Weights (ICFw), and Iterative Parameter Estimation (IPE). To determine acceptance of the methodology, Public-Summarized Patient Data (PSDs) reporting Pharmaceutical Benefits Advisory Committee’s (PBAC’s) decision-making in oncology were reviewed. METHODS: Oncology PSDs were examined, and the method of adjustment (if any), PBAC concerns and outcome were assessed. RESULTS: Thirty-one oncology PSDs allowing (16%) or not allowing (15%) PBAC adjustments were examined. Cochrane’s Q tests indicated heterogeneity of OS. Common indications were: renal cell carcinoma, non-small cell lung cancer (NSCLC), melanoma, colorectal cancer (CRC), and pancreatic neuroendocrine tumor. The most common method was PSFT (11 products), followed by IPE (4 products). IPE, marginal structural modelling, and a two-stage Weiβbull approach were each reported once. The PSFT approach appeared to raise fewer concerns than the ICFw, usually because the ICFw correction was considered less reliable when a high proportion of patients crossed-over. In NSCLC and CRC, the PBAC considered unadjusted crossover to be appropriate and reflect a relevant comparison between first- and second-line therapy. Only five PSDs reported results of more than one method. When PSFT expressed a range of approaches and a clearly justified selection of the most appropriate method. CONCLUSIONS: A range of adjustment techniques were used to support submissions in Australia, with PSFT being most common. It is important to clearly justify the need for adjustment and the selection of the most appropriate technique.

PCN6
SAFETY AND INSURANCE PREMIUM INDICATORS FOR HOSPITALS BASED ON SUBCUTANEOUS VERSUS INTRAVENOUS ADMINISTRATION OF ONCOLOGY / HEMATOLOGY THERAPIES: CASE STUDIES WITH RITUXIMAB (MABTHERA) AND TRASTUZUMAB (HERCEPTIN)
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OBJECTIVES: In oncology an important parameter of safety is the potential treatment error in hospitals. The hypothesis which is being analyzed in the underlying work is whether hospitals with a higher proportion of IV-therapy had more potential treatment error compared to the proportion of subcutaneous therapy. Additionally, the effect of the IV therapy protocol on the use of an additional safety level for the intravenous administration was estimated to be 756 (ex-ante) and 2350 (ex-post). The potential harm compensation level for the intravenous administration was estimated to be 756 (ex-ante) and 2350 (ex-post). The potential harm compensation level for the intravenous administration was estimated to be 756 (ex-ante) and 2350 (ex-post).

PCN7
ASSOCIATIONS OF METFORMIN USE WITH MORTALITY AND DISEASE PROGRESSION AFTER CURATIVE HEPATIC RESECTION IN HEPATOCELLULAR CARCINOMA WITH TYPE 2 DIABETES MELLITUS: A NATIONWIDE POPULATION-BASED STUDY
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OBJECTIVES: There is a paucity of study to examine the relationship between metformin use and hepatocellular carcinoma (HCC) specific survival or recurrence. We, therefore, conducted a nationwide population-based study in the patients with HCC who underwent curative resection to investigate whether metformin use would reduce mortality and recurrence rate.

PCN8
IMPROVED SURVIVAL WITH IPILLUMIMAB IN PATIENTS WITH ADVANCED MELANOMA IN REAL-WORLD CLINICAL PRACTICE: FIRST RESULTS OF THE DUTCH MELANOMA TREATMENT REGISTRY
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OBJECTIVES: Iplllumimab improved the survival of advanced melanoma patients in phase III trials (MDX010-20: previously treated patients) and CA184-04 [treatment-naive patients]. Uncertainty exists, however, whether this benefit can be translated to real-world clinical practice. We investigated the use and survival outcomes of ipilimumab in The Netherlands. METHODS: We retrieved data from the population-based Dutch Melanoma Treatment Registry (DMTR). The DMTR includes all Dutch patients with unresectable stage IIIc/IV melanoma. Detailed data were prospectively collected from start of diagnosis until death or loss to follow-up. Survival outcomes (overall survival [OS]) of patients treated with ipilimumab (ex-ante) were compared.

PCN9
WHEN “ALIVE AFTER 5 YEARS” DOES NOT MEAN “CURED”: INTERNATIONAL PATTERNS IN CANCER 10- TO 20-YEAR RELATIVE SURVIVAL RATES
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OBJECTIVES: Traditionally, patients who survive 5 years from diagnosis of cancer are considered to be cured. More recent analysis of adjusted mortality rates suggests this assumption may not be valid. We sought to identify data on relative survival at 10 to 20 years for common cancers to determine which showed a continuing increase in mortality beyond 5 years.

PCN10
IMPROVED SURVIVAL IN PATIENTS WITH ADVANCED MELANOMA IN REAL-WORLD CLINICAL PRACTICE: FIRST RESULTS OF THE DUTCH MELANOMA TREATMENT REGISTRY
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OBJECTIVES: New drugs for advanced melanoma showed promising results in pivotal trials; however, uncertainty exists regarding their value in real-world clinical practice. We investigated real-world treatment patterns and outcomes of advanced melanoma in The Netherlands. METHODS: We retrieved data from the population-based Dutch Melanoma Treatment Registry (DMTR). The DMTR includes all Dutch patients with unresectable stage IIIc/IV melanoma. Detailed data were prospectively collected from start of diagnosis until death or loss to follow-up. Real-world treatment patterns and outcomes (overall survival [OS], one-year survival and time-to-next-treatment [NTT]) were assessed in patients receiving systemic treatment.