Introduction

Due to changes in cancer-related risk factors, improvements in diagnostic procedures and treatments, and the ageing of the population in most developed countries, cancer accounts for an increasing proportion of healthcare expenditures. Measuring the burden of disease is of great interest to public health researchers and policy makers. The objective of this study is: (1) to reconstruct the cancer pathway, which is subdivided into three phases according to the disease and cost-related dynamics: initial (1 year after diagnosis), continuing (time between initial and final) and final (1 year before death), (2) to estimate the related cost subdivided into phases of care.

Methods

The costs of direct attributable to cancer are reconstructed, using hospital discharge cards and DRG codes, in a cohort of colorectal cancer cases diagnosed in two areas covered by cancer registries in Italy in years 2000–2001 and followed-up to end of 2006; cancer survivors at end of 2005 in the two areas are decomposed into the three phases of care; and are multiplied by the corresponding cost profiles, to obtain an estimate of the in-hospital cost of care subdivided into phases of care.

Results

Cost distribution curve follows a U-shape: higher initial and final cost and lower cost in the continuing phase. There is a trend by age and stage at diagnosis.

Conclusion

Data confirm the connection between stage at diagnosis, profile of therapies and related cost. Results show that primary prevention and early detection of cancer are extremely important in a public health perspective.