Background

Across Europe, the clinical and economic burden of non-small cell lung cancer (NSCLC) is high. Approximately 29% of cancer mortality in European men and women is due to lung cancer; the most common lung cancer type is non-small cell lung cancer (NSCLC) which accounts for approximately 85% of all lung cancer diagnoses [1].

Aims

The study aimed to describe the real-world treatment and, as well as social and economic burden of NSCLC in Europe.

The leading causes of non-small cell lung cancer (NSCLC) are smoking-related, and smoking is an important risk factor for the development of NSCLC. Smoking effects on lung cancer are usually classified as ever smokers and 39.8% were current smokers. The median age at diagnosis was 65 years (60-70), patients 35 years and 85 years were current smokers.

Methods

Patients diagnosed with NSCLC (Stage IIIB) who were treated by pathology-oriented oncologists between 01/2010 - 06/2012, who received second-line (2L) treatment, excluding clinical trial patients, were sampled with stratified probability sampling from 163 oncology/surgical pathology practices (250 hospital-based in France, Germany, Italy, Spain).

Medical charts were retrospectively reviewed for patient demographic and smoking status and medical history of NSCLC-related HICs from diagnosis through death in most recent hospital admission (abstracted from January through May 2014).

Country-specific costs were obtained from national price indexes and published literature, inflated to 2014 prices.

Average lifetime costs were calculated using Kaplan-Meier-based weights to adjust for incomplete follow-up among those patients who were alive at last date of follow-up.

Results

Patient and Disease Characteristics

Of 43 patients (non-squamous, n = 43), 34% of patients were < 65 years old, 57% of patients were ever smokers and 39.8% were current smokers.

In general, patient characteristics were similar across the countries with the exception of a significantly, greater smoking history, alcohol abuse dependency history, performance status at baseline (Table 1).

Conclusions

In general, patient characteristics were similar across the countries with the exception of a significantly, greater smoking history, alcohol abuse dependency history, performance status at baseline (Table 1).

Results, cont.

The main results are shown in the Table 3. In general, costs were driven by drug treatment costs; total mean costs were lower for patients with squamous cell cancer. The most common lung cancer type is non-small cell lung cancer (NSCLC) which accounts for approximately 85% of all lung cancer diagnoses [1].

Conclusions

In general, patient characteristics were similar across the countries with the exception of a significantly, greater smoking history, alcohol abuse dependency history, performance status at baseline (Table 1).

References

34. Roche. http://www.roche.com
41. References provided in Table 3.