invasive BC (MIBC), which is invasive and requires lifetime urinary diversion, was most common. It is highly advanced/metastatic urological BC and non-muscle invasive BC (NMIBC). Although longitudinal studies have been conducted in both MIBC and NMIBC, the interpretation of the results is hampered by study design issues (such as lack of baseline HRQoL data, inadequate follow-up, low response, insufficient attention to sample sizes) and inconsistency in HRQoL instrument. CONCLUSIONS: While there is a substantial body of literature describing the impact of BC on HRQoL, particularly MIBC, methodological rigor is lacking, limiting interpretation and full understanding of the impact of BC by disease stage and treatment. Further, HRQoL assessment in NMIBC and advanced/metastatic disease is rare and warrants additional research effort.

PCN251
STRUCTURED REVIEW OF PATIENT’S QUALITY OF LIFE FOLLOWING DIAGNOSIS WITH PROSTATE CANCER
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OBJECTIVES: As new interventions and treatment decision aids for prostate cancer (PC) become available, health economic analyses will be required to evaluate their impact on health authorities and the burden of PC. An important aspect of this is understanding the quality of life (QoL) impact of PC, its comorbidities and treatments. METHODS: A structured literature review was undertaken, with searches conducted in PubMed, EMBASE, and the Cochrane Library. Literature review was concentrated on publications with a major focus on “Prostate Neoplasms” or containing the term “Quality of Life”. Secondary search criteria restricted results to contain information on quality of life, health state utilities, or recognized QOL questionnaires. To ensure that recent estimates were evaluated, literature was restricted to those studies meeting the following criteria: (1) January 1, 2000 to November 30, 2014, (2) single reviewer, with included results checked for alignment with the protocol by two further reviewers. RESULTS: The mean QoL as measured using the EuroQol 5-dimensional questionnaire (EQ-5D) was reported to be 0.73 (95% CI 0.71, 0.74) following diagnosis of PC, a 0.02 point drop in the mean EQ-5D score was reported in the first two months of treatment. QOL assessment tools used, however, varied considerably between studies impairing data synthesis and comparison. Adverse events were commonly associated with PC treatments and resulted in decreased patient QoL. Urinary and sexual function problems were of greatest importance to males undergoing treatment for PC. Erectile dysfunction was commonly reported and was present in 93.9% of men who received prostatectomy and radiotherapy. Nearly 14% of patients were willing to trade survival time for increased QOL. CONCLUSIONS: PC is associated with reduced patient QoL and a large determinant in the QOL decrement appears to be the PC treatment received and its associated adverse events. Patient willingness to trade survival and QoL has important health economic implications.

PCN252
HEALTH-RELATED QUALITY OF LIFE (HRQoL) BENEFITS OF ENZALUTAMIDE IN PATIENTS WITH METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC): AN IN-DEPTH ANALYSIS OF EQ-SD DATA FROM THE PREVAIL TRIAL
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OBJECTIVES: The primary method used for the analysis of QoL was the combined questionnaire – Visual Analogue Scale (VAS) and the EuroQol 5-Dimensions (EQ-5D). These questionnaires scored using Australian specific weights within Microsoft Excel. Utility values were calculated using the time trade off (TTO) method. RESULTS: The overall QoL value for the examined group from the 150 asked to fill the questionnaire was 7.75 ± 0.45. There were 79 patients who had significant impact on patients’ QoL. The treatment of BC had a significant impact on increasing QoL of patients.

PCN254
QUALITY OF LIFE IN PATIENTS WITH BREAST CANCER IN SLOVAKIA
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OBJECTIVES: The standardized incidence of women breast cancer (BC) in Slovakia is 51.6/100,000 and has growing trend. There were diagnosed 2423 new cases in 2012 and 2699 cases in 2013. BC has a great impact on quality of life (QoL). The objective of this paper was to find out the level of QoL in patients with BC in Slovakia. METHODS: The primary method used for the analysis of QoL was the combined questionnaire consisting of 5 parts: A. Demography (9 items), B. Clinical part (1+12 items), C. QoL part (9 items), D. Socio-economic part (9 items), E. EQ-SD. The level of QoL was measured using the EuroQol 5 Dimensions (EQ-5D). The level of QoL was measured using the EuroQol 5 Dimensions (EQ-5D) scored using the time trade off (TTO) method. RESULTS: The overall QoL value for the examined group from the 150 asked to fill the questionnaire was 7.75 ± 0.45. There were 79 patients who had significant impact on patients’ QoL. The treatment of BC had a significant impact on increasing QoL of patients.

PCN255
QUALITY OF LIFE IN PATIENTS WITH KIDNEY CANCER IN SLOVAKIA
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OBJECTIVES: The QoL level of kidney cancer was examined. The examined group of kidney cancer in Slovakia was 64,160,000 in men and 7,040,000 in women and has growing trend. There were diagnosed more than 800 new cases in 2013 of KC in Slovakia. The objective of this paper was to find out the level of QoL in patients with KC in Slovakia. METHODS: The primary method used for the analysis of QoL was the combined questionnaire consisting of 6 parts: A. Demography (9 items), B. Clinical part (1+12 items), C. QoL to life with dominant numeric scale (13 items), D. Socio-economic part (9 items), E. EQ-SD (5 items), F. Symptoms of disease (9 items). There were 79 patients in the examined group from the 110 asked to fill the questionnaire. All patients were treated by surgery. RESULTS: Present level of QoL was identified as 6.12 on the scale from 0 to 10 (the worst, 10 –thebest), while in the time of the KC diagnosis it was 5.15. QoL was 7.86 in the time without BC and 8.82 in the total optimal state of health. Comparative to the QoL was examined the ability to work (AW), too. Present level of AW was identified as 5.40, while in the time of the BC diagnosis it was 4.44. AW had impact on the total optimal state of health. The impact of treatment on QoL was 5.38, and the disease had impact 6.10 on family QoL. Disability was 77,35 days vs 16,45 opposite to disabilities days from other reasons. The average income was 379,58 € and the willingness to pay for 1 month of full health was in average 132 £ per months. CONCLUSIONS: The disease had a significant impact on patients’ QoL. The treatment of BC had a significant impact on increasing QoL of patients.

PCN256
HEALTH PROFESSIONAL STUDENTS’ WILLINGNESS TO PAY FOR HUMAN Papillomavirus Vaccination and FACTORS INFLUENCING THEIR DECISION
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OBJECTIVES: Willingness-to-pay practice, and how they are increasingly being applied in economic evaluation, as a means of assessing the value of new health care technologies. The objective of the present study was to assess the willingness to pay for Human Papillomavirus vaccination and factors influencing the willingness to pay among health professional students as health professionals play a vital role in human pap...
illuminovirus vaccine acceptance in Asian populations. METHODS: Students studying undergraduate health professional courses (Medicine, Dentistry, Pharmacy, Nursing) in a private medical University in Kuala Lumpur, Malaysia in the period from June 2014 - January 2015 were selected. The participants' demographic details were gathered by a self-administered questionnaire. The contingent valuation method was used to assess each respondent's willingness to pay (WTP) to help reduce the risk of cervical cancer. This method represents a single "take it or leave it offer", whereby people are asked if they are willing to pay a specific pre-determined price to help reduce cervical cancer.

RESULTS: The mean age of the respondents was 23.5 years, (SD ± 1.0). 55.2% reported as being in a relationship. Most of the participants were willing to pay an amount up to RM 500 to receive HPV vaccination. The median WTP for HPV vaccination was RM 465. Age, gender, and the patient's perceived health status were not associated with WTP. Respondents who are in a relationship (married and dating) showed greater interest in vaccinating themselves and the relationship status emerged as unique predictors. (Committee OR = 2.20, P < 0.05) and the relationship status was 0.05 (P < 0.05).

CONCLUSIONS: The take-up of HPV mass vaccination in Malaysia patients with breast cancer and 3950 patients with non-cancer diagnoses in the final study sample. Breast cancer patients switched payer at a statistically lower proportion than the non-cancer control group, 22.7% versus 26.0% respectively (P = 0.014). Time to payer switch estimated through a Kaplan-Meier analysis demonstrated a longer time to payer switch for breast cancer patients versus the control group (3.59 versus 3.56 years, (P = 0.037).

CONCLUSIONS: Despite protection against pre-existing condition uninsurability, a lower proportion of breast cancer patients switched payer than were in the study time window and had a longer estimated time to payer switch. Such trends will be of interest to payers and pharma as both seek understanding of value based care for their respective businesses.

PCN254
SOCIAL BURDEN OF CHRONIC HCV INFECTION IN PATIENTS WITH HEPATOCELLULAR CARCINOMA (HCC). Dimovova M¹, Petrova G², Kamishova M³, Savova A⁴, Doneva M⁵
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OBJECTIVES: HCV infection caused 1,2 million DAILY in 2002 in Europe and 200 104 YLDs. 1% of these YLDs resulted from HCV-related hepatic carcinoma. The objective of the present study is to calculate the DALY for patients with HCV-related HCC in Bulgaria. METHODS: It is a retrospective real-life observational study of 445 patients with hepatocellular carcinoma registered in the National Cancer Registry for 2- year period (2012-2014). Data on demographic, clinical characteristics, previous, and concomitant diseases of the liver was collected from the patient registries. DALYs for these patients was calculated based on the WHO methodology. RESULTS: 350 of the observed patients were diagnosed with HCC in 3rd and 4th stage and 280 of the patients were in productive ages. The mortality rate was significantly high – 83% for the observed period. Chronic HCV infection and cirrhosis were found to be leading pathology for the development of HCC as – 20% of the patients with HCC and previous/concomitant liver diseases reported chronic hepatitis C infection and cirrhosis. For the development of HCC the patients were living 2.2 and 58 years living with disability (YLD). DALY accounted for 1.756. CONCLUSIONS: HCV-related cirrhosis and HCC implicit high social burden. The mortality rate causes huge productivity losses for the society.

PCN259
A LOSS OF CHANCE INDEX: A NEW TOOL FOR OPTIMIZING PATIENT ACCESS TO INNOVATIVE DRUGS
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OBJECTIVES: Our objective was to report the results between European Marketing Authorisation (EUMA) and French Pricing and Reimbursement Decision (FPDR) for recent innovative anti-cancer drugs and to quantify the corresponding patient loss of chance. METHODS: We included 2012-2013 EMA-approved anti-cancer drugs in solid tumours and calculated the time-lag between EUMA and FPDR. Official pivotal trials' data were retrieved from the Haute Autorité de Santé (HAS) website and the French Agency Need to Treat (NNT) to prevent one event (progression, death) was estimated. An Absolute Loss of Chance (ALOC) index was calculated over the time-lag period and per time unit combining NNT and HAS target population size. Drugs with level 5 Added Medical Value (ASMR, Amélioration du Service Médical Rendu) were excluded. RESULTS: Two-thirds of EUMA and FPDR resulted in solid tumours in 2012 and 2013 with level 2-4 Added Medical Value: one drug of level 2-important (trastuzumab emtansine), five drugs of level 3-moderate (cabazitaxel, vemurafenib, nilotinib, Nilotinib, and enzalutamide), and six drugs of level 4 minor (eribulin, liritumab, abiraterone, vandetanib, axitinib, and vismodegib). The time-lags between EUMA and FPDR ranged from 7.4 months (enzalutamide) to 29.9 months (cabazitaxel). Concurrently, the overall ALOC ranged from 9 to 79 medical events which were not met. Patient fatigue was not always associated with access (Clinical Trials), depending on drug, indication and time-lag. CONCLUSIONS: Early patient access for innovative drugs in oncology might help preventing a substantial number of patient debacles and deaths. ALOC might support patient access decision making process.

PCN260
BURDEN OF METASTATIC RENAL CELL CARCINOMA IN FRANCE FROM 2008 TO 2013: ANALYSIS OF THE FRENCH NATIONAL HOSPITAL DATABASE
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OBJECTIVE: The aim of this study was to assess the burden of hospitalizations for metastatic renal cell carcinoma (mRCC) from 2008 to 2013 in France. METHODS: A retrospective analysis was performed using the French national hospital database (PMSI) 2008 and 2013 containing the International Classification of Diseases-10threvision (ICD-10) codes for renal cell carcinoma (C64) and codes for metastasis (C77 or C78 or C79). Among hospital stays, incidences were selected for at least 1 treatment. Descriptive analyses were performed with a focus on hospital stays and patient characteristics. RESULTS: Overall, 26 124 adult patients (median age at diagnosis 71 years [18-102]) were included. 33% of the mRCC corresponded to 173 85 hospitals stays mainly in public settings (80.1%). Among those patients, 33 517 (51.7 %) had lung metastasis, 10 149 (38.8%) had bone and bone marrow metastases, 7 553 (28.9%) had liver metastases and 5 533 (13.5%) had brain metastasis. The number of new cases per year was stable while the number of hospitalizations increased 37.4% from 2008 to 2013. Death in a hospital setting was reported for 4 443 (17%) patients. During the study period, there were 36 205 (29.3%) hospital stays for chemotherapy and immunotherapy, 9 400 (7.6%) hospital stays for radiotherapy and 5 956 (4.8%) hospital stays for palliative care. The mean length of stay at diagnosis was 10.1 (SD: 13.9) vs. 4.4 (SD: 9.3) days for subsequent stays. CONCLUSIONS: To our knowledge this is the first study to provide an overview of the burden of mRCC in French hospitals between 2008 and 2013 and constitutes the preliminary step in assessing the economic burden of hospitalizations for mRCC.

PCN261
VALUE OF ASSESSING THE BURDEN OF HOSPITALIZATIONS FOR METASTATIC MELANOMA IN THE ERA OF TARGETED THERAPIES: ANALYSIS OF THE FRENCH NATIONAL HOSPITAL DATABASE FROM 2008 TO 2013
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OBJECTIVE: The aim of this study was to describe the burden of metastatic melanoma in public and private hospitals between 2008 and 2013 in France. METHODS: The French national hospital database (PMSI) was analyzed to identify adults newly diagnosed with metastatic melanoma between 2008 and 2013. Using the international classification of diseases (ICD-10) codes for metastasis (C43) and for metastasis (C77 or C78 or C79), the number of hospital admissions for metastatic melanoma was identified and thereafter the corresponding number of hospitalized patients was determined. Descriptive analyses were performed with a focus on hospital stays and patient characteristics. RESULTS: Between 2008 and 2013, 16 188 patients (median age at diagnosis 66 years [18-103]; 54.6 % male) were hospitalized for metastatic melanoma, corresponding to 104 731 hospital admissions mainly in public settings (94.8%). We identified 27 523 (26.3%) hospital admissions for chemotherapy and immunotherapy and only 2 943 (2.8%) hospital admissions for palliative care. 24.0% of diagnosis related groups were classified as surgery procedures. Hospital admissions were mainly performed in three regions: Ile-de-France (18.6%), Rhone Alpes (13.1%) and Aquitaine (12.6%). The mean length of stay was 5.2 days (SD: 7.3). 39.8% of patients had 1 site of metastasis, 18.0% had 2 sites of metastasis and 42.1% had at least 3 sites of metastasis. The most common sites of metastasis were lung in 36.8% of patients, liver in 28.8% of patients and brain in 27.8% of patients. Death in a hospital setting was reported for 10.3% of patients. CONCLUSIONS: This analysis allows us to strengthen our knowledge regarding the burden of metastatic melanoma which represents a first step in assessing the cost of hospitalizations related to metastatic melanoma. Such analysis is useful for economic modeling especially with the arrival of innovative treatments.

PCN262
SEARCH FOR CLINICALLY AND ECONOMICALLY EFFECTIVE LYMPHOMAS TREATMENT
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OBJECTIVES: There is an acute problem concerning lymphoma treatment in Ukraine. Previously, due to unavailability of up-to-date chemotherapy (CT) regimes, only solid lymphoma patients have a chance for partial response, or only limited response to the treatment, 40-60% of patients had response to treatment and only 35% of patients had 5-year survival rates. Today's clinical protocols of therapy in lymphoma patients take into account worldwide experience. METHODS: Clinical Practice Guidelines for the Diagnosis and Management of Lymphoma. A National Health and Medical Research