gional differences ranging from testing 44% to more than 100% of the eligible population, implying significant diagnostic tests in latter case. Despite a longer waiting time before results of EGFR-mutation tests were available (mean 11.9 days, SD 4.3 days). Considering treatment, on average about 45% of the eligible patients were treated with EGFR-TKI in the first line. Regional variation was observed ranging from 32% to 84%. Furthermore, extensive treatment variation was observed among regions according to current clinical guidelines. CONCLUSIONS: The probability of testing patients for EGFR and treatments given varied considerably. This did not correspond with current clinical guidelines. Less than 50% of the eligible patients received EGFR-TKI in the first line. Reasons may be the long waiting time for test results, physicians experience and individual patient characteristics. However, the large regional differences plead for optimal use of existing diagnostic and treatment strategies to improve outcomes for this patient group.

PCN160
PROSTATE CANCER SCREENING PRACTICES IN THE REPUBLIC OF IRELAND: THE DETERMINANTS OF UPTAKE
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OBJECTIVES: To determine the extent of social inequality in uptake of prostate cancer screening in Ireland and compare inequalities across groups for whom the cost effectiveness of screening is thought to vary. METHODS: A series of decomposition analyses of inequalities in uptake of prostate cancer screening were undertaken using data collected as part of a large population based survey in the Republic of Ireland (SLAN 2007). Separate analyses were conducted for individuals differentiated by age on the basis of reported differences in the cost effectiveness of screening. A range of explanatory variables were used to explore the role of non-factorial inequalities including education and possession of private medical insurance. RESULTS: Overall uptake of prostate screening in men aged 40 years and over in the preceding 12 months was 23.81%. Uptake was highest among those in the age group where the cost effectiveness of screening was deemed to be highest (based on the findings of the European Randomised Study of Prostate Cancer (ERSPC) trial). The lowest socioeconomic inequality was also observed among this age group. The decomposition of the concentration indices showed that possession of private insurance was the largest determinant of inequality among those 55-69 (36%) and remained a significant determinant among those aged 70 and over (17%). CONCLUSIONS: The decision to engage with screening is one likely to be taken in conjunction with a healthcare professional and reflect an assessment of the expected costs and benefits of screening to the individual. Whereas evidence as to the merits of screening is ambiguous and financial incentives to screen are evident patterns of uptake may emerge that do not represent an appropriate use of resources and warrant greater scrutiny. KEY WORDS: Prostate Cancer PSA Test Screening Incidence Diagnosis Concentration Indices Decomposition Analysis

PCN161
THE LACK OF ART NEEDS ASSESSMENT: THE CASE OF HEPATOCELLULAR CARCINOMA (HCC) CONTROL IN EUROPEAN COUNTRIES
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OBJECTIVES: The European Parliament called for a greater focus on viral hepatitis and hepatocellular carcinoma (HCC), yet there has been little action on this declaration. We conducted a needs assessment for HCC control and tested needs concordance in five European countries. METHODS: Clinical, policy and patient advocacy stakeholders were purposively sampled from France, Germany, Italy, Spain, and Turkey. Ten indicators were assessed subjectively: clinical education; early detection; access to care; available drugs; funding for treatment; political will; barriers. Results were compared to a benchmark using a 2-score and concordance tested via the F-test. RESULTS: One hundred participants (response rate 57%) were drawn equally from the 5 countries. Respondents self-identified as having influence at the local (33%), national (39%), or international (28%) level. Greatest need is for improvement in life-style risk factors (Z=-9.51), political awareness (Z=-7.97), and public awareness (Z=-7.67), while the least need is for improving HCC awareness (Z=0.45). Overall, France performed best (Z=-4.36), and Turkey worst (Z=-2.54). Significant discordances in needs (P<0.05) were found for half of the factors (funding for treatment and detection, public awareness, HBV strategy and national statistics), but concordance was accepted for the remaining factors. CONCLUSIONS: We demonstrated a statistical method for conducting a needs assessment for HCC control in Europe and found that the greatest needs are for improving life-style risk factors (especially related to obesity and diabetes) and political and public awareness. Despite being a cost-effective measure, HBV control strategies are needed (least due to high cost adoption). With both concordant and discordant needs, there are roles for both national and European-wide efforts in HCC control. For example, the European parliament should lead efforts in driving political awareness and lifestyle risk factors, while member countries should focus on public awareness.

PCN163
FUNDING BY SHAS FOR RARER CANCERS IN ENGLAND: KEY SUCCESS FACTORS IN THE UPTAKE OF CANCER DRUGS FUND
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OBJECTIVES: Overall 2506 patients gained access (from a total of 2880 applications) for oncology treatment from the Cancer Drugs Fund within the first 6 months of its launch. However, there are significant variations in the number of applications that different Strategic Health Authorities (SHAs) are able to process and approve. This study aimed to assess the reasons for the observed inter SHA variability in the application rates, processing and outcomes within the Cancer Drugs Fund from October 2010 to March 2011. METHODS: The results on the application rates from an audit undertaken by Rarer Cancers Foundation using the Freedom of Information Act were analysed, especially the changes in application rates over time and the outcomes of these requests. The analysis led to the development of a framework to understand the key factors influencing the application rates and its outcomes, which was then validated through a telephone survey of key SHAs in 2011. RESULTS: Along with significant variations in the application rates there appears to be a north-south divide, with SHAs in the south of England approving a lower proportion of applications. Some of the underlying reasons were identified to be linked with administration costs, levels of routine access to cancer treatments (which itself vary according to the area of the country) and ‘timely’ decision-making. DISCUSSION: Adopting the process of clinical commissioning consortia to guide their commissioning activities. Future steps can include benchmarking of their application approval rates by clinical commissioning consortia and SHAs until 2013 against that in other regions and take action to identify the outliers and address the causes of this.

PCN164
DOES DIFFERENT AVAILABILITY OF ONCOLOGY CARE IS RESPONSIBLE FOR DIFFERENCES IN CANCER-RELATED MORTALITY RATES AMONG THE PROVINCES OF POLAND?
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OBJECTIVES: Substantial differences in cancer-related mortality rates among the 16 provinces of Poland exist. Over the last 10 years the differences between the highest and the lowest observed standardized mortality rates varied at 33.9% to 54.2% in female population and at 24.1% to 40.9% in male population. The differences in mortality rates cannot be explained only by differences in cancer incidence rates among the provinces since weak correlation between both values exists (Spearman's correlation r = -0.01 and r = -0.05 in male and female population, respectively). There are also substantial differences in availability of oncology care among the provinces since to some extent each of 16 regional departments of the National Health Fund (NHF) pursues its own health policy. The aim of this study was to estimate whether the differences in availability of oncology care are responsible for differences in cancer-related mortality rates among the provinces of Poland. METHODS: We used NHF data on contracts for oncology hospital and ambulatory care in 2008 and the National Cancer Registry (NCR) data on age-standardized mortality rates due to cancer in 2008. Data on hospital and ambulatory care and incidence were used for each province. We used data on number of applications for oncology care per cancer patient. Incidence data were used due to lack of cancer precise prevalence data. RESULTS: We have found no strict correlation between mortality rates and availability of hospital care with Pearson’s correlation r = -0.01 and r = -0.05 in male and female population, respectively. Surprisingly, we observed strong positive correlations between mortality rates and availability of ambulatory care were found with Pearson’s correlation r=0.36 and r=0.45 in male and female population, respectively. CONCLUSIONS: Further research, extended beyond simple relation between clinical outcomes and health care service financing is needed to explore inter-provincial variances. International Research Project on Financing Quality in Healthcare InterQuality, is aimed to address those discrepancies in health care.

PCN165
A FIRST ESTIMATE OF THE INCREMENTAL IMPACT OF MALES HPV VACCINATION ON HPV-RELATED DISEASES IN EUROPE
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OBJECTIVES: Human Papilloma Virus (HPV) vaccination programs among women have been successfully implemented in Europe. Burden of HPV-related cancers is rising in Europe in men and represents around 30% of the overall HPV-related burden in both genders. Vaccinating girls have an indirect protective impact on males but doesn’t avoid the whole HPV burden. Study objective was to have a first estimate of the incremental benefits of adding a cohort of 12-years old boys to a 12-years old girls vaccination program. Seventy percent vaccine coverage rates were assumed for both strategies. RESULTS: A validation of this model was achieved by being able to replicate US dynamic model results (number of cases avoided). In Europe, female-only vaccination would result in a 61% reduction in males HPV-related cancers (at steady state, 100 years). Adding a cohort of boys would increase this result to 86% and would avoid significant additional HPV-related diseases