Economic Burden of Illness of Gastrointestinal Neuroendocrine Tumors (NET)

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RESULTS

Demographic and Clinical Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>All Patients</th>
<th>No. of chronic conditions</th>
<th>Mean (SD)</th>
<th>Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>52.7 (9.1)</td>
<td>59.5</td>
<td>57 (11)</td>
<td>51 (9)</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>43.1%</td>
<td>725 (36.6)</td>
<td>51 (9)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>56.9%</td>
<td>748 (33.4)</td>
<td>51 (9)</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td>White</td>
<td>67.0%</td>
<td>943 (47.0)</td>
<td>51 (9)</td>
</tr>
<tr>
<td>Region, n (%)</td>
<td>Northeast</td>
<td>39.0%</td>
<td>253 (12.7)</td>
<td>51 (9)</td>
</tr>
<tr>
<td></td>
<td>Midwest</td>
<td>29.0%</td>
<td>195 (9.8)</td>
<td>51 (9)</td>
</tr>
<tr>
<td></td>
<td>South</td>
<td>30.0%</td>
<td>151 (7.6)</td>
<td>51 (9)</td>
</tr>
<tr>
<td></td>
<td>West</td>
<td>12.0%</td>
<td>32 (1.6)</td>
<td>51 (9)</td>
</tr>
<tr>
<td>Charlson comorbidity index, n (%)</td>
<td>0</td>
<td>766 (38.8)</td>
<td>51 (9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1+</td>
<td>769 (38.9)</td>
<td>51 (9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 2</td>
<td>423 (21.3)</td>
<td>51 (9)</td>
<td></td>
</tr>
<tr>
<td>Mean (SD) length of stay</td>
<td>10.7 (17.4) days</td>
<td>10.7 (17.4)</td>
<td>10.7 (17.4)</td>
<td></td>
</tr>
</tbody>
</table>

Costs were calculated based on patients with GI NET diagnosis codes for disease-related complications among hospitalized patients for any cause. Costs may reflect costs of claims with GI NET as the primary diagnosis code and do not include any claims with diagnosis codes for disease-related complications; costs include inpatient and outpatient pharmacy and include diagnostic and treatment procedures.

CONCLUSIONS

Resource use and costs for treatment of malignant GI NET patients with NET specific costs were $70,179, compared with $18,168, a difference of $52,011.

Methodology

Demographic and clinical characteristics were calculated based on patients with GI NET diagnosis codes for disease-related complications among hospitalized patients for any cause. Costs included inpatient and outpatient pharmacy and diagnostic and treatment procedures. Costs were calculated based on patients with GI NET diagnosis codes for disease-related complications among hospitalized patients for any cause.

LIMITATIONS

- GI NET-specific health care utilization and costs are likely to be significantly underestimated as they exclude hospitalizations with a primary diagnosis of disease-related complications (e.g., bowel obstruction as the primary diagnosis).
- Results only reflect patients with commercial insurance and do not include those with Medicaid, Medicare, or uninsured individuals. Results may not be nationally representative.
- Costs were calculated based on patients with GI NET diagnosis codes in years 2009 and 2010. Possible patients were newly diagnosed during the year, the costs calculated here may be an underestimate.
- GI NET patients were identified using ICD-9-CM codes; neither pathologic diagnosis nor staging is represented in this administrative database.

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