pegfilgrastim and $30 for filgrastim. CONCLUSIONS: During 2007-2010, the majority of patients did not pay OOP for G-CSF.

PCN132
A NEW PERSPECTIVE OF THE IMPACT OF THE CANCER DRUGS FUND ON ONCOLOGY DRUG USE AND OTHER HEALTH CARE RESOURCES WITHIN ENGLAND
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OBJECTIVES: In 2010 the UK government made an election pledge to improve access to cancer drugs. The Interim Cancer Drugs Fund (ICDF) was introduced in October 2010. This became the Cancer Drugs Fund (CDF) in April 2011. An additional £350 million per year, for three years, was made available to fund cancer drugs within England. The CDF money was allocated to the 10 Strategic Health Authorities within England. The Cancer Network Pharmacists manage or are closely involved with the CDFs. The objective of this research was to identify the impact of the CDF money on drug use and hospital attendance in England and the impact on the clinical practice.
RESULTS: Through a cohort study involving 28,906 patients from twelve CDF areas, the following results were identified. The CDF has led to a significant increase in use of some drugs, hospital attendances, and sends recommendations to the medical staff.
CONCLUSIONS: The CDF had changed clinical practice. The CDF has led to a significant increase in use of some drugs, hospital attendances, associated treatment costs and workload for Network Pharmacists. The commissioning process for cancer drugs had changed, new drugs were not commissioned unless recommended by NICE.

PCN133
DATA LINKAGE FOR HPV VACCINATION, SCREENING, AND CERVICAL CANCER OUTCOMES: IS THERE AN EVIDENCE BASE FOR PUBLIC HEALTH DECISION-MAKING ON CERVICAL CANCER PREVENTION STRATEGIES?
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OBJECTIVES: To assess the availability of linked data on HPV vaccination, screening, and cervical cancer outcomes to guide public health decision-making on cervical cancer prevention strategies. METHODS: MEDLINE and Google Scholar (1/1/2006-12/31/2011) were searched using keywords HPV registry, linkage, and cervical cancer to identify countries with national HPV vaccination. Australia, New Zealand, Denmark, Norway, Greenland, Sweden, Iceland, the United Kingdom, Canada, Mexico, and the United States were selected for detailed analysis based on previous review frameworks (Wong et al. 2010, Sander et al. 2012). Information on infrastructure, data collected, surveys conducted, and data linkage for these countries through January 15, 2012 was extracted from official health authority websites and government reports. Documents not publicly available or without data on these topics were excluded. RESULTS: Twenty peer-reviewed articles and health policy reports were identified for review. Of the 11 countries evaluated, 6/7(11) have national HPV vaccination registries collecting vaccination data and comprehensive cancer registries that include cervical cancer outcomes. Four out of the eleven participate in the WHO HPV Laboratory Network that aims to develop an international reference system for HPV assays to monitor performance of HPV vaccines. Five of the 11 countries have linkage of vaccination, cancer screening, and cancer registry records at the national level; however, the other six countries have potential linkages at provincial/territorial levels. None of the 11 countries had data on HPV DNA genotyping linked with other cervical cancer screening and vaccination data. CONCLUSIONS: While fewer than half of the countries assessed had nationally linked data on HPV vaccination, screening, and cervical cancer outcomes, the remaining countries have potential local-level linkages of these data. Establishing data linkages across these sources of information can enable an evidence base to explore the impact of national vaccination strategies and to inform cervical cancer prevention efforts.

PCN134
EFFECTS OF CLINICAL PHARMACIST INTERVENTIONS ON CLINICAL OUTCOMES IN ONCOLOGY PATIENTS
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OBJECTIVES: To assess the effect of clinical pharmacist interventions on the clinical outcomes in oncology patients. METHODS: A total of 100 patients received their chemotherapy cycles with clinical pharmacist care were included in the analyses. Mean (± standard deviation) age was 60.6 (± 14.0) years old with 22.8% under 50 and 36.5% were female. Overall, 66.8% of patients had cancer treatment related surgery, 38.7% received systemic therapies, 44.7% received radiation, and 17.7% of patients received all three treatments. Logistic regressions revealed that patients with lung (p < 0.0001), liver (p < 0.0001), or bone metastases (p < 0.0001) were more likely to have radiation therapy. Patients being treated by oncologists were more likely to receive systemic therapy (p < 0.0001) or radiation (p < 0.0001) while patients being treated the administration stage and 3.8% in the dispensing stage. CONCLUSIONS: The clinical pharmacy interventions among oncology patients can reduce the number of medication errors; improve the clinical outcomes through increasing chemotherapy efficacy and reducing the toxicity.

PCN135
CREATING ONCOLOGY COVERAGE POLICY: THE RELIANCE ON COMPENDIA AND TREATMENT GUIDELINES BY 25 PRIVATE US PAYER
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OBJECTIVE: The objective of this study is to determine how 25 private US payers use approved compendia and treatment guidelines when creating oncology coverage policies for products or services outside of Food and Drug Administration (FDA) approved indications. METHODS: Primary and secondary research was conducted on the oncology coverage policies of US payers, n=25, to determine if they follow the Centers for Medicare & Medicaid Services (CMS) recommended guidelines on oncology drug coverage and use for products or services outside of FDA approved indications. RESULTS: The 25 US payers we surveyed, 12 payers follow CMS published guidelines that now mandate that coverage can be given if an indication has a positive review in one of the approved compendia and as long as no one compendia has a negative listing of the indication. A total of 8 payers have authored unique coverage policies that often are broader than CMS’ guidelines or include coverage for indications listed in the National Comprehensive Cancer Center (NCNN) Drug & Biologics Compendia as class Ia or II. The remaining five payers continue to rely on CMS’ previous policy prior to the expansion of the compendia list. CONCLUSIONS: The majority of the US private payer oncology coverage policies for non-FDA indicated uses that either mirror CMS’ compendia policy, or are somewhat more liberal in their interpretation based on their review of published data and reliance on lower levels of evidence.

PCN136
ONCOLOGY DRUG PRICES IN THE UNITED STATES AND THE UNITED KINGDOM: IMPLICATIONS FOR PRICING STRATEGY AND DRUG ACCESS
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OBJECTIVES: To understand relative price differential for cancer drugs in the United States and the United Kingdom. Develop implications for pricing strategy and patient access for cancer drugs. METHODS: Ten branded cancer drugs were selected and their prices for similar dose and packaging were compared in the United States and the United Kingdom. Prices were analyzed for the end of 2010 and early 2011. Historical exchange rates were used to convert British pounds to US dollars. Relative price discount was calculated for all selected cancer drugs. KOLs and payers were interviewed to understand current and future implications of this price differential. RESULTS: The median price discount for selected ten branded cancer drugs in the United Kingdom versus the United States was ~50%. The range of discount for 10 branded cancer drugs was 27%-61%. The price discount for oral small molecule drugs was higher than for biologics (55% vs. 45%). Since United Kingdom is one of the few remaining free pricing markets in Europe, other European markets are likely to have even higher discounts relative to the prices in the United States. Due to rising coinsurance of specialty products, US cancer patients bear significantly higher cost than patients in the United Kingdom. KOL and payer interviews suggest US pricing trends for cancer drugs are unlikely to be sustained at this level in the future.

PCN137
SURGERY, RADIATION, AND SYSTEMIC THERAPIES IN PATIENTS WITH METASTATIC MELANOMA
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OBJECTIVES: To describe treatment patterns with surgery, radiation, and systemic (drug) therapies in patients with metastatic melanoma in the United States. METHODS: Using a large US medical claims database, patients were identified between 2005 and 2010 using ≥2 melanoma diagnoses (ICD-9-CM: 172.xx, V10.82) and ≥2 diagnoses for metastasis (ICD-9-CM: 197.xx, 198.xx). The index date was the first date of metastasis diagnosis. Patients were followed from the index date to death, disenrollment, or end of the study period (6/30/2010), whichever occurred first. RESULTS: Of the 11,087 patients included, 44.7% received radiation, and 17.7% of patients received all three treatments, 44.7% received radiation, and 17.7% of patients received all three treatments, 44.7% received radiation, and 17.7% of patients received all three treatments. Logistic regressions revealed that patients with lung (p < 0.0001), liver (p < 0.0001), or bone metastases (p < 0.0001) were more likely to have radiation therapy. Patients being treated by oncologists were more likely to receive systemic therapy (p < 0.0001) or radiation (p < 0.0001) while patients being treated...