PCN302
DISEASE PREVALENCE AND HEALTHCARE RESOURCES CONSUMPTION IN PATIENTS WITH BASAL CELL CARCINOMA IN ITALIAN LIUS
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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 M8809/3-B093/3) 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 10000 inhabitants/year; considering 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 11.1% of patients. Yearly abCC patients resource expenditure was around 404€ for hospitalisations - index costs excluded - 32€ for ambulatory care and 77€ for drugs (anti-inflammatories, antibiotics and topic drugs, 16€ for imiquimod). CONCLUSIONS: As BCC patients are reported to have a low recurrence of hospitalisations if 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
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OBJECTIVES: Vandetanib, approved in 2012 in Canada, is indicated for the treatment of advanced medullary thyroid cancer. QTO-proliferation or torso-disease is 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 professionnels and the healthcare system. The objective of the present study was 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 was 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 community pharmacies (pharmacists, nurses and pharmacists) who either exposed to the RDP or not yet certified for the vandetanib RDP (i.e., unexposed) but familiar to the RDP or not yet certified for the vandetanib RDP (i.e., unexposed) but familiar to the RDP. An economic evaluation, considering the perspective of the third party payers compared to the RDP or not yet certified for the vandetanib RDP (i.e., unexposed), was developed to identify major components of the program. RESULTS: A total of 33 community pharmacies participated in the study: 22 exposed to the RDP and 11 unexposed. The burden associated with the RDP has been identified as well as areas of redundancies with practices under the RDP with those that would have been observed in the absence of the RDP. The economic impact of the program was further stratified by histology and line of treatment to obtain counts. A probabilistic sensitivity analysis (PSA) was used to estimate variability in the patient counts. RESULTS: By histology, the forecasted number of squamous and non-squamous ADV-NSCLC patients receiving first-line treatment in 2015 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, 18.4% (95%CI 15.7-20.3) of enrolled patients were first-line treated. 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 ONCOLOGY MEDICINES OR REDUCED VALUE FOR MONEY?
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OBJECTIVES: Patient access schemes (PSA) 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 PSA or increasingly depends on the more costly NHS funded CDF. METHODS: We will search MEDLINE, the UK’s National Institute for Health and Care Excellence (NICE) and Scottish Medicines Consortium (SMC)-approved HTAs incorporating a PAS (FASHTAs) 4 years before and after introduction of the CDF. In addition, all medicines approved under the CDF were identified. 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 SMC 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.

PCN307
IMPACT OF DRUG’S PRESENTATION ON PATIENTS’ PERCEPTION OF TREATMENT’S RISKS & BENEFITS THROUGH NEW ORDINAL GEE MODELLING METHOD: RESULTS FROM IM1 PROTECT WP6
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OBJECTIVES: The mode by which patients receive information may impact their perception of treatment’s risks and benefits. With this study we investigated how much patients can remember using a new ordinal cumulative link model proposed by Woesck et al. and used to create an ordinal cumulative link model for the questions on perceptions. Methods controlled for were: presentation format, order of presentation of risks and benefits, comprehension of drug’s effects by the subject, order of presentation of different formats, current mood, and demographic characteristics. RESULTS: Drug marketed lapatinib, which has the highest consumption among the most expensive drugs in Norway and Slovakia. Countries with lower GF have less availability of anticancer medicines in amount and in quantity. Countries with lower GF must control the usage of drugs for malignancy treatment if they want to allocate their resources for treatment of other diseases as well.

PCN305
PATIENT COUNT FORECASTS OF ADVANCED NON-SMALL CELL LUNG CANCER: RESULTS FROM THE UK, GERMANY, ITALY AND SPAIN (EU-5)
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OBJECTIVES: To generate estimates of the number of advanced (Stage IIIb and Stage IV) non-small cell lung cancer (ADV-NSCLC) patients needed to estimate the potential clinical and economic outcomes of new targeted therapies for ADV-NSCLC. The objective of this prospective, European study was to forecast counts of squamous/non-squamous NSCLC cell eligible for first- and third-line treatment yearly from 2015-2019 in EU countries. METHODS: Segmented linear regression ("joinpoint") was used to forecast age- and gender-stratified lung cancer incidence rates from historically published incidence rates. Yearly incident case count totals by country were apportioned according to NSCLC morphology and stage at diagnosis. Early to advanced stage progression rates were estimated over a 10-year interval. Advanced patients receiving systemic treat-ment were further stratified by histology and line of treatment to obtain counts.

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OBJECTIVES: Health economics models used in the assessment of new medicines are the key to optimize the effectiveness of risk management plans, should avoid duplication of efforts and loss of economic resources. Evaluation of treatment’s harms, key to optimize the effectiveness of risk management plans, should avoid duplication of efforts and loss of economic resources. Evaluation of treatment’s harms, key to optimize the effectiveness of risk management plans, should avoid duplication of efforts and loss of economic resources. Evaluation of treatment’s harms, key to optimize the effectiveness of risk management plans, should avoid duplication of efforts and loss of economic resources. Evaluation of treatment’s harms, key to optimize the effectiveness of risk management plans, should avoid duplication of efforts and loss of economic resources. Evaluation of