

Healthcare Resource Use and Costs Associated with Endometrial Cancer Treatment in the Public Setting in Brazil



The rising cost of disease progression: Advanced stages and later treatment lines demand significantly higher resource allocation within the Brazilian Public Settings

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Aims

This study provides a cost-of-illness analysis for endometrial cancer (EC), estimating resource use and treatment costs from the public healthcare payer perspective. All results are reported as annual costs.

Study design



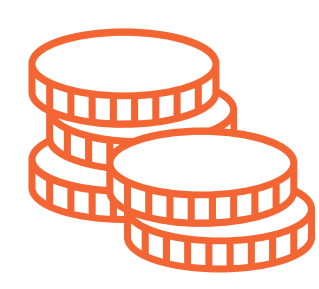
A Delphi panel of five gynecological oncologists with expertise in EC within the Brazilian public healthcare system was conducted.



The panel was designed to capture healthcare resource utilization (HCRU) related to:

- Diagnosis and monitoring;
- First-line (1L), second-line (2L) and subsequent therapies;
- Management of disease complications (e.g.: hospitalizations, ICU care, general inpatient care);
- Adverse event management.

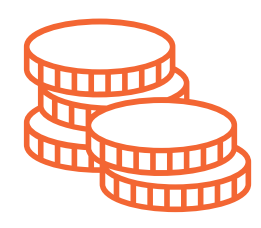
Costs were calculated based on a weighted average according to the utilization percentages reported by physicians.



Costs were sourced from the following databases:

- Treatment drug acquisition: BPS and SIGTAP database
- Procedures: SIGTAP database
- Hospitalizations: DATASUS (SIH/SUS) database

Results



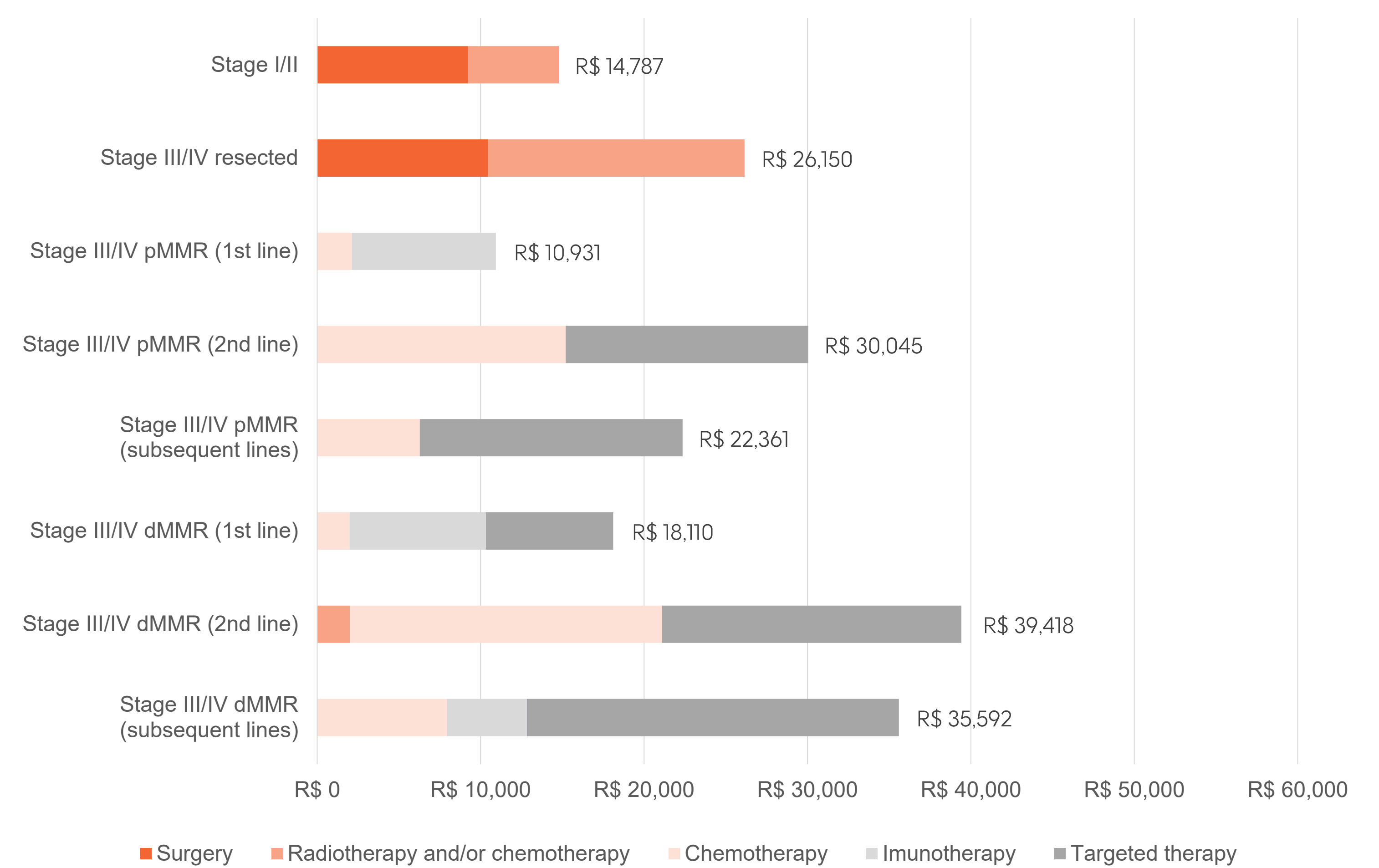
Diagnosis and monitoring costs (BRL)

- ❖ Initial diagnosis (one-time cost): 1,386
- ❖ Early-stage follow-up: 1,052 (Years 1-3); 491 (Year 4 onwards)
- ❖ Advanced stage follow-up: 1,458 (Years 1-3); 859 (Year 4 onwards)

Hospitalization cost by unit care (BRL):

- ❖ ICU care: 3,217 (unresectable stage III/IV - BRL 3,635; resected stage III/IV - BRL 3,029; stage I/II - BRL 2,423)
- ❖ Inpatient care: 1,453 (unresectable stage III/IV - BRL 1,800; resected stage III/IV - BRL 1,125; stage I/II - BRL 900)

Average annual cost of treatment by disease stage and line of therapy



Note: While the expert panel identified the potential use of immunotherapy and targeted therapy, these do not represent standard clinical practice nor the general reality of the Brazilian public healthcare system. Obtaining such treatments is highly exceptional and restricted to rare instances or specific referral centers with private funding. These cases remain outliers, as such advanced therapies are not routinely available to the majority of patients within the public system. Nevertheless, for the purposes of this analysis, these outliers were included as they were reported during the Delphi panel; therefore, findings should be interpreted with caution as they may lead to misconceptions regarding routine public care.

Background

- Endometrial cancer (EC) is one of the most common gynecologic malignancies¹ and represents a growing burden for the Brazilian public healthcare system (SUS)².
- Resource use and costs vary substantially by disease stage, with advanced disease associated with higher treatment complexity and hospital utilization³.
- However, real-world data on healthcare resource use and costs of EC in the Brazilian public setting are limited, hindering healthcare planning and economic evaluations².

Conclusions

- Advanced disease and later lines of therapy are associated with substantially higher costs, largely driven by more expensive chemotherapy and targeted regimens. This economic burden highlights the importance of optimizing 1L treatment strategies to achieve potential long-term savings. Specifically, in dMMR endometrial cancer, improving 1L efficacy can reduce the costs associated with recurrence and subsequent treatments.
- These findings also highlight the importance of early diagnosis and timely disease management, as well as the need to consider real-world treatment pathways when interpreting cost estimates. They provide relevant local evidence to inform healthcare planning, economic evaluations, and strategic decision-making within the SUS.

Abbreviations

1L – First line, 2L – Second line, EC – Endometrial cancer, UCI – Intensive Care Unit, SUS – Sistema Único de Saúde (Brazilian Public Healthcare System), pMMR – Proficient mismatch repair, dMMR – Deficient mismatch repair, SIH – Sistema de Informações Hospitalares do SUS, BRL – Brazilian Real, HCRU – Healthcare Resource Utilization, SIGTAP – Sistema de Gerenciamento da Tabela de Procedimentos, BPS – Banco de Preços em Saúde

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Disclosures

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