Data were retrospectively collected at several points in time from medical records and hospital information systems on baseline characteristics, treatments, dosages, treatments, and outcomes. However, the event times and resource use. All patients entered the registry at time of diagnosis. RESULTS: Our registries contained information of 615 mRCC and 3093 haematological cancer patients (non-Hodgkin, multiple myeloma, and chronic lymphocytic leukemia). They provided important information about the different populations, including those regularly excluded from clinical trials, are treated in daily practice. However, important data, including prognostic information, was commonly missing (e.g. 40-55% missing performance status). Furthermore, patients treated with the drug of interest were not comparable to patients not treated with the drug. Moreover, only small numbers of patients received the drug of interest (mRCC: N=34; non-Hodgkin: N=35), and many patients received different drugs in various combinations and treatment sequences in haematological cancers. This, in combination with the inability to fully correct for confounding, computation of a real-world-incremental cost-effectiveness estimate. CONCLUSIONS: Our registries provided important information to physi- cians and policymakers to enhance quality of care and facilitate evidence-based decision making. Although population-based registries include high numbers of patients, it remains a challenge to obtain sufficient numbers of similarly treated and comparable patients. Therefore, it is inevitable to use data synthesis in combi- nation with comprehensive modelling techniques to obtain valid real-world in- cremental cost-effectiveness estimates.

PCN155
IS SALE OF TOBACCO AND SMOKING PREVALENCE PREDICTORS OF FUTURE LUNG CANCER INCIDENCE?

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OBJECTIVES: Smoking is a leading cause of early death and morbidity in the West- ern World. This study is to evaluate how tobacco sales correlates with lung cancer incidence in the Danish population. It is estimated that up to 86% of lung cancer cases in developed countries are smoking related. METHODS: Lung cancer incidence data from 1943-2009 are from Nordic (www.anncr.no). Sale of tobacco (cigarettes/inhalant) 1920-2010. Smoking habit surveys from 1953-2010, annually from 1969. Lung cancer incidence is age stan- dardized to the Nordic population (ASR(N)), and is in rate per 100,000/year. Corre- lations are analyzed with Spearman’s rho with SPSS18. RESULTS: The strongest correlation (spearman’s rho = 0.92, p<0.0001) is found between sale of cigarettes and incidence of lung cancer with a lag time of 24 years. The correlation between lung cancer and the proportion of the population that smokes is well correlated for men (0.8, p<0.0001, lag time = 20 years). Female smokers and lung cancer are with a lag time of 5-26 years negatively correlated, but correlates positively when the lag time is more than 27 years, the best correlation being 0.732 (p=0.039, lag time=35 years). CONCLUSIONS: The correlation between lung cancer incidence and the sale of cigarettes is better than for the proportion of smokers. This might be because sale gives a better estimation of the overall exposure in a form of population “pack years”. The negative correlation between the proportion of female smokers and lung cancer, and the change to a positive correlation when a longer lag time is applied can be either a true finding that might be explained by longer development time in females. Or it could be a result of changes in the accuracy of the proportion, or a result of changes in the age pattern.

PCN156
VALUE-BASED PRICING IN THE UK: INDUSTRY STAKEHOLDERS’ PERSPECTIVES

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OBJECTIVES: The value-based system of pricing branded medicines in the UK is nearing the launch phase with unresolved concerns towards developing the new pricing framework and executing the system. This study identifies the strategies proposed by stakeholders for the successful implementation of VBP and also de- termines the ‘relative importance weights’ of additional value-elements i.e., bur- den of illness, innovation and societal benefit introduced in the new pricing framework. METHODS: In-depth qualitative and survey-based interviews were conducted with 23 experts identified in pharmaceutical industry, NHS and SMCC advisory committees, NHS hospitals and pharmacies. RESULTS: Pharmaceutical industry should adapt to a new model that brings innovation in R&D, addresses increasing costs of care and incentivizing the local commissioning groups. It is possible that government and pharmaceutical industry will direct more efforts towards improving the interaction between physicians and patients for gathering real-world evidence. Government or payers should proactively publish guidelines before the launch or propose a transitional arrangement for pharma in 2014. The local uptake of measures should be encouraged by introducing national settlement schemes and incentivizing the local commissioning groups. It is possible that government and pharmaceutical industry will direct more efforts towards improving the interaction between physicians and patients for gathering real-world evidence. The result of this model is the overall cost-effectiveness will remain the prime metric in valuation process, however, burden of illness and innovation may carry more weight than other value-elements. Societal benefit still needs to be broadly defined; and innovation should ultimately translate into improved clinical efficacy/mortality outcomes. The impact of VBP for both stakeholders, patients and across disease areas with a focus on primary care and oncology. CONCLUSIONS: The stakeholders still lack the clear understanding of VBP and believe that ulti- mately it might be restructuring of the existing system given the limited time left for its implementation. Even though the new pricing framework includes addi- tional criteria, pricing decisions are anticipated to be made on a case-by-case basis eventually.

PCN157
CONCEPTUAL FRAMEWORK FOR THE EVALUATION OF PATIENT ACCESS SCHEMES (PAS) IN THE EU

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OBJECTIVES: Patient access or risk sharing schemes (PASs) have recently been increasingly used, enabling easier and swifter access to new treatments, especially in oncology. However, PASs frequently do not deliver the required results. The aim was to create a conceptual framework that allows the selection of the most appro- priate PAS in different countries. METHODS: A targeted literature review has been conducted to identify PAS specific literature in oncology. Based on the review and the evaluation of the currently implemented PASs in the EU, a three-level concep- tual framework has been constructed based on a country-specific prerequisite for the different types of PASs. Each criterion can be achieved by different tools/techniques, each with a list of basic requirements. PASs for each country can be evaluated using simple scoring system for each criterion. The conceptual framework has Helsinki Region Patients’ representatives and tested for the UK and Hungary. RESULTS: The literature review identified large numbers of abstracts and studies; however only 14 met the inclusion criteria. These were mainly from the UK and the US. The criteria evaluated authorities’ roles and responsibilities, transparency throughout the negotiation process and the outcomes and decision making. Although population-based registries include high numbers of patients, it might be restructuring of the existing system given the limited time left for its implementation. Even though the new pricing framework includes addi- tional criteria, pricing decisions are anticipated to be made on a case-by-case basis eventually. However, small numbers of patients regularly excluded from clinical trials, are treated in daily practice. However, important data, including prognostic information, was commonly missing (e.g. 40-55% missing performance status). Furthermore, patients treated with the drug of interest were not comparable to patients not treated with the drug. Moreover, only small numbers of patients received the drug of interest (mRCC: N=34; non-Hodgkin: N=35), and many patients received different drugs in various combinations and treatment sequences in haematologi- cal cancers. This, in combination with the inability to fully correct for confounding, computation of a real-world-incremental cost-effectiveness estimate. CONCLUSIONS: Our registries provided important information to physi- cians and policymakers to enhance quality of care and facilitate evidence-based decision making. Although population-based registries include high numbers of patients, it remains a challenge to obtain sufficient numbers of similarly treated and comparable patients. Therefore, it is inevitable to use data synthesis in combi- nation with comprehensive modelling techniques to obtain valid real-world in- cremental cost-effectiveness estimates.

PCN158
ADHERENCE TO HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) TESTING & ADJUVANT TRASTUZUMAB TREATMENT GUIDELINES IN A CANADIAN PROVINCE

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OBJECTIVES: We evaluated the use of confirmatory HER2 fluorescence in situ hy- bridisation (FISH) and predictors of trastuzumab use in early-stage breast cancer (ESBC) in the province of Ontario. The adherence of practice patterns to provincial adjuvant trastuzumab treatment guidelines and national HER2 testing consensus guidelines was assessed. METHODS: A retrospective cohort of ESBC patients diagno- sed in 2006-7 was identified in the Ontario Cancer Registry (OCR). HER2 test type, sequence, result(s) and status, tumour grade and hormone receptor status were determined from centrally-held (OCR) pathology reports. Trastuzumab treatment was purchased from provincial cancer agency records. Demographic, locoregional health integration network (LHIN), surgical, prior radiological and anthracycline treat- ment and comorbidity data were determined from administrative data sources. Logistic models were used to estimate adjusted odds ratios for factors associated with HER2 test adherence. RESULTS: The first HER2 status result was the largest predictor of trastuzumab use in the cohort, with HER2 equivocal tumours being significantly more likely to be restested vs. positive (OR 116 [79, 169]). Confirmatory testing varied by LHIN but not by age. Patients diagnosed with stage III disease had significantly higher odds of receiving a confirmatory test vs. stage I (OR 1.17; 95% CI). HER2 status was the largest predictor of trastuzumab use in the cohort, with HER2 equivocal, negative or unknown status patients significantly less likely to receive treatment than positive. With advanced age at diagnosis (>70y) had lower odds of trastuzumab treatment compared to younger patients (OR 0.5 [0.3, 0.7]). Increasing tumour grade was associated with higher odds of treatment. Treatment varied significantly by LHIN. CONCLUSIONS: Despite limitations in centrally-reported tumour pathology, we demonstrate that the use of confirmatory FISH testing in On- tario was largely consistent with Canadian guidelines. Trastuzumab use in the cohort was consistent with provincial guidelines on HER2 status in many patients, though practice varies across LHINs.

PCN159
MELODY BRAZIL - TREATMENT PATTERNS IN BRAZILIAN HEALTH CARE SYSTEM

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OBJECTIVES: To determine treatment patterns among individuals treated for unresectable stage III and IV melanoma or relapsed between January 01 2008 and December 31 2009. Patients had to have at least two months follow up in 12 private