



Five-Year Healthcare Resource Consumption and Direct Costs of Women with a New Diagnosis of HR+/HER2- Breast Cancer Primary or Advanced: Analysis of a Large Italian Administrative Database

PT8

Dell'Anno I¹, Ronconi G¹, Dondi L¹, Dondi L¹, Calabria S¹, Piccinni C¹, Esposito I², Addesi A², Pedrini A¹, Maggioni AP³, Martini N¹
1. Fondazione Ricerca e Salute (ReS), Rome, Italy; 2. Drugs & Health srl, Rome, Italy; 3. ANMCO Research Heart CareCenter Foundation, Florence, Italy

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Breast cancer (BC) is largely diagnosed with the subtype HR+/HER2-, which is still associated with a less favorable patient characteristics, largely impacting on the healthcare systems worldwide. Nevertheless, overall survival of advanced BC increased within the last 15 years.

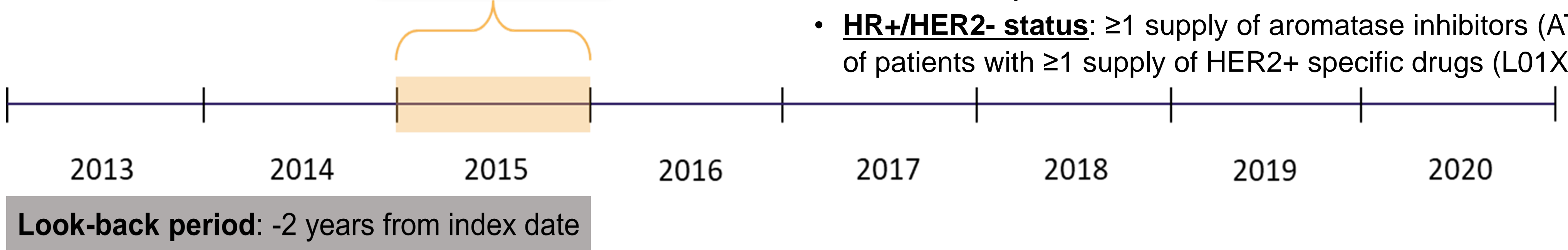
AIM To assess healthcare resource consumption and direct costs borne by the Italian National Health Service (SSN) for women newly diagnosed with HR+/HER2- BC, by absence or presence of lymphnode (LNM) or distant (DM) metastases.

METHODS This was an **observational retrospective analysis**, performed through the **Fondazione Ricerca e Salute (ReS) database** using **Italian administrative data**

Adult women newly diagnosed with HR+/HER2- BC in 2015

- 2-year look-back analyzable period was required
- ≥1 **in-hospital** primary/secondary **diagnosis of BC** (ICD-9-CM codes) in 2015
- INCIDENCE**: Absence of BC diagnosis or history of neoplasia within the look-back period or chemotherapy session within 180 days before index date
- HR+/HER2- status**: ≥1 supply of aromatase inhibitors (ATC code: L02BA) or antiestrogens (L02BG) **AND** exclusion of patients with ≥1 supply of HER2+ specific drugs (L01XC03, L01XC14, L01XC13, L01XE07)

Index date: first in-hospital diagnosis of BC from 1 January to 31 st December 2015



At index date, or within the following 60 days:

Cohort	LNM	DM
Cohort A (primary BC)	✗	✗
Cohort B	✗	✓
Cohort C	✓	✓

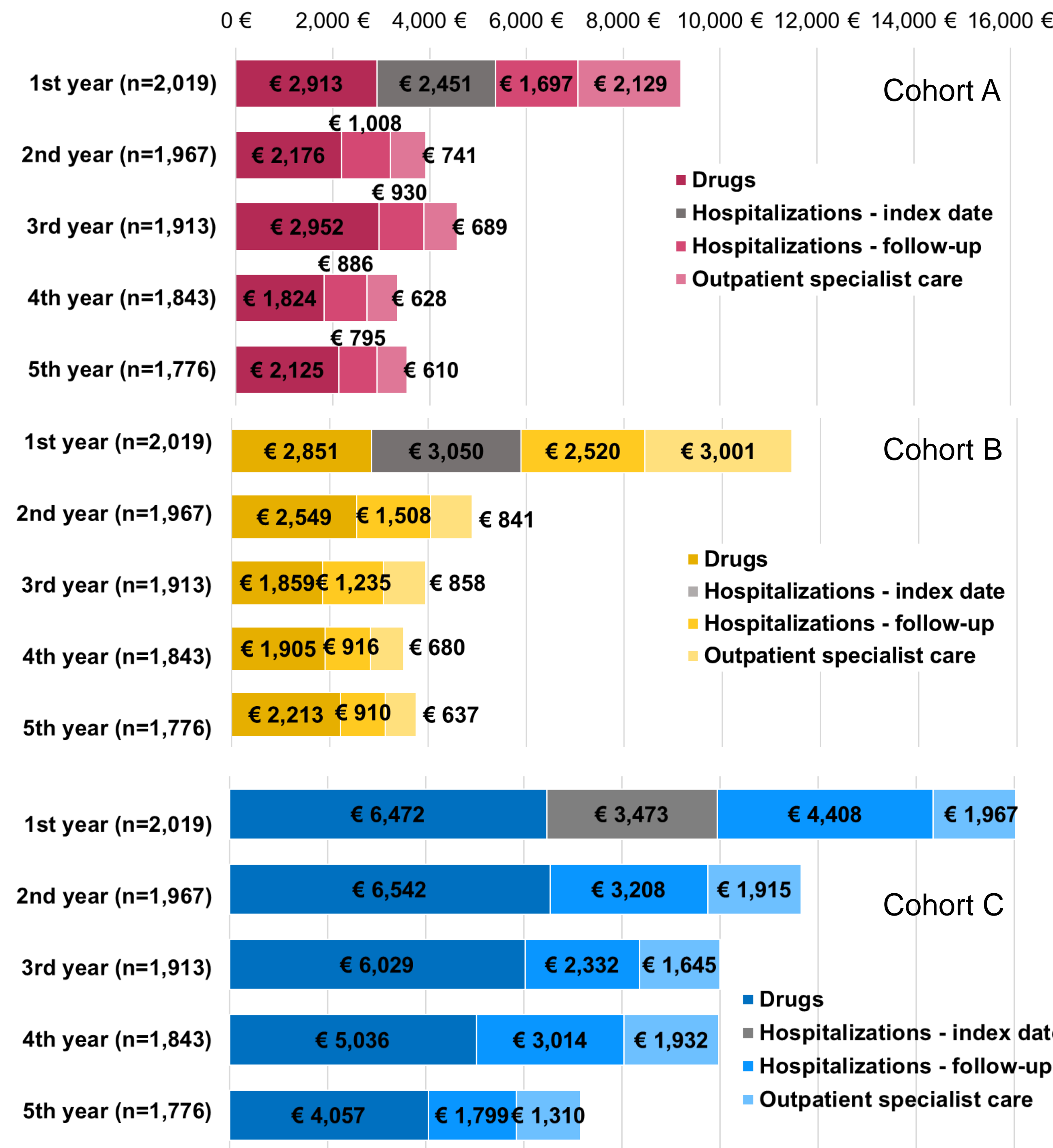
- Follow-up: + 5 years from index date
- Annual direct **costs** charged to the SSN
 - 5-year **overall survival (OS)**, **distant relapse-free survival (DRFS)** and **invasive disease-free survival (IDFS)** through Kaplan Meyer analysis
 - During 1 follow-up year and among cohort B and C: **conservative/demolitive surgery and lymphadenectomy**

Survival analyses during 5-year follow-up

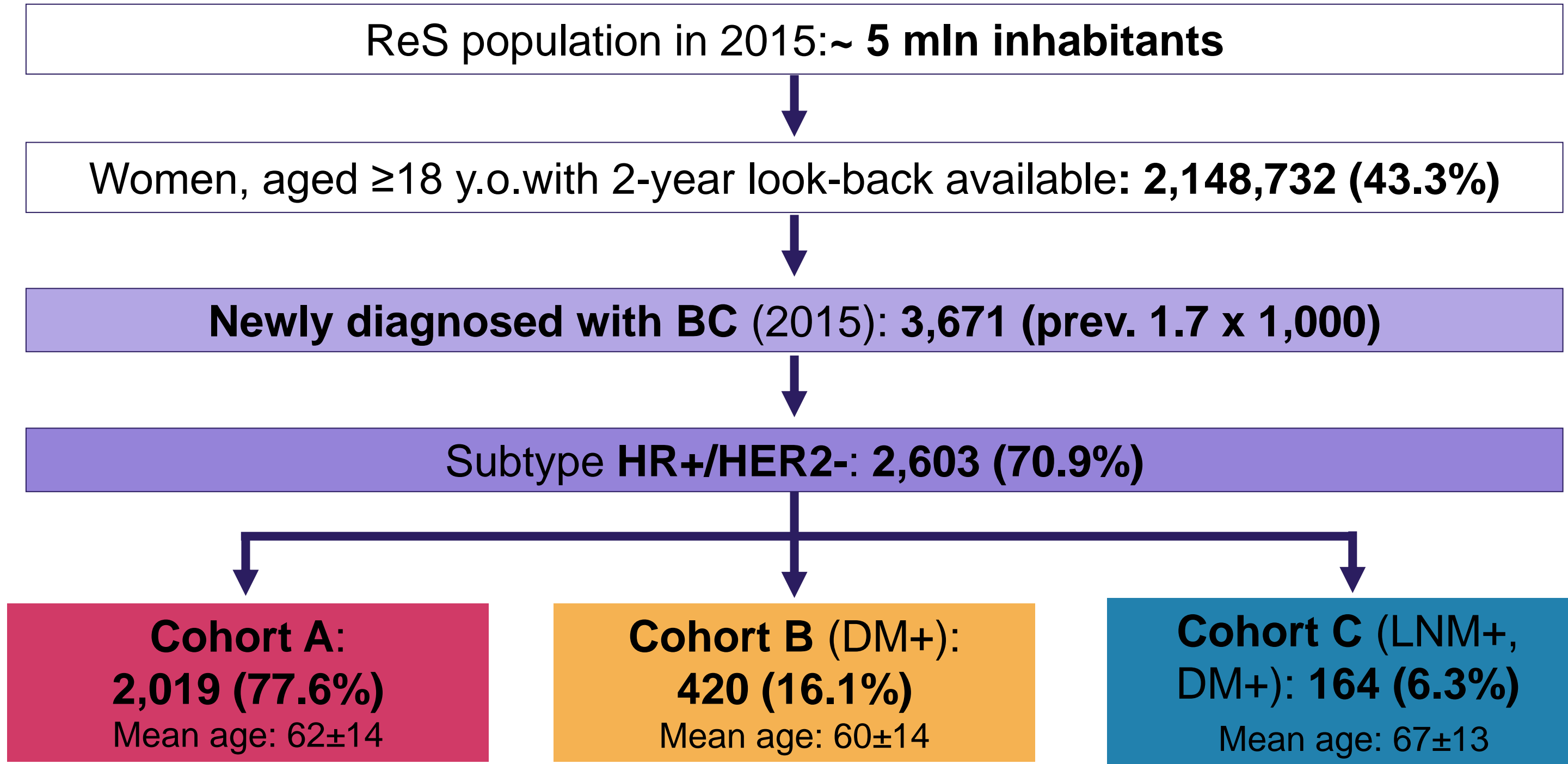
Survival analysis	Cohort A (n=2,019)	Cohort B (n=420)	Cohort C (n=164)	p-value
	% patients; median survival time [months (95%CI)]			
OS	89.1; NA	88.5; NA	28.1; 29.0 (22.3-37.2)	<0.0001
DRFS	86.5; NA	85.6; NA	NA; NA	0.7
IDFS	82.3; NA	79.0; NA	17.1; 19.0 (15.4-24.2)	<0.0001

NA: not available

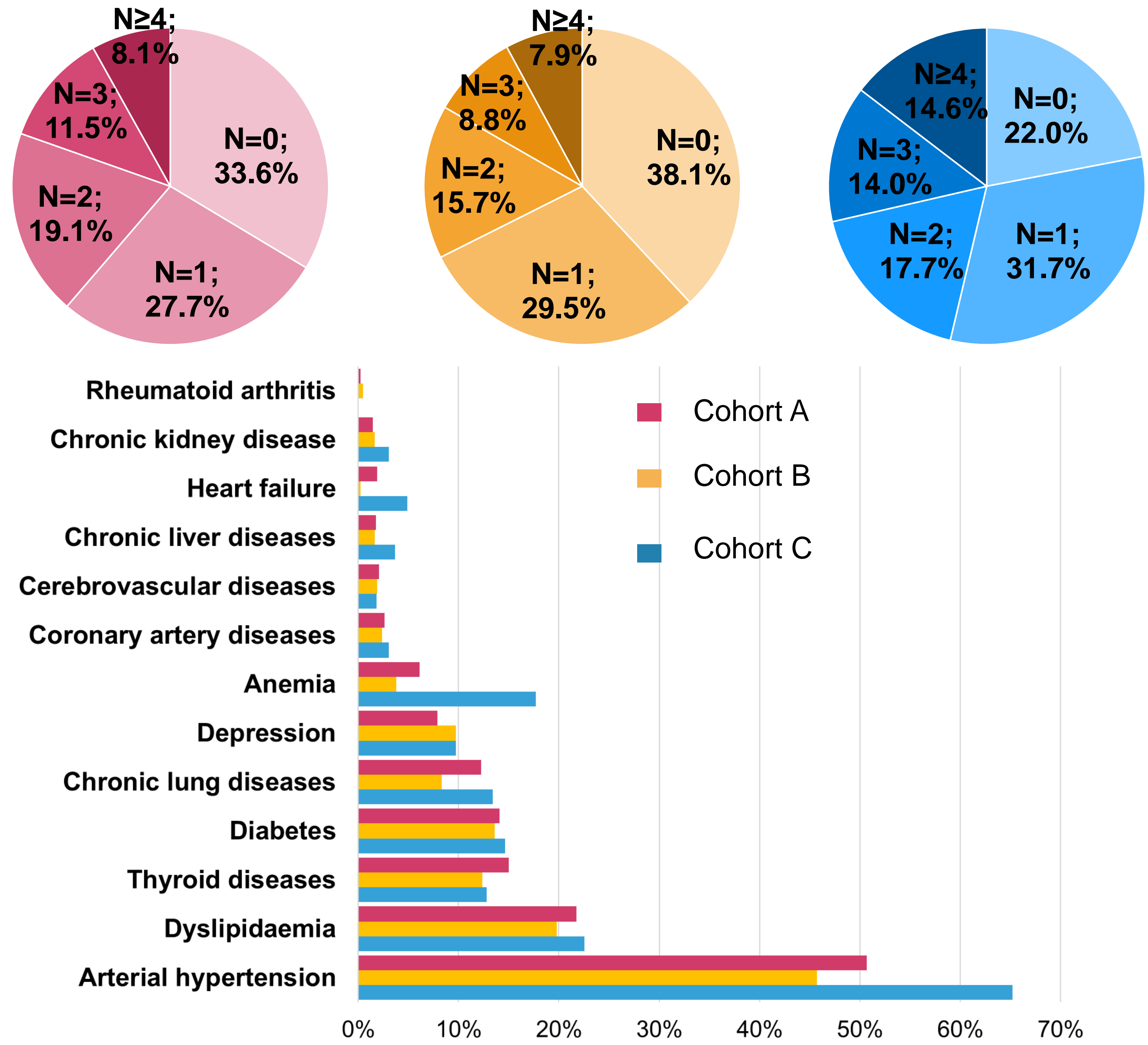
Healthcare annual direct costs charged to the SSN (mean per patient, €)



RESULTS



% patients with comorbidities of interest during 2-year lookback period



FOCUS: 1-year surgery within Cohort B

Surgery analysis	Conservative/demolitive surgery	Lymph node dissection
Hospitalized patients (n; n/N %)	407; 96.9	170; 40.5
Mean n° of hospitalizations per patient	1.1	1.0
Mean length of stay (days)	4.9	4.9
Mean cost per patient (€)	3,222	1,424

CONCLUSIONS Through Italian administrative healthcare data, HR+/HER2- BC women, diagnosed at advanced stages, are older and have many comorbidities. Patients with DM had a greater impact on the SSN, as resource consumptions and direct costs, compared to women with primary BC or LNM.

Conflict of interest: Dell'Anno I is an employee of Fondazione ReS
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