

ESTIMATE OF THE IMPACT AND COSTS OF CHOLANGIOCARCINOMA FROM A PRIVATE HEALTH PLAN IN BRAZIL: REAL WORLD SCENARIO STUDY

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BACKGROUND

Cholangiocarcinoma (CCA) is an aggressive rare cancer that originates in the bile ducts, asymptomatic in its early stages, typically diagnosed in older adults (>65 years) and is usually advanced at the time of diagnosis being associated with considerable morbidity and mortality. Cholangiocarcinoma is the second most common primary liver tumors, accounting for approximately 10% to 15% of all hepatobiliary neoplasms and is often locally invasive or metastatic by the time it is detected. Certain preexisting conditions and diseases can increase the risk of developing cholangiocarcinoma.

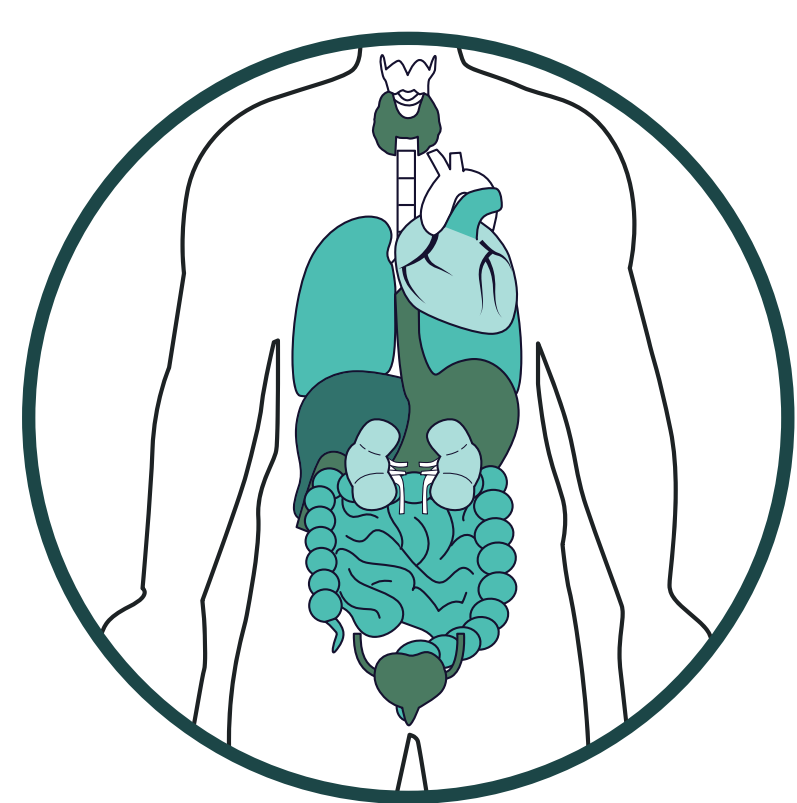
OBJECTIVES

The incidence of CCA has been rising, possibly due to improved diagnostic and classification techniques. In Brazil, there are a few publications about costs related to CCA. The aim of this study was to evaluate the trends in the prevalence and costs rates of cholangiocarcinoma in a private health plan.

METHODS

Retrospective database study using administrative data from January/2019—December/2023. Adults with malignant neoplasms of the digestive organs (ICD-10 C15-C26) and cholangiocarcinoma diagnoses (ICD-10 C22.1, or C24) were identified.

From January/2019 to December/2023



Adults with
Malignant neoplasms of the digestive organs
(ICD-10 C15-C26)
and
Cholangiocarcinoma
(ICD-10 C22.1, or C24)

Available data including demographics, comorbidities, HCRU, and costs (assessed from the payer's perspective) reported for the year and also includes inpatient/outpatient visits, surgery, emergency department, tests, and all coordination of benefits. Chi-square and Fisher's exact and Student's T-tests for categorical/continuous measures were used. Kaplan–Meier curves were used to estimate the cumulative survival rates. Statistical significance for $p < 0.05$.

CONCLUSIONS

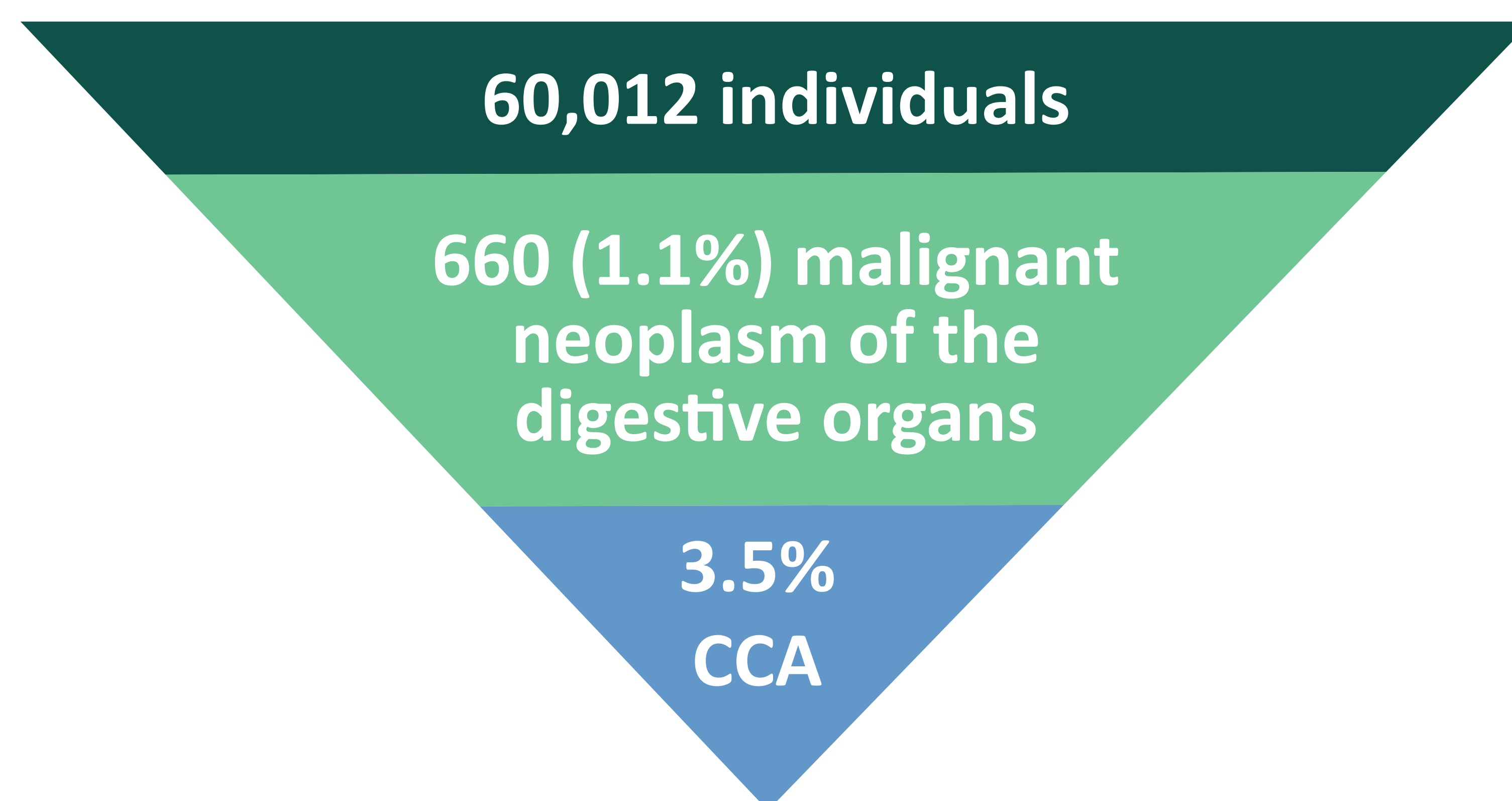
Cholangiocarcinoma accounts for approximately 3% of all gastrointestinal cancers and is more likely in elderly patients. Surgery represents the only chance for curative-intent treatment, but recurrence rates remain high. CCA shows a high economic burden in the last years and high rate of mortality. Ongoing studies focused on molecular profiling, described different CCA subtypes and this should represent the background for clinical trials addressing targeted therapies against specific CCA subgroups that could change the CCA treatment options and offers better outcomes in future. Global efforts are currently focused on the development of novel more effective therapies. Our study supports the importance of prioritizing treatment decisions to ensure the most effective treatment option for patients.

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RESULTS

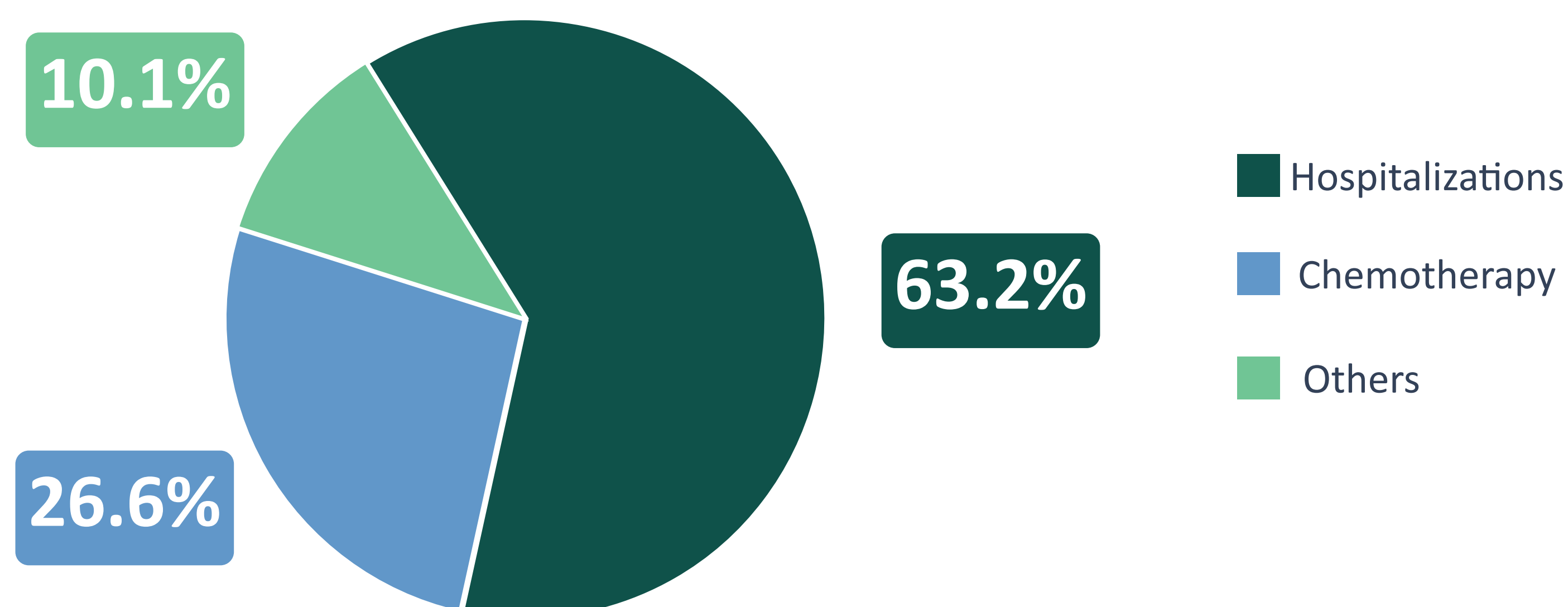
Of 60,012 beneficiaries, 660 patients (1.1%) had malignant neoplasms of the digestive organs. From this total 3.5% had cholangiocarcinoma (74.6 ± 11.9 years; 73.9% female).



From the data, the annual rates of procedures were: 5.6 for visits, 2.4 for emergency room visits, 102.4 for tests, 7.7 for therapies, and 1.6 for hospitalizations. The average length of hospitalization was 12.3 days.

Of the total healthcare expenses, 63.2% are due to hospitalizations, 26.6% to chemotherapy treatments and the remainder to other expenses (Figure 1).

Figure 1 - Annualized healthcare costs associated with the CCA



The cumulative 5-year survival rates in the cohort were 30.4%. During the study period, 43.5% of patients underwent chemotherapy and the average annual cost per patient treated increased five times in 5 years ($p < 0.001$).