Endometrial Cancer Care in Colombia: A Cost-of-Illness Study Based on Administrative Claims Databases

In a 5-year period after diagnosis, mean cost per patient was 9,032 international dollars, with a 95% confidence interval of 8,216 to 9,391

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Supplemental data
SCAN ME

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Introduction

Cost data for endometrial cancer (EC) from low- and middle-income countries are limited

We describe healthcare costs borne by the health system and incurred by patients with EC affiliated with the contributory regime in Colombia (see Background for further information)

Population

Adult women with

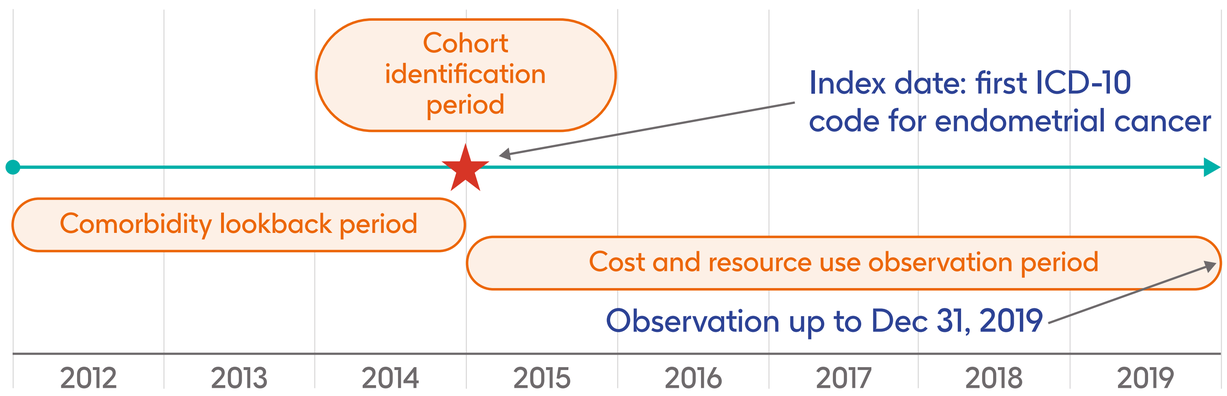
- Continuous healthcare affiliation from Jan 2014 to Dec 2019
- At least two months of EC-related (C54) ICD-10 codes
- One or more EC-related procedure(s)

and without

- Any cancer-related ICD-10 codes in 2012 and 2013
- More than four months of other cancer-related ICD-10 codes
- Pregnancy-related codes during the observation period

Methods

Figure 1: **Study schematic**



Main data source: Ministry of Health's sufficiency of the capitation unit database, which includes frequency of healthcare resource use and actual direct costs of treatment

An algorithm was designed to identify the patients and calibrated to approximate the EC incidence rate estimated by GLOBOCAN[1]

Costs were adjusted using Kaplan–Meier overall survival sample-average estimators with monthly intervals and expressed in 2019 international dollars

Variables associated with higher costs of care were identified using a generalized linear model with a squared-root link function and a Poisson distribution

Results

Age: 59.4 years
SD = 12.5
Range 20 to 95 years

Figure 2: **Charlson Comorbidity Index**

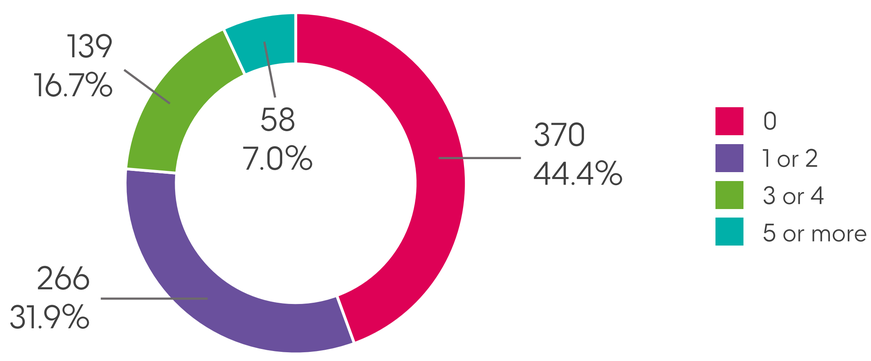
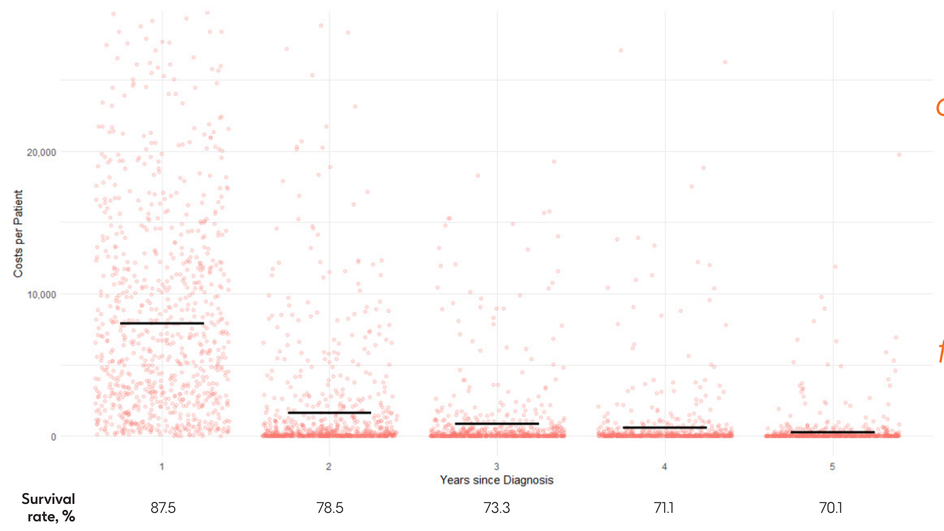


Figure 3: **Direct costs of delivering health services in patients with endometrial cancer by year since diagnosis**

Survival-adjusted costs expressed in 2019 international dollars
The dots represent the raw data, and the horizontal lines represent survival-adjusted medians per year since diagnosis



An older age at diagnosis, a higher comorbidity burden, a longer follow-up time before death, and a higher proportion of services paid under fee were associated with increased healthcare costs (see supplement)

Background

- Colombia has two main healthcare regimes: contributory (financed by employers and employees) and subsidized
- For both regimes, funds are gathered by the government and distributed among the insurers based on the size, risk profile, and resource use of its affiliated population
- The database is used by the Ministry of Health to assess the sufficiency of the capitation unit for the contributory regime
- The system covers all medical visits, hospitalizations, and procedures, as well as the medications listed in the national formulary

Conclusions

EC is associated with substantial healthcare costs in the population affiliated with the contributory regime in Colombia

The majority of the cost is spent during the first year

Besides clinical and demographic characteristics, how providers are paid remains a strong predictor of healthcare costs in EC

Abbreviations

EC, endometrial cancer;
SD, standard deviation

References

1. GLOBOCAN. Cancer over time: age-specific incidence rates for corpus uteri cancer in Colombia, 2012. Data version 1.0.

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