in study design and the availability of evidence for value demonstration. Systematic reviews and retrospective database studies investigating the efficacy and safety of existing therapies or supportive care, historical reasons against the new therapy, were generally expected by most of the respondents. Cost-effectiveness analysis was required in some of the countries, with the rest expecting only a budget-impact analysis based on local epidemiological data. Findings were similar for therapies for diseases with low prevalence but without orphan drug designation. CONCLUSIONS: Unmet needs in rare diseases are high, and effective new therapies are welcomed and valued by payers in these key reimbursed markets in Asia. Decision makers are willing to show a degree of flexibility in their evidence requirements for these kinds of products.

METHODS: We reviewed literature using the Ichushi database (Japanese medical literature database) and the database on government-funded research results, and also contacted investigators and experts for related information. RESULTS: Four guidelines were identified: Shiragami (2004) and Kamase (2007) groups, funded by the Ministry of Health and Welfare, Japan, proposed two guidelines on pharmaceutical pricing. The task force of the Ministry of Economy, Trade and Industry, Japan (2007) proposed one guideline on medical device policy. The Hirotu group (2011), funded by the Ministry of Health and Welfare, Japan, proposed one guideline on vaccination strategy. Although the headings and structures of all guidelines were almost similar, significant differences were identified among them. For example, two guidelines recommended from a societal perspective, while the other two recommended consumer’s perspective. In terms of outcome measures, QALYs were preferred in three guidelines, whereas one recommended “the proportions of patients who achieved target clinical results within 2 years.” Trial use was not conducted to measure feasibility or guidelines, except for the Hirotu guideline for vaccination policy. In addition, some recommendations had a serious problem in terms of scientific rationality. CONCLUSIONS: There are significant variations in the key features among all four abovementioned guidelines, and even between the two sets of guidelines for pharmaceutical pricing decisions. To use an economic evaluation to aid rational resource allocation, official guidelines should be established with scientific rigor and integrity, and future discussions about feasibility are needed among various representatives from government, academia and industry.
artifacts. Since a previous literature review by San Martin-Rodriguez et al. in 2005, many more studies have examined organizational determinants, yet studies regarding systematic factors, such as health care systems, remain scarce.

**CONCLUSIONS:** Interprofessional collaboration is influenced by systematic, organizational, and interactional factors. Policies targeting multi-level aspects may be helpful in enhancing interprofessional collaboration and ultimately improving patient outcomes. Future studies are needed to examine factors beyond the interprofessional level and their relationships with patient outcomes.

**PHP82**

**THE CHARACTERISTICS OF CLINICAL TRIALS IN ASIA**

Brooks-Rooney C, Wong GWK, Hamerslag L, Costello S

**Objective:** To investigate the characteristics of clinical trials conducted in 5 Asian countries over the past 2 years with a focus on disease conditions, funding sources and age groups.

**Methods:** ClinicalTrials.gov was searched for trials initiated after January 1, 2010 in the following countries: Indonesia, Korea, Malaysia, Taiwan and Thailand. The number of trials per 1,000,000 population was calculated.

**Results:** During the time period, the number of trials per 1,000,000 population was highest in Korea (1.2), followed by Malaysia (0.9), Taiwan (0.37), Thailand (0.32) and Indonesia (0.29). The satisfaction score of UMRS (29.06 out of 69.75 points) showed very low
differences in the clinical trials between the countries that suggest other factors influence clinical trials in these countries.

**PHP83**

**COMMUNITY PHARMACIST’S PERCEPTIONS TOWARDS THE QUALITY OF LOCAL VS MANUFACTURED GENERIC MEDICINES: A DESCRIPTIVE STUDY FROM MALAYSIA**

Hassali MA1, Shahe AA1, Saleem I1, Afiz M2, Chua GN1, Masood I3, Haq N1

**Objective:** To explore the perceptions of Malaysian community pharmacist towards locally manufactured generic medicines. METHODS: A cross-sectional descriptive study involving entire population (N = 270) of practise community pharmacists in the state of Penang, Malaysia was undertaken using a self-completed anonymous mail questionnaire.

**Results:** Responses were received from 48 pharmacists (response rate 17.8%). Majority of the respondents (97.9%) actively dispensed generic medicines in their practice. Only 37.5% of the respondents viewed the imported generic products need to pass more stringent approval process. About half of the respondents (47.9%) believed that imported generic medicines in their practice. Only 37.5% of the respondents viewed as the imported generic medicines. Majority (97.9%) actively dispensed generic medicines in their practice.

**PHP85**

**THE USE OF BIOMARKERS IN CANCER TRIALS IN ASIA**

Hassam J, Gupta P, Kaur H, Jindal R, Hassani MA1, Shafie AA1, Saleem F1, Atif M2, Chua GN3, Masood I3, Haq N1

**Objective:** To investigate how the proportion of cancer trials considering biomarkers in six Asian countries: Japan, Singapore, Thailand, Malaysia, Philippines and Taiwan have changed over time.

**Methods:** Trials conducted worldwide, 3,848 of which (13.5%) considered biomarkers. This proportion increased in the USA, while it decreased in Asia. The use of biomarkers is relevant to Asian healthcare systems. In particular, the use of biomarkers differed between the countries assessed, with Taiwan having the highest percentage of just over 20%, whereas Malaysia and Thailand had the lowest proportion of 5.2% and 5.4%, respectively. Interestingly, Malaysia and the Philippines had fewest cancer trials in general, with only 77 and 83 cancer trials having been conducted in these countries.

**Conclusions:** It is clear that the consideration of biomarkers in cancer trials is common in the more developed healthcare markets in Asia such as Singapore and Taiwan, where proportions of cancer trials taking this into account were higher than in the USA and globally. Smaller Asian markets such as Malaysia, the Philippines and Thailand appear to lag behind in the trend towards subgroup analysis.

**PHP86**

**OUTCOMES AND FACTORS ASSOCIATED WITH HOSPITAL MORTALITY IN PATIENTS WITH IMPAIRED LEFT VENTRICULAR FUNCTION UNDERGOING CORONARY BYPASS GRAFTING, WHERE DO WE STAND?**

Purna S

**Objective:** To find the hospital mortality and mid term functional improvement in patients with impaired ventricular function undergoing coronary artery bypass grafting and identify the risk factors for mortality.

**Methods:** Retrospective analysis of preoperative, operative and postoperative variables of patients with impaired ventricular function who were operated for isolated first time coronary artery bypass between October 2006 to April 2009. Total 190 patients with impaired ventricular function underwent isolated first time coronary artery bypass grafting during this period with a male predominance (82.6%). This constituted 12% of all coronary artery surgery performed at our institution during this period. Mean ejection fraction of the group was 25±4.5%. Mean predicted mortality on logistic Euro score was 10.9±2.7%. Actual in hospital mortality of the group was 4.7% which is comparable to contemporary published results. Multivariate analysis identified use of intra aortic balloon pump, non use of internal mammary artery and preoperative left ventricular function as factors associated with mortality.

**Conclusions:** Coronary artery bypass grafting can be performed in patients with impaired ventricular function with acceptable hospital mortality and mid term functional improvement.

**PHP87**

**SATISFACTION ASSESSMENT OF INSURANCE SYSTEM FOR URBAN RESIDENTS (URMS) OF UNIVERSITY STUDENTS IN SHENYANG**

Zhang F1, Li SC2, Dui J3

**Objective:** In the New Chinese Medical Reform, university students are included to students in 4 universities in NE China. After obtaining the affecting order of the factors on the URMS, we built a satisfaction evaluation system for URMS of university students, with one first-level, 7 second-level (Latent variable, x_1) and 24 third-level indicators (Explicit variable, y). 2400 questionnaires were issued to students in 4 universities in NE China. After obtaining the affecting order of the indexes to their corresponding secondary index through the correlation test, a Structural Equation Model (SEM) for the satisfaction assessment of URMS was built. The results indicated that the correlation between the x_1 and y was 0.41. Goodness of fit statistics of SEM were used to assess the adequacy of the model and correlation between the model and satisfaction assessment. RESULTS: 393 questionnaires were returned giving a coverage rate 98.3%. The path coefficients between x_1 and y were: customer expectations 0.44, public information 0.31, and image of the government 0.29. The satisfaction score of URMS (29.06 out of 69.75 points) showed very low...