

P306. Treating patients with vulvar and vaginal atrophy and a history of breast cancer could substantially reduce the Italian NHS resource use

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Context: Vulvar and vaginal atrophy (VVA) is a condition that frequently affects postmenopausal women, especially those with a history of breast cancer (BC). The decline in oestrogen production results in atrophy of the urogenital tissues leading to vulvar and vaginal symptoms like vaginal dryness, dyspareunia, vulvar and vaginal itching and irritation and urological symptoms like frequency, urgency to incontinence, and recurrent urinary tract infections. As oestrogens are contraindicated in women with a history of BC, apart from lubricants and moisturisers, there is no other treatment option than Ospemifene (Senshio®).

Objective: To estimate the monetary burden associated to VVA patients with a history of BC from an Italian perspective.

Methods: A budget impact model was developed using information from an Italian Delphi panel, input from a U.S. claims database (TruvenHealth), and costing from Italian sources. The Delphi panel estimated that the findings from the TruvenHealth database were applicable to the Italian settings. Furthermore, the Panel converged in estimating the likely medical resource use for these patients, and this output is used in this study.

In Italy alone, the prevalence of women with a history of BC who have completed (adjuvant) treatment is around 380.000; after adjusting for age, VVA symptom incidence, and those seeking help, an estimated 75,000 patients are expected to seek appropriate treatment. The current economic analysis is estimating the NHS resource use associated to 50% of these patients.

Results: In the base case analysis, it is predicted that the monetary NHS burden associated to the specified VVA and history of BC population is ranging from 5,200,000 to 7,100,000 euros per year. Two scenarios show that the NHS could offset a significant proportion of this resource use burden should healthcare practitioners able to treat these patients. In all analyses, the Italian NHS is benefiting from a waning VVA burden.

Conclusion: There is a large unmet medical need for patients with VVA and a history of BC. Currently these patients are using significant resources of the Italian NHS that could potentially be used elsewhere if medical treatment, such as Ospemifene, was made available for this condition. From an economic perspective, the Italian NHS would benefit from taking care of this patient population.