

PROMISE: Economic burden of prostate cancer, overall and by stages, based on the French real-world nationwide medico-administrative database (SNDS)

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Key messages

This study provides an estimation of the economic burden for patients with prostate cancer in France per stages, overall and per type of costs.

The mean total cost during the first year of follow-up was €29,440.8 in advanced stages versus €25,890.3 in early stages; and tend to drop over the years of follow-up for each stages.

For all stages, most costs were related to hospitalizations. It was followed by medications reimbursed outside the hospital for advanced stages and by medical procedures for early stages.

Conclusion

Whereas higher reimbursed costs were observed during the first year of follow-up for HR-LPC, they significantly dropped during the follow-up showing a strong interest in improving oncological outcomes for patients with a higher risk of progression.

These results seem coherent with data published by the French health insurance showing average monthly expenses related to hospitalisations from 914k€ in 2015 up to 1069€ in 2019⁴.

Background

Prostate cancer is an important disease in terms of economic implications due to the increase of incidence and health-care costs.

Objective

The goal of this real-life study was to provide estimation of the economic burden of patients managed for prostate cancer in France, overall and by stages.

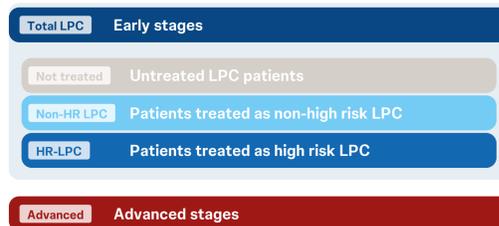
Study methodology

Study design

This observational nationwide cohort study includes all patients with prostate cancer identified between 2015 and 2019 in the French National health database (SNDS). Patients were identified thanks to specific ICD-10 codes (C61) linked to hospitalization or specific treatments, including prostatectomies and other pre-defined therapies.

Stages classification

This poster focuses on patients with localized (LPC) stages including LPC treated as high-risk (HR-LPC), LPC treated as non-HR (non-HR LPC), LPC untreated (LPC NT), and patients in advanced stages. The algorithm used to classify patients according to the disease stage was developed with the scientific committee. After exclusion of patients in advanced stages¹, identification of early stages was based on treatment received and their modalities^{2,3}.



Analyses

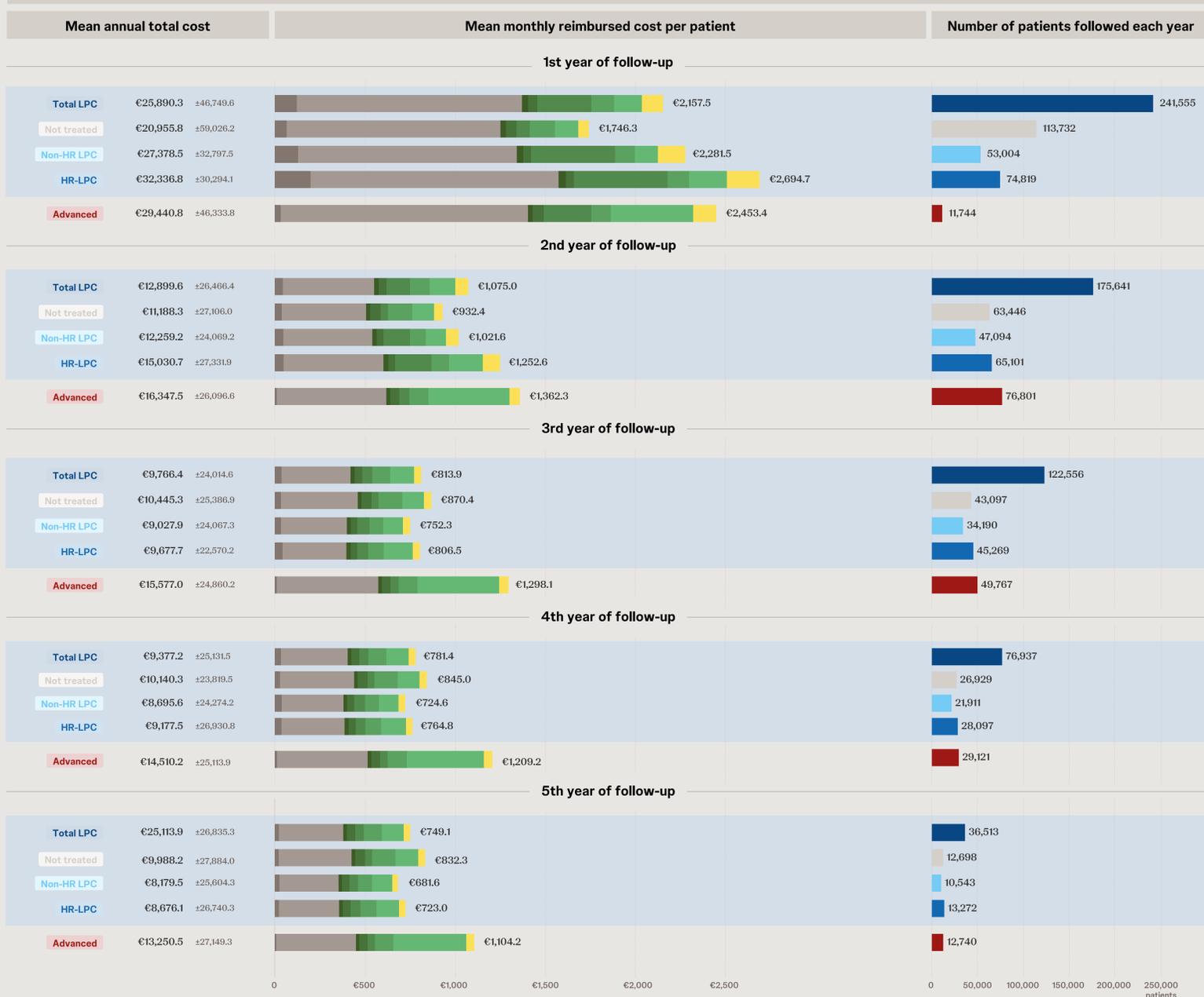
Reimbursed costs for each year of follow-up were estimated from the perspective of the French National Health Insurance, overall and by main type of costs for incident patients during the follow-up. Costs were actualized for the year of reference 2022.

Type of cost

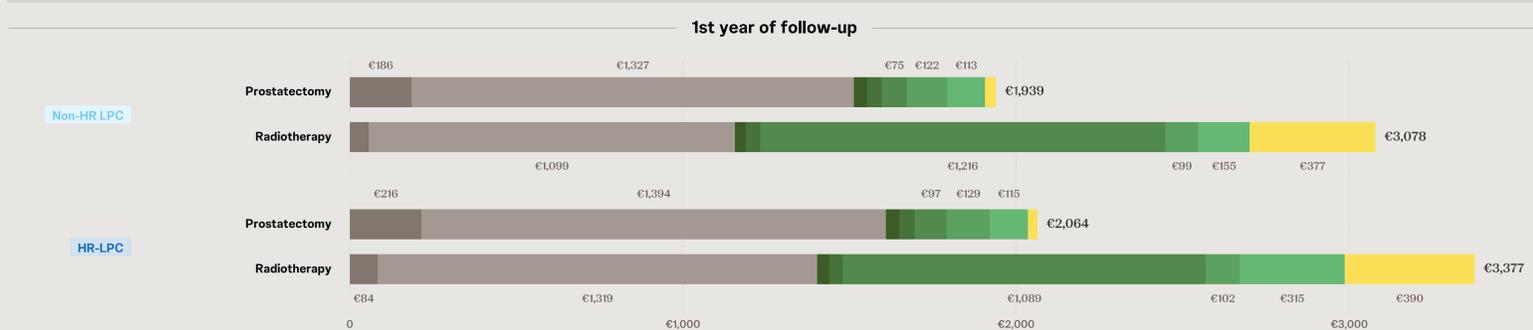
- Disability and sick leaves
- MCO, home hospitalizations and external activity (ACE)
- Outpatient laboratory tests
- Outpatient medical devices
- Outpatient medical procedures
- Outpatient consultations and paramedical acts
- Outpatient drugs and retrocession
- Transport

Results

Reimbursed costs per stage and per years of follow-up since initiation of the stage



Mean monthly reimbursed cost per patient depending on treatment received prostatectomy vs radiotherapy



Ref

- PROMISE: Identification des cancers avancés de la prostate en France à partir de la base médico-administrative du SNDS. DSVR AFCROs 2023. <https://static.hevaweb.com/web/PDF/7b26b767a2946-a0-v-vf-web.pdf>
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- AMELIA. Data pathologies. https://data.ameli.fr/pages/pathologies/?refine.patho_niv1=Cancers&refine.patho_niv2=Cancer%20de%20la%20prostate

Prostate Cancer



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Regulatory framework

SNDS study authorised by the CESREES on 18/03/2021 (TPS3648332) and by the CNIL on 06/04/2021. (DR-2021-097) - CNAM agreement signed on 09/06/2022.

Abbreviations

BCR: Biochemical recurrence
LPC: Localized Prostate Cancer
HR-LPC: patients treated as high risk LPC
HIFU: High Intensity Focussed Ultrasounds
NT-LPC: untreated LPC patients
PCA: Prostate cancer
SNDS: French National Health Data System