ment algorithms based on expert opinion. METHODS: This study uses the Delphi method to reach a consensus on the characteristics currently being used in Turkey. Delphi method has been widely used in medical areas where empirical data is scarce. The survey developed for this study includes questions to understand the clinical resource use in order to calculate the associated costs. Although the paper is unlikely to change the second iteration according to the literature, a three iteration panel was needed to reach a consensus in practice. The consensus is then used to calculate the cost of an episode of care for genital warts (GW), CIN 1, CIN 2/3, different cervical cancer stages from the payer’s perspective. RESULTS: TDP-HPV included a total of 10 experts, including gynecologists, dermatologists and a medical oncologist. The cost of a GW episode of care is approximately USD 263.58 to the government CIN 1 cases are only treated if the disease persists for 2 years, which happens in about 5% of cases. The mean cost of a CIN 1, CIN 2/3 episode of care is calculated as USD 127, USD 262 to the government, respectively. The cervical cancer (CC) stages are divided into local CC, regional CC, and distant CC. Stage IIIB was associated with 54% of the total hospital cost.

CONCLUSIONS: Early diagnosis and treatment is crucial from the cost perspective too as a more severe disease costs more. GWs are sometimes left out when HPV-related diseases are considered. However, this study mentions that GW presents a serious burden to the society.

PCN7

ESTIMATED COSTS OF HER2-POSITIVE METASTATIC BREAST CANCER (MBC-HR+) TREATED WITH EVEROLIMUS (EVE) + EXEMESTANE (EXE) IN THE BRAZILIAN PRIVATE SYSTEM (BPS): A REAL WORLD (RW) AND PUBLISHED LITERATURE ANALYSIS

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OBJECTIVES: EVE in association with aromatase inhibitor was recently approved by ANVISA (Brazilian Regulatory Agency) for metastatic breast cancer (MBC) patients. Exemestane (EXE) represents the role of endocrine therapy in MBC-HR+ reversing endocrine resistance. The aim of this study is to determine the cost associated to the introduction of EVE + EXE for the Brazilian private system population.

METHODS: A previous study on real world (RW) data between 2011-12 (large private database of medical claims for chemotherapy (CT), Evidencias Database) and published data identified MBC-HR+ patients and evaluated costs of treatments and adverse events (AEs), by a micro-costing approach. Patients were divided into three groups, according to metastatic bone status (M), visceral status (V) and bone plus visceral (BV). The estimated total incremental costs for each group were: M, V and BV.

RESULTS: Differences were observed in the cost of total medical care and AE management costs increased from 32.2% to 66.2% and in the second and subsequent years (31.9% and 64.3%) respectively. Using MedStat data, the analysis was performed on 10,584 patients that already had BM in Spain.

CONCLUSIONS: An expert panel of 5 urologists and 3 oncologists from Spanish health centres was asked to estimate the mean annual resource use in the management of non-metastatic CRPC patients and in the first, second and subsequent years after developing BM. Hospital resources were stratified into four major categories: 1) general resources (medical visits, diagnostic and monitoring procedures, hospital admission and surgeries), 2) hormone therapy, 3) chemotherapy and 4) analgesic treatments. The last three categories included drug costs, adverse events (AE) management costs and pre-medication costs. Skeletal-related events (pathological fracture, radiation or surgery to bone and spinal cord compression) often suffered by CRPC patients were excluded from the analysis as there was no specific database on data for these events.

OBJECTIVES: To compare annual management costs of castration-resistant prostate cancer (CRPC) patients developing bone metastases (BM) to the total population of those that already had BM in Spain.

METHODS: An expert panel of 5 urologists and 3 oncologists from Spanish health centres was asked to estimate the mean annual resource use in the management of non-metastatic CRPC patients and in the first, second and subsequent years after developing BM. Hospital resources were stratified into four major categories: 1) general resources (medical visits, diagnostic and monitoring procedures, hospital admission and surgeries), 2) hormone therapy, 3) chemotherapy and 4) analgesic treatments. The last three categories included drug costs, adverse events (AE) management costs and pre-medication costs. Skeletal-related events (pathological fracture, radiation or surgery to bone and spinal cord compression) often suffered by CRPC patients were excluded from the analysis as there was no specific database on data for these events.

CONCLUSIONS: Resource utilizations for the management of each type of AE in typical inpatient/outpatient treatment setting were determined via in-depth interviews with 5 melanoma clinicians in each country. Outpatient and inpatient 2012 costs were estimated from local cost databases in each country except in Spain where costs were obtained from government database or best published sources. RESULTS: Most frequent grade 3/4 AEs associated with chemotherapy included neutropenia, vomiting, and anemia. Venetoclax was commonly associated with cutaneous squamous cell carcinoma (CSCC)/keratoacanthoma, rash, and