

Use of imatinib in GIST and CML: comparison of expenditure between National Cancer Institute of Milan and national expenditure



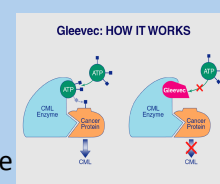
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Introduction

Imatinib (Gleevec ©) is an inhibitor of protein kinase initially registered in Italy as an orphan drug for the treatment of chronic myeloid leukemia (CML) and stromal tumors of the gastrointestinal tumors (GIST) : its use in clinical practice began in 2004 with a packing cost to the public of € 3,313.47 (€ 2,007.67 ex -factory). The dosage varies between 400 mg/day up to 800 mg/day and is a chronic therapy that must be carry on until progression disease (PD) or until side effects appearance: the aim of this work is to understand the impact of spending of imatinib in the National Cancer Institute of Milan (INT) compared with consumption in Italy.



Materials and Methods

To assess the impact of spending, we were consulted the national reports on the use of drugs in Italy (OsMed) published by the AIFA and has been requested a report on consumption, extracted from the flow of File F for active drug, by number of treated patients and by department (SC Hematology and SC Sarcomas), in order to proceed to the comparison .

Results

Analysis of the data reveals that, in the course of 5 years (2008-2012) the expenditure at the national level has gone from € 144,700,000.00 to € 122,478,260.00 (period Jan-Sept 2012), touching the peak of € 173,300,000.00 in 2011, in INT was € 2,419,605.20 in 2008 to become € 2,881,185.45 in 2012, reaching nearly 3 million euro in 2011. The decrease in the years 2011/2012 is considered to be linked to two factors :

- 1) some patients showed resistance to the treatment, so they switched to use a second line therapy with sunitinib;
- 2) some local health authorities have intervened in the supply of the drug to their patients.

Drug	Number of Patients	Expenditure (€)
Imatinib	120	2,881,185.45
Sunitinib	80	1,500,000.00
Other drugs	500	500,000.00



Conclusions

In the period under consideration, the expenditure of the INT was about 6% of the entire national expenditure, about 11.6 % of the expenditure of the BPE: according to the latest epidemiological data, it is expected a slight increase in new diagnoses with a consequential increase in spending both nationally and in individual structures. Will NHS manage to ensure the continuity of care for life, with an average cost for each therapy of about € 80/day? It's necessary to wait for 2016 for the generic drug or we have to turn to the Indian market, where the average cost in about € 9/day, for a change?

