

Cancer cost profile by phase of care in cancer registry



TYPE Guidance for implementation **LAST** January 2022 **EU COUNTRIES** • NATIONAL
STATUS Fully implemented in Italy, piloted in other EU countries **UPDATE** Cancer registry • Cancer control

PROBLEM & OBJECTIVE

PROBLEM The sustainability of cancer control is a challenge for governments, and is increasingly central in policy makers' debate. Measuring economic burden associated with cancer and identifying effective policies for minimizing its impact are key issues.

OBJECTIVE This guidance aims at presenting the feasibility to extend the model of cost analysis developed in the EPICOST Italian study in other EU countries, integrating data from Cancer Registries and administrative data sources (References 1 and 2).

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KEY COMPONENTS / STEPS

Formal steps:

- Ethical Committee.
- GDPR application procedure.

Operational steps:

- Recognition of health data sources containing costs information.
- Adherence to study protocol.
- Deterministic record linkage among the data sources.
- Adaptation of calculating algorithms to the country specific data.
- Data sharing or carrying out analyses by country's referent.
- Discussion of results with clinicians and health care planners.

KEY CONTEXTUAL FACTORS

- The approach proposed allows to estimate the amount of resources allocated to people living with cancer diagnosis in three phases of care reflecting clinical patterns: initial (diagnostic and treatment), monitoring (long-term follow-up) and final phase (3,4). It has been successfully implemented in Italy and is replicable in countries/regions where population-based cancer registry data are available and linkable at individual level with data on costs of care.

The implementation faces major challenges:

- Variability in population coverage of data sources and their temporal extension and consistency.
- Variability of health systems impact on the data collection.
- Heterogeneity of classification systems and cost definitions.
- Legal issues when accessing data.

MAIN IMPACTS / ADDED VALUE

- Cost indicators represent a key information for policy makers in order to better allocate resources needed for cancer care. The approach proposed here allows to estimate the distribution of health care budget according to different health care service components, phase of care and patients' characteristics that are proved to be cost drivers, i.e. stage at diagnosis and age (3), by using information at individual level (micro-data).
- Attempts to adapt the Epicost approach have been implemented in Belgium, Norway, Poland, Croatia, Spain: in the latter two countries the adjustment was unsuccessful, as data on individual costs were not available. In the first three implementation is ongoing.

LESSONS LEARNED

Availability of cancer registries and other health databases collecting data on individual basis is a prerequisite.

- Clear legal framework and procedures to access health data are essential.
- Willingness of data providers as well as competent authority is critical.

REFERENCES & DOCUMENTATION

- The EPICOST Project
- Study protocol Task 3 WP7
- Gigli, et al. The Economic Impact of Rectal Cancer: A Population-Based Study in Italy. *Int. J. Environ. Res. Public Health*, 2021
- Busco, et al. A direct method for the identification of patterns of care using administrative databases: the case of breast cancer. *Eur. J. Health. Econ.*, 2021

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