(DCE). METHODS: A discrete-event state-transition model was developed to estimate the cost-effectiveness of all scenarios for all patient groups. In addition, a discrete choice experiment (DCE) was designed to establish patient preferences. The DCE incorporated three process attributes (duration of follow-up, frequency and type of consult) and data were collected in a sample of 125 breast cancer patients. Patients had to complete all 18 choice sets that were generated from the three attributes. RESULTS: The modelling study revealed recommendations for follow-up in different age categories. Patients younger than 40 and patients with unfavorable tumor characteristics (>3 lymph nodes, tumor size >2 cm) can benefit from a more intensive follow-up of five or possibly ten years. Patients older than 40 but younger than 70 years old sometimes benefit from a more intensive follow-up; e.g. when younger than 50 and tumor size >2 cm. The DCE, however, showed that patients chose maximum levels of follow-up independent from age and their individual clinical risk profile. Duration of follow-up and type of consult (either hospital visit or telephone) weighted approximately 0.43 and 0.50 respectively. The frequency of follow-up (either once or twice a year) was least important (0.07). CONCLUSIONS: The model showed that follow-up may be individualized according to risk profile and age. However, patients preferred long and intensive follow-up strategies after breast cancer treatment. Taking into account individual patient preferences it may be recommended to reduce the frequency of follow-up to once a year. The service delivery by nurse practitioners is well appreciated and another means for improving cost-effective follow-up.

PCN95

POLICY-MAKING FOR EXPENSIVE INNOVATIVE DRUGS IN FRANCE: ECONOMIC IMPACT AND INFLUENCE ON STAKEHOLDERS’ BEHAVIOURS OF POTENTIAL DECISIONS ABOUT TAXANES

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OBJECTIVES: In France, expensive innovative drugs are paid by health insurance over and above per-case payments to hospitals. Health authorities and pharmaceutical companies set a ceiling price. Hospitals are encouraged to negotiate cheaper prices and receive bonus payments equal to half of the difference. We assessed the impact of policy decisions about Taxanes (Paclitaxel and Docetaxel) on the costs of breast cancer drugs, both for health insurance and hospitals, on the turnover of pharmaceutical companies and on the behaviours of these three stakeholders. METHODS: We conducted 1) a retrospective observational study to determine the resources allocated to chemotherapy drugs in an actual clinical setting, and 2) a prospective study simulating stakeholders’ behaviours using clinical evaluations of Taxanes, results of French epidemiological and drug use studies and published drug prices. We assessed the impact of 1) decreasing the ceiling price of Paclitaxel by 50%, and 2) excluding Paclitaxel from the list of expensive innovative drugs. RESULTS: Baseline economic data for drug use in breast cancer are: €369 million expenditure for health insurance; €0.73 million savings for hospitals, especially because of the bonus payments; and €366 million turnover of pharmaceutical companies. Decreasing the ceiling price of Paclitaxel has an impact on hospitals who then might substitute Paclitaxel to Docetaxel, but the manufacturer of Docetaxel can get the market back by lowering actual price by 3%. The impact of excluding Paclitaxel from the list of expensive innovative drugs is small for health insurance but important for hospitals who may then substitute Docetaxel to Paclitaxel. This increases health insurance expenditures and health authorities must then negotiate a lower ceiling price for Docetaxel. CONCLUSIONS: Our study shows that policy decisions modify stakeholders’ behaviours, though not always as expected. This approach could be used in the future for studying other expensive innovative drugs.

PCN96

ASSOCIATION BETWEEN RESPONDENT- AND PRACTICE-RELATED CHARACTERISTICS AND RADIATION ONCOLOGY STAFF-REPORTED BURDEN ON MUCOSITIS MANAGEMENT FOR HEAD AND NECK CANCER (HNC) PATIENTS

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OBJECTIVES: A web-based survey was designed to confirm time and activities associated with mucositis management for US-based radiation oncology staff treating HNC patients at different treatment stages. This study examined some of the respondent and practice characteristics that were observed to be associated with the mucositis management time. METHODS: Respondents completing the survey were required to be either licensed physicians (n = 50) treating at least 3 HNC patients per month or RNs (n = 51) actively practicing in a radiation oncology facility. The survey was designed after detailed interviews with four physicians and nurses to identify key activities associated with mucositis management. Time associated with each task was analyzed using descriptive statistics and summed to per-patient per-treatment level. Nonparametric tests (Wilcoxon, Spearman correlation) were used to explore the association between respondent and practice characteristics and mucositis management time by physician and nurse. RESULTS: Physicians and nurses reported spending a median of 5.7 and 9.0 hours per HNC patient, respectively, managing mucositis-related activities from planning to post-treatment. Female physicians reported spending more than male physicians (9.0 vs. 5.3 hours, p = 0.04), and non-Caucasian (predominantly Asian) physicians reported spending more time than Caucasian physicians (6.9 vs. 4.0 hours, p = 0.03). Further, physician-reported time was significantly associated with total number of all patients treated per month (r = 0.3, p = 0.04). Similar associations were not observed for nurse respondents. Respondents’ years of practicing in radiation oncology, number of HNC patients treated per month, total number of HNC patients treated in previous two months, type of facility respondents practicing at (private vs. community-based), and facility HNC patient/clinician ratio were not associated with the mucositis management time reported by respondents. CONCLUSIONS: The amount of time spent managing mucositis-related activities for HNC patients receiving RT is substantial. Physician-reported time varied substantially by gender and race and was found to be associated with number of patients treated per month.

PCN97

TREATMENT OF PATIENTS WITH METASTATIC BREAST CANCER (MBC) IN THE UK WHO PROGRESS ON TRASTUZUMAB AND HAVE PREVIOUSLY RECEIVED AN ANTHRACYCLINE AND A TAXANE: A NEED FOR EVIDENCE BASED THERAPIES?

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OBJECTIVES: Continuous suppression of the HER2+ (ErbB2+) receptor is an accepted treatment strategy for patients with HER2+ MBC. However, consideration of the evidence base