Cancer - Epidemiology & Public Health

PCN172
METASTATIC RENAL CELL CARCINOMA: INCIDENCE AND COSTS FROM A LARGE ITALIAN CLAIMS DATABASE

Objectives: To evaluate the healthcare resources’ consumption and integrated costs in the perspective of the Italian National Health System (NHS) of patients with renal cell carcinoma and incident metastasis (mRCC). Methods: Starting from the ReS database, through the NHS administrative data record linkage, patients aged ≥18 and hospitalized (ICD9-CM code) with primary/secondary diagnosis of renal cancer and lymph node and/or distant metastases in the same discharge form (index date) were selected (reCAPTURE 2015 cohort). The incidence of metastases was ascertained by their absence in two years before the index date. The cohort was characterized in the accrual by gender, age and comorbidities of interest. Daily and ordinary hospitalizations, outpatient specialist care and integrated NHS healthcare expenditure (from the same databases, pharmaceuticals, hospitalizations, outpatient services’ cost) were analysed during the one-year follow-up. Costs in charge to the NHS must be ascribed to patients’ demographics and comorbidities, other than the neoplastic care. Results: Out of >7 million inhabitants of the ReS database in 2015, 133 adults (21.1x100,000) were hospitalized with a diagnosis of mRCC. The 63.2% of them (1.4x10,000,000) received a new diagnosis of metastasis in 2015 (73.8% males, mean age >60: 59% vs. 66.1% in 2014). The most common comorbidity was arterial hypertension (70.2% of the incident cohort). During the one-year follow-up, >50% of patients were hospitalized, mostly ascribed to kidney cancer, metastasis and anitneoplastic therapy. On average, hospitalizations cost €8,897/patient; 61% of the expenditure in daily and 11.4% in ordinary regimen were ascribed to anitneoplastic therapy. The 82.1% extrusted the outpatient specialist care accounting for €1,075/patient (26.9% for anitneoplastic therapy). The mean total healthcare expenditure for the NHS was €22,067/patient. Conclusions: This study shows the current burden of mRCC in Italy. Real-world findings can reveal the real impact of mRCC, estimate the target population of incoming first line therapies and help responding to unmet clinical needs.

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INSURANCE STATUS AND HEALTH CARE RESOURCE UTILIZATION AMONG NON-INSTITUTIONALIZED ADULT CANCER SURVIVORS IN THE UNITED STATES
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Objective: To examine the association between insurance status and healthcare resource utilization among cancer survivors in the United States. Methods: A retrospective cross-sectional analysis of 2017 Medical Expenditure Panel Survey for cancer survivors aged ≥18 years, identified using International Classification of Diseases, Tenth Revision codes specific for cancer. Key independent variable was health insurance coverage categorized as private, Medicare, Medicaid and uninsured. Dependent variables consisted of health care visits (office-based, hospital outpatient, emergency room and inpatient hospital stays). Separate multivariable negative binomial regressions were estimated for each type of healthcare visits by insurance status after controlling for confounding factors. Results: A total of 1,140 adult cancer survivors (weighted: 133,785,30) were identified. In the unadjusted analysis, adults with Medicare coverage had highest mean office-based visits followed by those with private insurance 15.6 (Standard deviation (SD): 30.30) vs 14.6 (SD:20.5); p<0.05) while emergency room(ER) visits were greater for adults with Medicaid and least for uninsured (0.58;SD:3.71 vs 0.30;SD:2.02;p<0.0001). When stratified by the type of cancer, patients with lung cancer had lowest approvals. Of office-based (16.0;SD:7.09), outpatient (14.4;SD:15.5) and inpatient visits (0.42;SD:3.7) when compared to breast, colon, malignant neoplasms of skin and other types of cancer. In the adjusted analyses, the expected office-based visits for uninsured adults decreased by 47% (95% Confidence Interval (CI): 1.33 to 0.05) compared to those with private insurance. The expected number of ER visits for Medicaid were 2.15(95%CI: 1.24 to 3.7) times and for Medicare were 1.52(95%CI: 1.1 to 2.1) times higher the expected number of ER visits for private insurance(p<0.05). However, hospital outpatient and inpatient stays did not differ significantly between the insurance groups. Conclusion: Our findings suggest that office-based and emergency room visits can vary significantly by insurance status among adult cancer survivors. This data can be used for appropriate health care planning, especially for the cancer survivors.