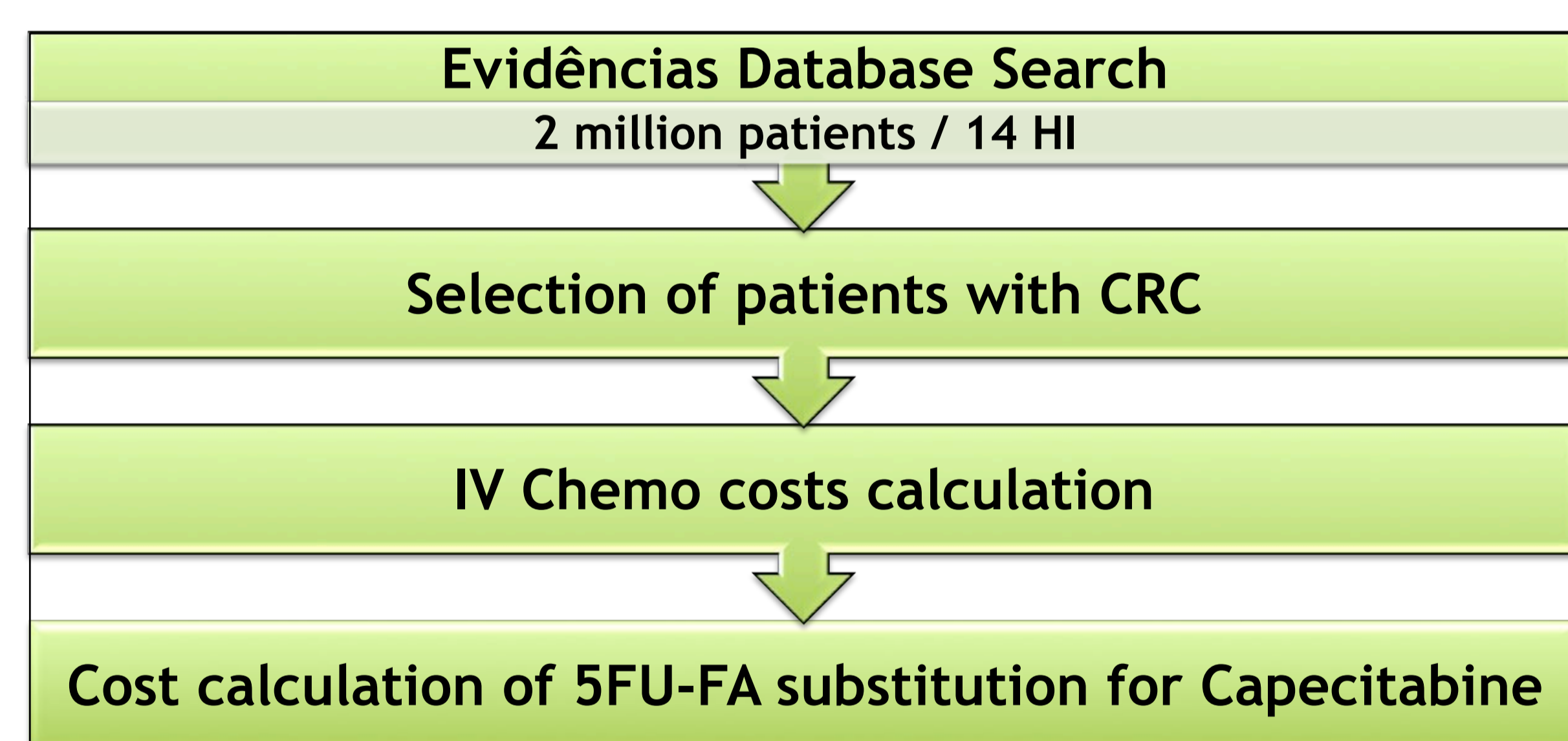


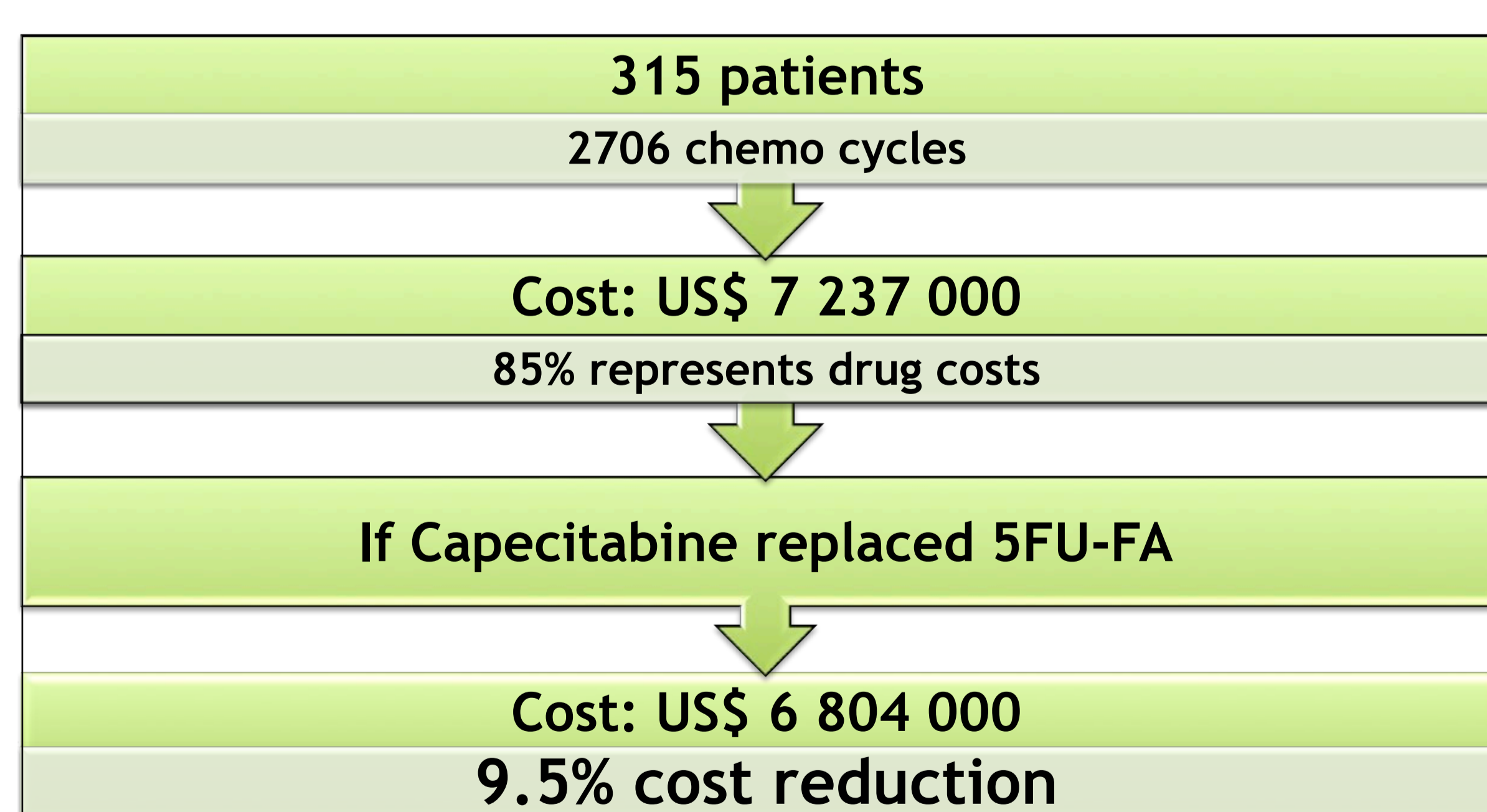
Figure 2: Methods



Results

We found 315 records of CRC patients that used IV CHEMO and would be candidates to have it replaced by C. These patients received 2 706 cycles of treatment and had an actual total cost of US\$ 7 237 000 (85% of them refers to the costs of CHEMO drugs only). If C replace 5FU-FA in the IV CHEMO, the total cost would drop 9.5%, to US\$ 6 804 000, mainly due to the exclusion of the need of an infusion pump (Figure 3).

Figure 3: Results



Conclusions

The use of C to treat CRC is linked to a smaller cost than the IV alternative in the private health plans in Brazil.