Cancer - Epidemiology & Public Health

PCN172
METASTATIC RENAL CELL CARCINOMA: INCIDENCE AND COSTS FROM A LARGE ITALIAN CLAIMS DATABASE
Ronconi G,1 Dondi L,1 Pedrini A,1 Calabria S,1 Piccinni C,1 Martini N,1,2 Ronconi G,1 Dondi L,2 Pedrini A,2 Calabria S,2 Piccinni C,2 Martini N1,2
1Fondazione ReS (Ricerca e Salute) - Research and Health Foundation, Bologna, Italy, 2Inossanica, Inc., Hadley, MA, USA

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 using the ICD10-CM code. 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 supply of 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 (2.1x100,000) were hospitalized with a diagnosis of mRCC. The 63.2% of them (1.4x100,000) received a new diagnosis of metastasis in 2015 (73.8% males, mean age ≥50 years). The most common comorbidity was arterial hypertension (70.2% of patients). Therefore, reducing female breast cancer mortality is critical. We projected health outcomes for women with breast cancer in 195 countries to quantify progress towards the 2030 target of the SDGs. Methods: We used data on incidence and mortality rates for female breast cancer reported by The Global Burden of Disease Study 2017 between 2000–2017. We projected mortality rate and MIR by national income level, as defined by the World Bank, for 2018–2030 using generalized linear mixed-effects models. Results: The downwards trend observed in 2015 and 2030, globally, is the expected trend for female breast cancer mortality is projected to increase by 12.4% from 19.02 (95% confidence interval [CI]: 17.36–20.64) to 21.38 (95% prediction interval [PI]: 19.03–23.93), while MIR is projected to decrease by 10.3% from 0.404 (95% CI: 0.385–0.425) to 0.362 (95% CI: 0.342–0.383). In 2017, MIR was 2.22 times higher in low-income countries (LICs) and 1.71 times higher in middle-income countries (LMICs) than in high-income countries (HICs). Although MIR is projected to decrease by 2030 across all income groups (15.9% in HICs, 10.61% in upper middle-income countries, 3.66% in LMICs, 10.2% in LICs), the 2030 MIR is projected to be 2.37 and 1.96 times higher in LICs and LMICs, respectively, than MIR in HICs. Conclusions: MIR is a better indicator than mortality to measure progress towards SDGs for breast cancer control. The decreasing global breast cancer MIR from 2015 to 2030, despite increasing mortality, indicates that global progress is being made in breast cancer. However, disparities across income levels will remain notable in the absence of significant resource-stratified policy reform.

PCN174
ACHIEVABILITY OF THE 2030 UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS IN BREAST CANCER CONTROL
Nemthu G,1 Kiyama S,1,2 Glancy L,3 Morisawa T,1,2 Glancy L,1,2 Nadler D,1,2 Fagotti A,1,2
1Harvard University, Boston, MA, USA, 2Thyamyanovan E, Blauvelt B, Chhatwal J

Objectives: Sustainable Development Goals (SDGs) target a one-third reduction in non-metastatic disease (mCRC) mortality between 2015–2030. MIR for 22% of NCD deaths, and breast cancer is the leading cause of female cancer mortality. Therefore, reducing female breast cancer mortality is critical. We projected health outcomes for women with breast cancer in 195 countries to quantify progress towards the 2030 target of the SDGs. Methods: We used data on incidence and mortality rates for female breast cancer reported by The Global Burden of Disease Study 2017 between 2000–2017. We projected mortality rate and MIR by national income level, as defined by the World Bank, for 2018–2030 using generalized linear mixed-effects models. Results: The downwards trend observed in 2015 and 2030, globally, is the expected trend for female breast cancer mortality is projected to increase by 12.4% from 19.02 (95% confidence interval [CI]: 17.36–20.64) to 21.38 (95% prediction interval [PI]: 19.03–23.93), while MIR is projected to decrease by 10.3% from 0.404 (95% CI: 0.385–0.425) to 0.362 (95% CI: 0.342–0.383). In 2017, MIR was 2.22 times higher in low-income countries (LICs) and 1.71 times higher in middle-income countries (LMICs) than in high-income countries (HICs). Although MIR is projected to decrease by 2030 across all income groups (15.9% in HICs, 10.61% in upper middle-income countries, 3.66% in LMICs, 10.2% in LICs), the 2030 MIR is projected to be 2.37 and 1.96 times higher in LICs and LMICs, respectively, than MIR in HICs. Conclusions: MIR is a better indicator than mortality to measure progress towards SDGs for breast cancer control. The decreasing global breast cancer MIR from 2015 to 2030, despite increasing mortality, indicates that global progress is being made in breast cancer. However, disparities across income levels will remain notable in the absence of significant resource-stratified policy reform.

PCN177
CLAIMS DATA ANALYSIS OF PATIENTS WITH METASTATIC COLORECTAL CANCER (mCRC) IN GERMANY
Bartsch R,1 Zimmermann L,1 Reis L,1 Hecker D,1 Lebioda A1,21 Amgen GmbH, Muenchen, Germany, 2Gesundheitsforen Leipzig GmbH, Leipzig, Germany, 3Amgen GmbH, Munich, Germany

Objectives: Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in Germany, moreover it has been reported that a substantial percentage of patients are identified with metastases upon first diagnosis. As real-world data in this patient group is scarce, the study aims to better understanding of the treatment landscape and patterns in Germany. Methods: The study population is based on claims data of the Gesundheitsforen Leipzig database (2.4 Mmo. insured persons included per year). Inpatient and outpatient incident mCRC patients in 2016 were included. The primary objective investigated the number of patients in first and second line per therapy and the median outpatient treatment duration. As secondary objectives treatment settings and the number of patients with FOLFIRI / FOLFOX and de-escalation were described. Results: Of 798 identified mCRC patients 28% (N=223) received outpatient treatment in 2L and 10% (N=79) in 2L. Most often FOLFIRI (35%: N=77), capcitabine (18%: N=40) and combinations with monoclonal antibodies (mAb) (12%: N=27) were used in 1L. In 2L FOLFIRI / FOLFOX (15%: N=12), FOLFOX (14%: N=11) and FOLFIRI (7%: N=7) and FOLFOX/Cetuximab (7%: N=7) were the most frequently reported treatments. Median outpatient treatment duration in both lines was about 5 months each and 7% of patients were de-escalated. Conclusions: According to our analysis, outpatient treatment in the period 2015–2016 consisted of more traditional regimes, whereas the extent of targeted therapies with mAb was limited. Additionally, the transition to de-escalating maintenance therapy as recommended in guidelines was applied for only a few patients.