Cancer. The study period extended from Oct-Dec 2011. Data on hospitalization that...

OBJECTIVES: To assess the burden of hospitalization in advanced lung cancer patients in the United States. METHODS: Oncologists (N=101) actively involved in managing advanced lung cancer in the United States were invited to participate in a lung cancer disease-specific program. Each consenting physician was asked to complete patient record forms for 12 advanced (stage IIIb/IV) lung cancer patients seen in their practice and receiving 1st, 2nd or 3rd line of therapy for advanced lung cancer during the study period, from Oct-Dec 2011. Data on hospitalization included reasons of hospitalization and the length of stay (LOS) over the past year was provided by physicians from patient records. RESULTS: Majority of the patients (N=125) included in the analysis were Caucasian (71%), male (60.1%), aged 65 years. Hospitalization records were obtained for 93% (n=1101) of the patients among which 22% (n=248) of the patients ≥1 hospitalization events in the previous year with an average (SD) LOS of 4 (2.4) days and a median LOS of 3 days. The reasons for hospitalization were: surgery (19%) and therapy side effects (43%). The LOS for surgery related hospitalization range from 2 to 1200 hours with an average (SD) LOS of 4 (2.4) days and a median LOS of 3 days. The safety/therapy patient quality-of-life (QoL) and product cost/patient affordability (5EU:16%, US:24%, China:37%, Brazil:19%). When prescribing oncology medications’ (5EU:30%, US:50%, China:44%, Brazil:19%); 23% indicated that the health care reform ‘did not have enough focus on RWE needs and cost-effectiveness of oncologic therapies’ (5EU:30%, US:50%, China:44%, Brazil:19%); 38% indicated that they were ‘concerned of country’s health care reform’s implications for them and their practice’ (5EU:39%, US:40%, China:44%, Brazil:14%); 15% indicated that the health care reform ‘is not in the right direction’ (5EU:39%, US:40%, China:44%, Brazil:14%); 5% indicated that the health care reform ‘is not in the right direction’ (5EU:39%, US:40%, China:44%, Brazil:14%); 5% indicated that the health care reform ‘is not in the right direction’. In the early staging, the CTC trap can replace the currently used FDG-PET-CT. The tool enables personalising therapy by analysing discordance in hormone receptor (HR) and human Epidermal Growth Factor Receptor 2 (HER2) expression. A CTC trap can be administered to patients who are sensitive for these therapies.

PCN181
THE IMPACT OF AMONIUM ONCOCYTOLOGY DRUGS
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OBJECTIVES: The implementation of the 2011 German health care reform (AMNO) integrated oncology medication (moCA) into the guideline newly licensed and patented drugs to undergo an early evaluation of their additional benefit by IQWiG, with a final resolution given by the G-BA. Medicines which demonstrate an incremental therapeutic benefit versus an appropriate comparator – with an innovation score of 4 to 6 – enters the process. The objective of this study is to identify and describe the most important incentives for pharmaceutical companies to develop personalized medicine drugs. METHODS: To describe the main factors influencing the decision-making process in the development of personalized medicine drugs. The main incentives influencing the demand for these medicines were determined by structured expert interviews with pharmaceutical companies, test manufacturers and other key stakeholders such as regulatory bodies, reimbursement decision makers and patients. RESULTS: In contrast to all companies big international companies constantly look for suitable companion diagnostic tests to select subgroups of high responder. The most important key factor for market success is the extent of clinical trial in comparison with competitors respectively the current treatment standard. Stratification of patient populations and frequency of adverse events using biomarker is regarded to increase clinical efficacy of the target indication. The test performance is important due to unsolved safety issues although not regarded as crucial for the success of the test. Other key stakeholders pharmaceutical companies did not consider personalized medicine to relevantly decrease development costs or marketing efforts respectively to increase the price potential for new drugs. A low prevalence of the remaining patient population after testing is not seen as a factor which might lead to a stop of the development of a new drug by pharmaceutical companies. CONCLUSIONS: Genetic stratification is seen as a breakthrough in cancer therapy by pharmaceutical companies and physicians. Due to the current need for improvement of approval and reimbursement processes for personalized medicine approaches in oncology especially in Europe future sales are more difficult to predict.

PCN183
ARE ICR VALUES MALLEABLE? THE CASE OF LIFE-EXTENDING CANCER TREATMENTS AT THE END OF LIFE
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OBJECTIVES: HAta bodies treat end of life (EOL) conditions differently than other oncology conditions and to what extent this reflected by the ENESSS (Quebec) – were searched for HTAs of the drugs deemed to have met NICE’s criteria. Seventeen drugs were identified for which NICE’s supplementary advice was accepted. Several of these were also evaluated by other agencies, but only those with final ICERs below the WTP-ICER were retained.

PCN178
BURDEN OF HOSPITALIZATION IN PATIENTS WITH ADVANCED LUNG CANCER IN THE UNITED STATES
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OBJECTIVES: To assess the burden of hospitalization in advanced lung cancer patients in the United States. METHODS: Oncologists (N=101) actively involved in managing advanced lung cancer in United States were invited to participate in a lung cancer disease-specific program. Each consenting physician was asked to complete patient record forms for 12 advanced (stage IIIb/IV) lung cancer patients seen in their practice and receiving 1st, 2nd or 3rd line of therapy for advanced lung cancer during the study period, from Oct-Dec 2011. Data on hospitalization included reasons of hospitalization and the length of stay (LOS) over the past year was provided by physicians from patient records. RESULTS: Majority of the patients (N=125) included in the analysis were Caucasian (71%), male (60.1%), aged 65 years. Hospitalization records were obtained for 93% (n=1101) of the patients among which 22% (n=248) of the patients ≥1 hospitalization events in the previous year with an average (SD) LOS of 4 (2.4) days and a median LOS of 3 days. The reasons for hospitalization were: surgery (19%) and therapy side effects (43%). The LOS for surgery related hospitalization range from 2 to 1200 hours with an average (SD) LOS of 4 (2.4) days and a median LOS of 3 days. The safety/therapy patient quality-of-life (QoL) and product cost/patient affordability (5EU:16%, US:24%, China:37%, Brazil:19%). When prescribing oncology medications’ (5EU:30%, US:50%, China:44%, Brazil:19%); 23% indicated that the health care reform ‘did not have enough focus on RWE needs and cost-effectiveness of oncologic therapies’ (5EU:30%, US:50%, China:44%, Brazil:19%); 38% indicated that they were ‘concerned of country’s health care reform’s implications for them and their practice’ (5EU:39%, US:40%, China:44%, Brazil:14%); 15% indicated that the health care reform ‘is not in the right direction’ (5EU:39%, US:40%, China:44%, Brazil:14%); 5% indicated that the health care reform ‘is not in the right direction’. In the early staging, the CTC trap can replace the currently used FDG-PET-CT. The tool enables personalising therapy by analysing discordance in hormone receptor (HR) and human Epidermal Growth Factor Receptor 2 (HER2) expression. A CTC trap can be administered to patients who are sensitive for these therapies.

PCN179
PERSPECTIVES OF COUNTRY-SPECIFIC HEALTH CARE REFORM AND CONSIDERATION OF REAL WORLD EVIDENCE IN ROUTINE PRACTICE: SURVEY OF ONCOLOGISTS IN EUROPEAN UNION, UNITED STATES, CHINA AND BRAZIL
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OBJECTIVES: To assess physicians’ consideration of their country-specific health care reforms and the consideration of ‘Real World Evidence’ (RWE) when prescribing medications in the EU, US, China and Brazil. METHODS: A multi-country cross-sectional survey was conducted in top-5 EU countries (UK, Germany, Spain, France, Italy), US, Brazil and China in February 2013 using an online physician panel in the respective geographies; oncologists were randomly selected for survey participation to be representative and quantitative in each country. Data is presented from the perspective of health care reforms in their respective countries, and their consideration of the following, when prescribing oncology medications: RWE on product effectiveness/safety, patient quality-of-life (QoL) and product cost/patient affordability. Descriptive statistics are reported. RESULTS: A total of 257 oncologists participated in the survey. Specialities included: medical oncology-69%, haematology-oncology-11%, radiation-oncology-9%, surgical-oncology-5%, gynecologic-oncology-3%, pediatri-oncology-2%, other-2%. Geographic distribution of oncologists was: SEU-36%, US-33%, China-17% and Brazil-14%. Overall, 40% of oncologists indicated that they were ‘not sure whether their country’s health care reform is heading in the right direction’ (SEU:39%, US:40%, China:44%, Brazil:19%); 38% indicated that they were ‘concerned of country’s health care reform’s implications for them and their practice’ (SEU:30%, US:50%, China:44%, Brazil:19%); 23% indicated that the health care reform ‘is not in the right direction’ (SEU:26%, US:24%, China:37%, Brazil:19%). When prescribing oncology medications, consideration of following attributes ‘all the time’ differed across the countries (Overall:SEU/US/China/Brazil): RWE on product effectiveness and safety (73%/29%/58%/47%/42%), patient QoL (54%/48%/59%/42%/69%), product cost/patient affordability (43%/29%/45%/38%/42%/28%). CONCLUSIONS: Across markets, a significant proportion of oncologists raised concerns regarding their country-specific health care reforms, and between one-third and half of the oncologists reported considering RWE data while prescribing medicines. As the health care reforms evolve in the studied countries, its actual implications warrant closer scrutiny to alleviate physician concerns and improve care delivery and outcomes.

PCN180
THE EXPECTED HEALTH ECONOMIC VALUE OF USING CIRCULATING TUMOR CELLS (CTCs) AS A PROGNOSTIC TOOL IN ADVANCED BREAST AND PROSTATE CANCER PATIENTS
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OBJECTIVES: Research has shown that circulating tumor cells (CTCs) in the blood can give valuable information about the prognosis and treatment options in oncology. A new approach, CTC therapeutic apheresis (CTCtrap) is being developed for use in breast and prostate cancer. At the moment it is not clear where in the diagnostic pathway CTCtrap could be of most value. The goal of this study is to estimate the health impact of implementing CTCtrap at the three different purposes.

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