marketed lapatinib, which has the highest consumption among the most expensive drugs in Norway and Slovakia. Countries with lower GDP must control the usage of drugs for malignant 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, FRANCE, ITALY AND SPAIN (EU-5)

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OBJECTIVES: To report the results of patient count forecasts of 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.

Methods: The data was collected from 2011 to 2013. The forecast was done using the patient impact modeling tool in combination with historical data from the respective countries. The model allows to forecast patient counts by tumor and country. The model was validated using available historical data.

RESULTS: A total of 42,217 patients needed to be treated with new targeted therapies for ADV-NSCLC in the EU-5 countries for 2015. However, countries with lower GDP need less number of patients. The highest number of patients needed to be treated with new targeted therapies for ADV-NSCLC in 2015 was in Germany (19,700), followed by France (15,500) and Italy (14,600). The lowest number of patients needed to be treated with new targeted therapies for ADV-NSCLC in 2015 was in Portugal (2,000).

CONCLUSIONS: Patient count forecasts are a useful model to estimate the potential clinical and economic outcomes of new targeted therapies for ADV-NSCLC. The model can be used to estimate patient counts for different countries and different years.

PCN306
THE CANCER DRUGS FUND AND PATIENT ACCES S SCHEMES WITHIN THE UK: INCREASED ACCESS TO ONCOLOGY MEDICINES OR REDUCED VALUE FOR MONEY?

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OBJECTIVES: To assess the impact of patient access schemes (PAS) on patient access to medicines not approved 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 PAS or increasingly depends on the more costly NICE PAS-HTAs.

Methods: A literature search was conducted in order to assess the impact of PAS on the access to new, non-NICE funded oncology medicines. The study was conducted in the UK, Germany, France and Italy.

Results: A total of 144 drugs were included in the analysis. The number of patients receiving second- and third-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 all histologies, 38% of patients receiving second- and third-line treatment in 2015 were: Germany = 17,400 and 4,400; UK = 15,500 and 4,000; France = 15,500 and 4,000; Italy = 14,600 and 3,800, Spain = 9,400 and 2,400. The projected numbers of deaths due to ADV-NSCLC in 2015 were: Germany = 35,300; UK = 27,700; France = 30,800; Italy = 27,400; Spain = 19,500.

Conclusions: The results show a high variation in the number of patients receiving second- and third-line treatment across different countries.

PCN307
IMPACT OF DRUG’S PRESENTATION ON PATIENTS’ PERCEPTION OF TREATMENT’S RISKS & BENEFITS THROUGH NEW ORDINAL GEE MODELLING METHOD: RESULTS FROM IMP1 PROTECT WP6


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OBJECTIVES: The mode by which patients receive information may impact their perception of treatment’s risks and benefits. The aim of the study was to measure how different presentation factors (format - textual, tabular, graphical; order - from the most to the least risky) impact patients’ perceptions of the drug’s risks and benefits using an ordinal GEE modelling method.

Methods: A web-based online questionnaire presenting two drug options to patients in three therapeutic areas: atrial fibrillation, breast cancer, diabetes. Two questions were asked on the patients’ perception of the drugs’ benefits and risks. Data was collected from 2011 to 2015. Data was presented via an online questionnaire presenting two drug options to patients in three therapeutic areas. The ordinal GEE modelling method was used to create an ordinal cumulative link model for the questions on perceptions of the drugs’ benefits and risks.

Results: The factors 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. In the case of atrial fibrillation, the highest perception of drug’s risks was for the drug presented in the graphical format. In the case of breast cancer, the highest perception of drug’s risks was for the drug presented in the tabular format. In the case of diabetes, the highest perception of drug’s risks was for the drug presented in the textual format.