Cost Analysis Comparing an Anthracycline/Docetaxel Regimen to CMF in Patients with Early Stage Breast Cancer

Abstract:
Background: Taxane-based adjuvant chemotherapy is the current standard for node-positive breast cancer patients. Recent data identified relevant patient subgroups with questionable benefit. To estimate the incremental burden on health care resources and costs, we compared a modern sequential regimen (4×epirubicin/cyclophosphamide; 4×docetaxel: EC→DOC) to CMF.

Patients and Methods: Data were obtained alongside the phase III WSG-AGO Intergroup trial (2000–2005). A cohort of 110 patients receiving 1,047 chemotherapy cycle days at 38 study sites was analyzed from a hospital perspective. Results: Mean age was 52.4 years. Mean costs for the EC→DOC group (n = 54) totaled €8,459 per patient (95% confidence interval (CI): €7,785–9,132) with cytostatic drug costs being the largest burden (€5,673; 67%). CMF was significantly (~41.2%) less expensive (€4,973; 95% CI: €4,706–5,240), and toxicity-associated rehospitalization was reduced by half (CMF: n = 4, EC→DOC:n =8). Conclusions: Our results demonstrate a substantial budget increase attributable to introduction of taxanes to adjuvant chemotherapy of breast cancer. Data will allow estimating cost-effectiveness of individualized chemotherapy strategies.

Stichworte:
Adjuvant chemotherapy; Cost analysis; Docetaxel; Health resources; Breast neoplasm

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