for the study. The interviews were recorded after participants’ written consent and were transcribed and content analyzed. RESULTS: 23 women participated. Fear, panic, anger, and anxiety were the main feelings during the diagnosis. Chemotherapies were perceived as the most painful part of the treatment both physically and emotionally. Mastectomy and hair loss changed their image radically. Two of the female patients were the two most important sources of support and they felt that their relationships became stronger during the disease. The disease had a severe impact on patients’ families as well and a major concern among the participants was their children. At the time of the study, 13 women eval-
uated their experience positively. They attribute their disease to their previous way of life and they perceive it as a chance to move forward and put themselves first. During their journey they felt the need for psychological support but this was not always feasible due to economic barriers and lack of such services in the hospitals.

CONCLUSIONS: Breast cancer diagnosis is the beginning of a long and painful journey that brings changes to patients’ life. At the end however, most patients choose to turn around their disease which becomes part of their identity. Professional psychological support is necessary in all stages and needs to be part of the treatment process in Greece.

PCN331
HOW HAS THE SMC PATIENT AND CLINICIAN ENGAGEMENT (PACE) PROCESS BEEN USED IN ASSESSMENTS OF END-OF-LIFE MEDICINES AND MEDICINES TO TREAT VERY RARE CONDITIONS?
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OBJECTIVES: To identify decisions by the SMC using the PACE process since the scheme was introduced and identify issues that influence a successful outcome.
METHODS: Assessments that used the PACE process were identified from SMC briefing notes between May 2014 and June 2015. Key points expressed were classified into those to do with evidence or added value for the patient or the hospitals. Twenty assessments were identified that used the PACE process: 17 in oncology indications and one each in hypertension, infection in cystic fibrosis, and myelofibrosis. Ten were approved (one in two years) and ten were rejected (three in two years). There were three main reasons for rejection – three that met orphan criteria, one that met end-of-life criteria, and six that met both. Five products were accepted with restrictions (four with a PAS) and five were rejected (one with a PAS). All assessments discussed clinical issues, including health and economic benefit, health-related quality of life, health-related costs, and reduction in adverse events (11/20). Sixteen provided data on the severity of the condition (impact on patients, caregivers, and families), and 14/20 commented on the disease. Nine characterized the unmet need, 13 considered the most appropriate position for the medicine in the pathway of care and/or identified specific patient groups. Seven assessments argued for added value to patients (convenience of treatment) and value to patient’s family and carers in terms of disease burden (6/10) health-related quality of life (6/10) benefit relative to the costs (6/10) a potential impact on health status (5/10) and a reduction in adverse events (11/20). Sixteen provided data on the severity of the condition (impact on patients, caregivers, and families), and 14/20 commented on the disease. Nine characterized the unmet need, 13 considered the most appropriate position for the medicine in the pathway of care and/or identified specific patient groups. Seven assessments argued for added value to patients (convenience of treatment) and value to patient’s family and carers in terms of disease burden (6/10) health-related quality of life (6/10) benefit relative to the costs (6/10) a potential impact on health status (5/10) and a reduction in adverse events (11/20).
CONCLUSIONS: PACE assessments to date have largely focused on clinical issues and patient’s quality of life, with limited attention as yet to the economic issues and patient’s quality of life, with limited attention as yet to the economic issues. PACE appears to be meeting the SMC’s objectives to date, however, it remains to be seen how well it copes with the challenges of reviewing novel and/or contentious medicines.