

P208 BUDGET IMPACT ANALYSIS OF THE ONCOTYPE DX[®] BREAST CANCER TEST IN FRANCE

Poster Abstracts II

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Goals: The Oncotype DX[®] assay is a diagnostic test that quantifies the likelihood of disease recurrence and likely benefit from adjuvant chemotherapy in women with ER+, HER2?, pN0 early stage invasive breast cancer. The cost-effectiveness of this test is well established in multiple countries (Pronzato et al., 2011) including France (Vataire et al., 2012) but its budget impact is not as widely documented. However, budget impact analyses are extremely useful for healthcare payers to inform funding of healthcare technologies. This study objective was to estimate the likely budget impact associated with the introduction of the assay in French clinical practice.

Methods: An excel model was built to estimate the impact on the social security budget if the Oncotype DX[®] test was to be reimbursed in the eligible patient population (early stage ER+, HER2?, pN0 breast cancer patients) in the first year. Epidemiological data were collected from French national statistics. Assumption on the real-life use of the assay was adapted from a study of clinical patterns in the US (Hassett et al., 2012). Data describing the impact of using the Oncotype DX[®] test on chemotherapy decisions were collected from the French decision impact study (Gligorov et al., 2012). Chemotherapy cost data were collected from a French cost study (Laas et al., 2012). The list price of the Oncotype DX[®] test was used for the calculation. One-way sensitivity analyses were conducted on all parameters.

Results: In 2011, 53,000 new patients were diagnosed with breast cancer in France. It is estimated that without the Oncotype DX[®] test, 52% of those patients would be likely to receive chemotherapy leading to a total cost over €143 million. If the Oncotype DX[®] were to be reimbursed in France, 10,128 patients would be likely to benefit from it in clinical practice. The model estimates that over €44 Million could be saved by avoiding un-necessary chemotherapy. When taking into account the cost of the test, it is estimated that the social security could save over €12 million (€1202 per patient tested) with the Oncotype DX[®] test. Sensitivity analyses showed that the budget impact results were most sensitive to the proportion of women receiving chemotherapy before and after the Oncotype DX[®] test and to the cost of chemotherapy.

Conclusion: If the Oncotype DX[®] test was to be reimbursed in France, it is estimated that a significant chemotherapy budget could be saved by the social security.No significant relationships.