PCN302
DISEASE PREVALENCE AND HEALTHCARE RESOURCES CONSUMPTION IN PATIENTS WITH BASAL CELL CARCINOMA IN ITALIAN LIUS
Degli Esposti 1, Sangiorgi D2, Ruda S3, Crovato E4, Cerra C5
1ClinC s.r.l., Ravenna, Italy, 2Panico SRL, Ravenna, Italy
OBJECTIVES: The aim of this study was to assess basal cell carcinoma (BCC) prevalence in real practice, and to calculate the related healthcare resources consumption. METHODS: An observational retrospective cohort analysis based on administrative databases of three Italian Local Health Units was conducted. Beneficiaries who have been hospitalised for BCC (ICD-9 code 173) or with a histological diagnosis (ICD-O M8909/3-B909/3) from January 1st, 2009 to December 31st, 2013 - index date - were included. Patients were characterised back to Jan 2009, and followed up till the end of the observation period (Dec 2013) to assess healthcare resource consumption. RESULTS: According to preliminary findings on around 550,000 beneficiaries, BCC prevalence through discharge diagnosis was around 6 cases per 10,000 population per year; considering worst case scenario, 10 cases of BCC every 10,000 patients/year were reported. Advanced patients (aBCC) were reported to be around 4%, most of them defined according to the following criteria: two surgical excisions on the same side and at least one subsequent procedure (surgery, radiotherapy, photodynamic therapy or imiquimod). 0.3% of enrolled patients had metastasis. During follow-up, ambulatory surgery was performed in 63.5% of advanced patients, around 1.6% underwent radiotherapy and 38.1% of them had at least one hospital admission, imiquimod was prescribed in 11.3% of patients. Yearly aBCC patients resource expenditure was around 40€/year for hospitalisations - index costs excluded - 32€ for ambulatory care and 77€ for drugs (anti-inflammatories, antibiotics and topic drugs, 16€ for imiquimod). CONCLUSIONS: As aBC patients are reported to have a low recurrence of hospitalisation of discharge-based analysis would underestimate real prevalence. With pathological anatomy database, this study estimated 0.4 advanced BCC cases/10,000 beneficiaries/year. Healthcare consumption in this sub-population was driven by hospitalisations and ambulatory costs due to surgical excision.

PCN303
ASSESSMENT OF BURDEN AND ECONOMIC IMPACT OF THE VANDETANIB RESTRICTED DISTRIBUTION PROGRAM IN CANADA
Frise S6, Bergmansoo A7, Kozmenko M6, Salvo F4, Moride Y4
1AstraZeneca Canada, Mississauga, ON, Canada, 2YolaRx Consultants, Paris, France, 3INSERM Unité 657, Bordeaux, France, 4Faculty of Pharmacy, Université de Montréal, Montreal, QC, Canada
OBJECTIVES: Vandetanib, approved in 2012 in Canada, is indicated for the treatment of advanced medullary thyroid cancer. QTO-prolongation or otorrhoea are considered in the risk management plan as an identified risk. To minimize this risk a restricted distribution program (RDP) has been implemented. Although shown effective, there are limited data on its associated burden to patients, health care professionals and the healthcare system. Therefore the objectives of the present study were to evaluate qualitatively and quantitatively the burden associated with the different components of the vandetanib RDP and, to determine the economic impact of the program for the healthcare system. METHODS: A mixed method evaluation has been used. Burden was determined by comparing prescribing and monitoring practices under the RDP with those that would have been observed in the absence of the RDP. Data on healthcare usage were collected through interviews conducted in controlled settings (n=31). Information was complemented with questionnaires (n=12) completed by oncologists, nurses and pharmacists to get data on patients’ use of the drug and associated costs for hospitalisations and treatments. An economic analysis, considering the perspective of the third party payers, was conducted to determine whether access to new, non-NICE funded oncology medicines continues to rely on the relatively cost effective PAS or increasingly depends on the more costly NHS payer funded CDF. RESULTS: Fifty five of 128 NICE- or SMC-approved PAS-HTAs between October 2007 and June 2015 were in oncology. Of these, 10 NICE and 4 SMC PAS-HTAs had been approved prior to, whereas 17 NICE and 24 SMC PAS-HTAs had been approved after introduction of the CDF, amounting to an almost 6-fold increase in SME PAS-HTAs but a less than 2-fold increase in NICE PAS-HTAs over a similar period. However, 7 oncology medicines receiving HTA approval by the SMC but not NICE were included in the May 2015 CDF list of approved medicines. CONCLUSIONS: Since the introduction of the CDF, there has been a discrepancy between the number of PAS-HTAs in cancer treatments between NICE and the SMC. For selected medicines, the CDF appears not to have improved access to oncology products as part of PAS-HTAs but rather lead to increased costs to health service payers.

PCN304
COMPARATIVE ANALYSIS OF EXPENDITURE OF DRUGS FOR MALIGNANCY
Sabio A1, Tien samples of HCPs (prescribers, pharmacists and nurses) either exposed to the RDP or not yet certified for the vandetanib RDP (i.e., unexposed) but familiar with the treatment of medullary thyroid cancer. A mapping of patient journeys, with and without the intervention, was developed to identify HCPs’ use of vandetanib. An economic analysis, considering the perspective of the third party payers, was conducted to determine whether access to new, non-NICE funded oncology medicines continues to rely on the relatively cost effective PAS or increasingly depends on the more costly NHS payer funded CDF. RESULTS: Fifty five of 128 NICE- or SMC-approved PAS-HTAs between October 2007 and June 2015 were in oncology. Of these, 10 NICE and 4 SMC PAS-HTAs had been approved prior to, whereas 17 NICE and 24 SMC PAS-HTAs had been approved after introduction of the CDF, amounting to an almost 6-fold increase in SME PAS-HTAs but a less than 2-fold increase in NICE PAS-HTAs over a similar period. However, 7 oncology medicines receiving HTA approval by the SMC but not NICE were included in the May 2015 CDF list of approved medicines. CONCLUSIONS: Since the introduction of the CDF, there has been a discrepancy between the number of PAS-HTAs in cancer treatments between NICE and the SMC. For selected medicines, the CDF appears not to have improved access to oncology products as part of PAS-HTAs but rather lead to increased costs to health service payers.

PCN305
PATIENT COUNT FORECASTS OF ADVANCED NON-SMALL CELL LUNG CANCER: RESULTS FROM THE UK, GERMANY, ITALY AND SPAIN (EU-5)
Kish JK1, O’Day K2, Manley-Daumont M2, Campbell DJ3, Peredó F4
1C famé, Palm Harbor, FL, USA, 2Bristol Myers Squibb, Paris, FL, USA, 3Bristol Myers Squibb, New Brunswick, NJ, USA
OBJECTIVES: To present data on patient counts estimated from the EU-5 countries. METHODS: Quantitative forecasts of patients receiving first-line treatment for advanced NSCLC (ADC) in five European countries were produced. RESULTS: The number of ADC patients estimated for 2015-2019 were: Germany –13,300 and 21,200, UK –8,400 and 21,300, France –11,800 and 18,800, Italy –7,600 and 20,500, Spain –7,100 and 11,400. Combined across both histologies, the number of patients receiving second- and third-line treatment in 2015 were: Germany –17,400 and 4,400, UK 15,500 and 4,000, France –15,500 and 4,000, Italy –14,600 and 3,800, Spain –9,400 and 2,400. The projected numbers of deaths due to advanced NSCLC in 2015 were: Germany –35,800, UK –27,700, France –30,800, Italy –27,400; Spain –19,500. CONCLUSIONS: These results represent the first published data to estimate the current and future number of patients eligible for targeted ADV-NSCLC therapies in the EU-5. Despite declining incidence trends, there remains a significant unmet clinical need for ADV-NSCLC treatments to reduce high mortality rates.

PCN306
THE CANCER DRUGS FUND AND PATIENT ACCES SCHEMES WITHIN THE UK: INCREASED ACCESS TO ONCOCOLOGY MEDICINES OR REDUCED VALUE FOR MONEY?
Magiakou KT, Gibson E, Wickenstons, Goring Heath, UK
OBJECTIVES: Patient access schemes (PAS) give UK patients access to medicines not currently funded by the National Institute for Health and Care Excellence (NICE) and balance company profits and competitiveness with government interests to ensure availability of medicines at reasonable prices. In April 2011 the NHS payer funded Cancer Drugs Fund (CDF) was introduced in England to further improve access to life saving cancer medicines not approved by NICE. The objective of this study was to determine whether access to new, non-NICE funded oncology medicines continues to rely on the relatively cost effective PAS or increasingly depends on the more costly NHS payer funded CDF. METHODS: Thirty-six PAS were identified as well as areas of redundancies with NICE and the SMC. For selected medicines, the CDF appears not to have improved access to oncology products as part of PAS-HTAs but rather lead to increased costs to health service payers.

PCN307
IMPACT OF DRUG’S PRESENTATION ON PATIENTS’ PERCEPTION OF TREATMENT’S RISKS & BENEFITS THROUGH NEW ORDINAL GEE MODELLING
Method: RESULTS FROM IMI PROJECT WP6
Wieczorek W1, Karcher H1, Amzal B1, Beyer A2, Hoekstra T2, Fasolo B3, Hillege JL2
1A484
Wickenstones, Goring Heath, UK
2Faculty of medicine, Novi Sad, Serbia and Montenegro, 3Faculty of Medicine, Novi Sad, Serbia and Montenegro
OBJECTIVES: Consumption and expenditure of drugs for malignancy varies between countries. One of the main reasons is the high price of this innovative drugs. Developed countries have more resources for the treatment of malignant diseases and better access to expensive drugs than countries with middle income. METHODS: We compared the data on expenditure and consumption of innovative anticancer drugs in middle income country Serbia (13,020 USD), and high income country with different GDP; Slovenia (26,497USD) and Norway (64,406USD) during the year 2012. Data were expressed in monetary units and the data was derived from one year, expenditure in EU. RESULTS: In Norway 144 drugs for malignancy is available for treatment of malignancy. In Slovenia 118 anticancer drugs were available for treatment of malignancy. However they are consumed in 2012, about 10 million euros per million inhabitants. Slovenia had more than half less consumption of anticancer medicines, 190 million euros, or about 37 million euros per million inhabitants. In Serbia only 73 million euros was spent for anticancer drugs, or about 8 million euros per million inhabitants. Slovenian population was smaller than Serbian population, but they are much richer. We compared the data on consumption of innovative oncology drugs, show that the least of these drugs are consumed in Serbia when comparing to Norway and Slovenia. Among them, the most frequently used drug in Serbia is trastuzumab(treatment of metastatic breast cancer). For this indication is also