ognized the added benefit claim in 2 cases only. In an additional 2 cases no clear scoring was provided for the QOL outcome and in the remaining 11 cases no additional benefit was acknowledged. The main reasons were missing statistical significance of results or the submitted QOL data were regarded as not usable. **CONCLUSIONS:** In a majority of value dossiers companies included QOL data and also most often claimed an added benefit in QOL. However, the assessors have accepted this added value in exceptional cases only. In order to get an added value recognized showing both statistical and clinical significance of results is required.

PCN173
FEASIBILITY OF A SURVEY ON THE WILLINGNESS-TO-PAY FOR COLORECTAL CANCER SCREENING USING SOCIAL NETWORKS
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OBJECTIVES: To investigate the feasibility of a online survey using social media (facebook) to estimate the willingness to pay (WTP) for a new diagnostic blood test to determine the risk of colorectal cancer. According to the approval documents of the manufacturer the new biomarker test shows a better performance, better handling and improved compliance of patients and physicians compared to standard fecal occult blood tests (FOBT). **METHODS:** A standardized questionnaire was accompanied by background information on colorectal cancer and alternative screening approaches. WTP was asked for in categories (e.g. <100 or >100 EUR) and maximum values. Other parameters such as age, sex, insurance status, income, family history of cancer and risk factors were determined in categories. The survey ran for 14 days in November 2012 and was started via 6 facebook accounts with the possibility of further distribution. **RESULTS:** Overall 123 completed questionnaires were submitted anonymously. The average age was 24,2 years and in 94% the monthly income was below 1500 EUR due to their student status. 68% of the participants had cases of cancer in the family and 36% knew about the colorectal cancer. The most important quality aspects of screening tests for were accuracy (69%), handling (14%), price (11%) and the time to result (6%). 24% stated that their WTP is lower than 100EUR and the mean WTP for S9 was 271EUR. Higher income, family history of colorectal cancer and private insurance status were positively correlated with a higher WTP. **CONCLUSIONS:** WTP and patient preference studies via social networks such as facebook are feasible, easy to perform and reveal plausible results. Advantages of online surveys in social networks are that the results are gained voluntarily and anonymously avoiding interviewer bias. Disadvantages obviously lie in a selection of young and healthy populations.

CANCER – Health Care Use & Policy Studies

PCN174
CANCER PATIENTS MAY HAVE A DIFFERENT POINT OF VIEW ON ONCOLOGY DRUG COVERAGE DECISIONS THAN NON-PATIENTS
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OBJECTIVES: Recently a major cancer center in the United States decided not to offer treatment using a newly launched oncology drug citing comparative effectiveness and cost as reasons. This study looked at health care consumer opinions about the decision to restrict treatment options based on outcomes and price. **METHODS:** The nationally representative Truven Health PULSE Healthcare Survey gathered responses from 2,615 US households via landline telephone, cell phone or Internet. Respondents were asked their opinion regarding a decision by providers not to offer a new cancer treatment because it demonstrated the same benefit as an existing drug with the same side effects, but its cost was higher. Demographic data were gathered and respondents were asked if they are being/have been treated for cancer, and if a friend, family member or loved one is being/has been treated for cancer. **RESULTS:** Overall, 40.5% of respondents agreed with the decision; 37.5% disagreed. Agreement with the decision varied with the respondents' exposure to cancer. Those who had a family member, friend or loved one with cancer were least likely to agree (36%), while those who not only had a family member, friend or loved one with cancer, but also had cancer themselves were the most likely to agree (50.8%). Respondents who had cancer themselves with no family member, friend or loved one with cancer or had no experience with cancer were equally likely to agree with the decision (44%) (P<0.0001). **CONCLUSIONS:** Findings suggest that fear and experience may play roles in consumers' opinions regarding restrictions on cancer medications. Individuals who have experienced cancer may place more value on outcomes, side effects, and/or out-of-pocket costs than those with no personal experience or may have more realistic expectations for treatment. Additional research is warranted to better understand the drivers of consumer opinion regarding cancer treatment coverage decisions.

PCN175
ADDITIONAL INVESTMENTS, ADDED VALUE, REAL WORLD EVIDENCE AND ADDITIONAL CLINICAL BENEFIT IN THE CONTEXT OF SUBGROUPS OF SPECIAL INTEREST
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OBJECTIVES: Definition of target profiles for new compounds and lifecycle planning lead to clinical studies in the context of a clinical trial program. Currently subgroups of special interest such as elderly, pediatrics or females/males are normally not separately included in these research programmes, most of the time not even stratified for. The objective of this research is to analyze the inclusion of patient-relevant endpoints in special patient subgroups during the clinical trial programme which would thereafter increase the pricing opportunity of this new compound in the German market. **METHODS:** New oncology therapies which were authorized by the European Medicine Agency (EMA) after January 1, 2011 were included and assessed with respect to their evidence for special subgroups. Regulatory guidelines were compared against the IQWIG evaluation methods with respect to the handling of subgroups and its impact on the clinical benefit assessment. Furthermore GBA decisions and potential price impact with the GKV-Spitzenverband are taken into account for the pricing impact of new evidence with special subgroups based on target profiles developed. **RESULTS:** Overall, ten new compounds were approved by the EMA in the last 2.5 years for which no subgroup trials were presented. Regulatory guidelines and IQWIG methods differ significantly with respect to subgroup handling from a statistical and health policy perspective. Most important clinical trials with a special focus on subgroups of interest could even have a negative outcome on the market access of such a compound with respect to subgroup-only reimbursement (in case of positive subgroup results) or exclusion of subgroups (in case of negative results) based on target profiles included in the analyses. **CONCLUSIONS:** Incentives from a health policy and investment decision perspective are low for the pharmaceutical industry in terms of research focus towards subgroups of special interest. Further research with respect to incentives is needed.

PCN176
DOES PERSONALISED HEALTH CARE (PHC) IN ONCOLOGY REQUIRE NEW APPROACHES TO CLINICAL DEVELOPMENT, REGULATORY ASSESSMENT, AND ECONOMIC EVALUATION?
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OBJECTIVES: To identify the extent to which current approaches to clinical development, regulatory assessment, and economic evaluation of personalised health care drugs in oncology are aligned with real world clinical practice at product launch. To identify and critically evaluate alternative approaches that should be factored into future clinical development and health technology assessment (HTA) planning. **METHODS:** Structured interviews were undertaken with physicians and payers (n=50) to identify the key issues surrounding the phased development and early use of personalised health care drugs in oncology. Analogue analyses were undertaken, based on "treatment tracking", to develop a comparison between theoretical RCT (randomised control trial) evidence based, licensure aligned, utilisation and that observed in real world clinical practice Gap Analyses identified drivers of differences. The utility and limitations of retrospective and prospective observational registries in addressing these were explored. **RESULTS:** Early results indicate that the level of unmet need, the magnitude of incremental clinical benefit, the timing of biomarker testing in the treatment algorithm and, increasingly, the number and prioritisation of diagnostic tests for an increasing number of different biomarkers are drivers of real world utilisation. Differences exist between countries. The greatest differences between theoretical and real world utilisation are in markets where decisions are driven by considerations of relative clinical effectiveness rather than cost effectiveness. Comparative SWOT analyses were developed of current and alternative clinical development, regulatory and health technology assessment systems. These highlight areas where improvements in approach would be beneficial. **CONCLUSIONS:** Additional evidence sources should be used to reinforce the regulatory and health technology assessment of PHC products in oncology with the aim of bringing closer alignment between the RCT approach to drug development and assessment – and the utilisation and outcomes (economic, clinical, and humanistic) seen in real-world clinical practice.

PCN177
THE UNITED STATES PHYSICAN SURVEY TO POPULATE A DECISION-ANALYTIC MODEL FOR THE TREATMENT OF CHRONIC MYELOID LEUKEMIA
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OBJECTIVES: The overall goal of our project is to adapt an Austrian decision-analytic model for the treatment of chronic myeloid leukemia (CML) to the U.S. context. We conducted an electronic survey to gain expert knowledge about the state-of-the-art in CML treatment. **METHODS:** The expert survey was constructed as an online questionnaire and contained 14 questions. The questionnaire was developed in collaboration with ONCOTYROL project partners and distributed to CML experts at the Huntsman Cancer Institute in Utah. Data were generated using Qualtrics and discussed with experts in order to incorporate the findings into the model. **RESULTS:** Four out of six experts (67%) stated that effectiveness of second-line TKI depends on the response to first-line TKI therapy. NCCN and ELN guidelines are the most frequently used guidelines when treating CML patients. Furthermore, expert opinion, literature and personal characteristics influence decision making. Patients younger than 50, or between 50 and 54 years, most frequently receive stem cell transplantation after TKI failure. The recently approved TKIs bosutinib and ponatinib are used by 17% and 100% respectively. Experts stated that quality of life (QoL) on dasatinib is better (17%)/ about the same (50%)/ worse (33%) compared to imatinib. QoL on nilotinib is better (17%)/ about the same (83%) in comparison to imatinib. QoL on ponatinib is better (17%)/ about the same (67%)/ worse (17%) compared to imatinib. Although bosutinib is rarely (67%) used, experts answered that is better (17%) or about the same (17%) compared to imatinib. **CONCLUSIONS:** The results provide valuable insights into the state-of-the-art of CML treatment in the U.S. context. Due to the small sample size and the limitation to the region of Utah, results should be interpreted carefully. However, the responses for ponatinib and bosutinib are particularly valuable for the model due to lack of QoL and long-term data.