to be issued a “do not recommend” decision than non-oncology reviews (56% vs. 16%, p < 0.05). The likelihood of issuing a “do not recommend” decision increased with the sample size, and limited therapy areas.

Conclusions: The probability of making a “do not recommend” decision was significantly higher for oncology and non oncology reviews. This suggests that NICE is more likely to issue a “do not recommend” decision for oncology reviews (p = 0.07), but no statistical trend in non-oncology reviews. Conclusions: NICE was more likely to issue a “do not recommend” decision for oncology reviews (p = 0.07). Over time, NICE appears to be replacing “recommend with restriction” decisions with “do not recommend” decisions in oncology reviews, but this did not pass traditional significance levels.

PCN264
SYSTEMATIC REVIEW OF ECONOMIC EVALUATIONS IN CANCEROLOGY IN BRAZIL BETWEEN 1980 AND 2013
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Nowadays, economic evaluation has been increasingly used in health care decision-making in Brazil. The Brazilian economic evaluation literature in cancerology is unknown. Objectives: This systematic review aims to identify and characterize the economic evaluation studies in cancerology conducted in Brazil. Methods: Ten online databases (MEDLINE (PubMed), EMBASE, Latin American and Caribbean Literature on Health Sciences Database (LILACS), Scientific Electronic Library Online (SciELO), National Health Institute (NHI) and other sources) and Resumen (CRD), Biblioteca Virtual em Saúde Economia da Saúde (BVS ECOS), SCOPUS, Web of Science, and the Sistema de Informação da Rede Brasileira de Avaliação de Tecnologias em Saúde (SISREV/SP) were systematically searched. We also performed manual search. We selected partial and full economic evaluation studies in cancerology, where at least one of the authors was affiliated to a Brazilian institution. Two authors performed study selection and data extraction independently. Disagreements were resolved through discussion or through consultation with a third reviewer. The study characteristics were summarized in figures and summary tables. Results: A total of 11946 records were identified. Fifty-six articles met inclusion criteria, of these, 33 (59%) were a full and 23 (41%) were a partial economic evaluation. The cost-effectiveness analysis was the most used (27%). There was an increment in the number of publications over the years, especially after 2006. Researchers from the Southeast region of Brazil were responsible for the majority of the publications (82%). Cancers most frequently studied were breast cancer (37%), followed by cervical cancer (16%), lung cancer (12%) and colorectal cancer (9.0%). The technologies most studied were medications (34%). Conclusions: The expanded data sets have a place in contributing to HTA decision making, but overall, data only (2/14 [14.3%] versus 9/16 [56.3%]) appeared to have directly influenced the final decision. Overall, positive appraisals were less frequent for submissions that featured expanded data sets compared with submissions featuring Phase III data only (2/14 [14.3%] versus 9/16 [56.3%]). Comparable to NICE, 2/10 (20%) of PBAC recommendations were for 40% of decisions, were compared with those of three major HTA agencies: CADTH, NHS and PBAC. HTA reports and meeting transcripts were analysed and categorised by data, therapy area, decision, rationale, and pricing decision. Resubmissions or those not assessed by the western HTA agencies were excluded. Results: A total of 65 NHI reports were identified. Of these 26 reported decisions on oncology or cardiovascular drugs (9.0%), 23 were rejected (3 resubmissions, 9 not reviewed by the other agencies). Prior to 2GNHI, 4 out of 5 decisions were positive, or 80% approval rate, while after, only 4 out of 9 were positive, a 44% approval rate. Prior to 2GNHI, all NHI reimbursement decisions were issued as “recommend”. For 2GNHI, only 6/9 or 66% matched. Clinical effectiveness and budget impact were most cited in reimbursement rejections. For example Zytipta, NHS appreciated the cost-effectiveness but stated budget impact was too high, issuing a negative recommendation, contrary to the other agencies. Interestingly, its “local” product was recommended for limited reimbursement even though budget impact was high. Conclusions: Since implementation of Taiwan’s NHI reforms in January 2013, cardiovascular and oncology drug applications exceeded by 36% with agreements with western HTA agencies, placing an emphasis on budget impact. However, this analysis was constrained by its small sample size, and limited therapy areas.

PCN267
EXPANDED DATA SETS FOR HTA DECISION-MAKING IN ONCOLOGY: DO THEY HELP TO ACHIEVE POSITIVE APPRAISALS?
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Objectives: Phase III, randomised controlled trials remain the gold standard for health technology assessment (HTA) submissions. Data sets may be supplemented with Evaluation Datasets 1 to 6 trials, observational studies OS for Reviews and Dissemination (CRD), Biblioteca Virtual em Saúde Economia da Saúde (BVS ECOS), SCOPUS, Web of Science, and the Sistema de Informação da Rede Brasileira de Avaliação de Tecnologias em Saúde (SISREV/SP) were systematically searched. We also performed manual search. We selected partial and full economic evaluation studies in cancerology, where at least one of the authors was affiliated to a Brazilian institution. Two authors performed study selection and data extraction independently. Disagreements were resolved through discussion or through consultation with a third reviewer. The study characteristics were summarized in figures and summary tables. Results: A total of 11946 records were identified. Fifty-six articles met inclusion criteria, of these, 33 (59%) were a full and 23 (41%) were a partial economic evaluation. The cost-effectiveness analysis was the most used (27%). There was an increment in the number of publications over the years, especially after 2006. Researchers from the Southeast region of Brazil were responsible for the majority of the publications (82%). Cancers most frequently studied were breast cancer (37%), followed by cervical cancer (16%), lung cancer (12%) and colorectal cancer (9.0%). The technologies most studied were medications (34%). Conclusions: The expanded data sets have a place in contributing to HTA decision making, but overall, data only (2/14 [14.3%] versus 9/16 [56.3%]) appeared to have directly influenced the final decision. Overall, positive appraisals were less frequent for submissions that featured expanded data sets compared with submissions featuring Phase III data only (2/14 [14.3%] versus 9/16 [56.3%]). Comparable to NICE, 2/10 (20%) of PBAC recommendations were for 40% of decisions, were compared with those of three major HTA agencies: CADTH, NHS and PBAC. HTA reports and meeting transcripts were analysed and categorised by data, therapy area, decision, rationale, and pricing decision. Resubmissions or those not assessed by the western HTA agencies were excluded. Results: A total of 65 NHI reports were identified. Of these 26 reported decisions on oncology or cardiovascular drugs (9.0%), 23 were rejected (3 resubmissions, 9 not reviewed by the other agencies). Prior to 2GNHI, 4 out of 5 decisions were positive, or 80% approval rate, while after, only 4 out of 9 were positive, a 44% approval rate. Prior to 2GNHI, all NHI reimbursement decisions were issued as “recommend”. For 2GNHI, only 6/9 or 66% matched. Clinical effectiveness and budget impact were most cited in reimbursement rejections. For example Zytipta, NHS appreciated the cost-effectiveness but stated budget impact was too high, issuing a negative recommendation, contrary to the other agencies. Interestingly, its “local” product was recommended for limited reimbursement even though budget impact was high. Conclusions: Since implementation of Taiwan’s NHI reforms in January 2013, cardiovascular and oncology drug applications exceeded by 36% with agreements with western HTA agencies, placing an emphasis on budget impact. However, this analysis was constrained by its small sample size, and limited therapy areas.

PCN268
THE LIFE AND DEATH OF THE END OF LIFE TREATMENT APPRAISAL CRITERIA IN NICE TECHNOLOGY APPRAISALS
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Objectives: Since January 2009, NICE in the UK allows end of life (EOL) treatments to enter the upper end (E000-EQALY) of the threshold. However, there is no systematic cost-effectiveness ratio (CER) threshold for EOL life-years. With discussions surrounding the concept and implementation, and the introduction of the value based assessment framework, the aim of this study was to review NICE technology appraisals (TAs) in oncology to assess the interpretation, implementation and implications of the criteria. Methods: All completed TAs in oncology since 2009 were searched. When multiple submissions of the same TA were made, the latest were selected. Data were extracted to capture details of the appraisal (e.g. treatment, indication and decision), the consideration of the five different EOL criteria (applicability, interpretation, effect on the decision) and the method of implementation (weighting, threshold). Results: 61 TAs, including six multiple technology appraisals, technologies were reviewed. EOL criteria were considered in 40 TAs covering 44 technologies. EOL weighting was considered appropriate for 36% of technologies. Most technologies fulfilled the criterion of ≥24 month life expectancy (rejected in 14%), extension of life by ≥3 months or robustness of its calculation was the most common cause of rejection (32%/25% respectively). These criteria were inconsistently applied, using different methods (e.g. medians, restricted means from extrapolation, means from trial or model). The criterion of small population favoured technologies with limited indication (rejection 20%). Earlier TAs presented weight calculation, while later TAs only presented ICERS. Conclusions: Although aiming for greater transparency, the criteria left much to be desired. On the one hand, the decision making was influenced by applying higher weights to EOL life-years shifting to a differential threshold for certain indications, the original idea of considering wider societal preferences seem to have been neglected, that the new guidance should remedy.

PCN269
APPLICABILITY OF EUHTA RELATIVE EFFECTIVENESS ASSESSMENT OF PAMBINON FOR NATIONAL APPRAISAL AGENTS
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Objectives: Pambinon (250 mg) was first approved by the EMA on 25 April 2010 as a Second Generation Non Small Cell Lung Health Technology Assessment (HTA). Taiwan reimbursement decisions and granted prices before and after the introduction were compared with major western countries. Methods: Publications of Taiwan NHI from March 2011 to February 2014 were searched and reimbursement decisions identified. The largest therapy areas, oncology and cardiovascular, which accounted...