cost and/or insufficient clinical advantage over other therapies. Interviewed EUs payers pointed to the high risk and robust demand for existing agents for favorable health technology assessment (HTA) of personalized therapies, and increasingly seek cost-sharing schemes. However, most surveyed US and EU oncologists preferentially prescribe biomarker-driven agents where appropriate (e.g. 80% of hematologists report most frequently use line 1 for ALK-positive NSCLC), despite prior authorization and reauthorization being commonly required in the US, and country-specific cost-containment measures (e.g. physician budgets in Germany). BTD is most frequently used for ALK with 42% of respondents using BTD in line 1 being key prescribing hurdles in the EUs. CONCLUSIONS: Strong, demonstrable advantages over existing agents and pricing compromises are required to secure favorable reimbursement for biomarker-driven treatment. While prescribers favor personalized medicine, payers require proven value for money. Manufacturers must strongly address cost and pricing issues to help convince payers to see beyond the price tag, and be prepared to balance price expectations with uptake potential to optimize market access.

PCN136 CHARACTERIZATION OF TEMOZOLOMIDE UTILIZATION IN GLOBLASTOMA

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OBJECTIVES: To characterize the use of Temozolomide (TMZ) in a real-world setting among patients with glioblastoma. METHODS: Adult patients diagnosed with malignant brain cancer (ICD-9-CM, 191.XX), who underwent brain-related surgery 90 days prior to the first TMZ dose and had ≥ 24 months of continuous enrollment, were identified in the IMS PharMetrics Lifelink Plus claims database. The TMZ + radiation subgroup was used to reflect glioblastoma patients and differentiate them from patients with lower-grade gliomas. Descriptive statistics were generated for patient demographics, insurance-related variables, co-diagnoses, concomitant medications, chemotherapy cycle-duration, and TMZ dose. The index date was defined as the first day for TMZ, and cycle periods were assessed for pre- and post-12 month periods. Statistical comparisons between pre- and post-index were performed using McNemar’s tests. RESULTS: A total of 1,126 patients met the inclusion criteria of whom 416 patients were aged 50 years or less (p < 0.01), and 10% of patients agreed to receive TMZ in the post-index period. There was a significant increase in the use of concomitant medications (antianxiety, antidepressants, and antiepileptic) as well as co-diagnoses (depression, fatigue, seizure/epilepsy, and hearing loss) in the post-index period (p < 0.001). However, in this same period, corticosteroids and pain medication use significantly decreased as did the co-diagnoses of aphasia and headache (p < 0.001). TMZ mean starting dose, duration, and number of maintenance phase cycles was 154.4 mg (SD = 77.9), 46 days (SD = 12), and 7 cycles (SD = 3), respectively. Following the first dose, 85% of patients experienced a TMZ dose increase. CONCLUSIONS: Post-index, patients experienced a complex change in both concomitant medications and co-diagnoses, possibly reflecting both a decrease in tumor mass and side effects of the TMZ + radiation therapy. These initial findings warrant further investigation of TMZ as real-world standard-of-care in glioblastoma.

PCN137 METASTATIC MELANOMA PATIENT CHARACTERISTICS AS A DETERMINING FACTOR FOR BRAF GENE MUTATION TESTING AND TREATMENT IN CANADA – A RETROSPECTIVE COHORT STUDY

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OBJECTIVES: To conduct a systematic literature review on relapsed or refractory AL amyloidosis, focusing on clinical outcomes, epidemiology, health-related quality-of-life (HRQOL), and economic aspects. METHODS: MEDLINE and EMBASE databases were searched for English-language articles published in the last 10 years using search terms including “Primary/Systemic amyloidosis”, “epidemiology/prevalence/incidence”, “therapeutics/drug therapy/outcome”, “patient-reported/quality-of-life/satisfaction”, “economic/cost” etc. Search results were manually reviewed, and relevant studies were selected for inclusion as appropriate. Additional references were obtained from clinical conferences and the reference lists of selected articles. RESULTS: 1,141 articles were initially reviewed, and 58 included in the current review. Given the rare nature of the disease, it was difficult to obtain accurate incidence and prevalence data, but incidence estimates were found to be 3 to 4 per million/millenium/year in US. AL amyloidosis is associated with early mortality (median survival <3 years in many series) and a 42-64% rate of non-response or progression. Costly complications of AL amyloidosis include disease-related organ failure. For example, kidney involvement is present in about 70% of patients, and rates of end-stage renal disease (ESRD) and death are high. Due to the widespread use of BTD on payer and prescriber perceptions of novel therapies, and its potential to help convince payers to see beyond the price tag, and be prepared to balance price expectations with uptake potential to optimize market access.

PCN138 BURDEN OF SYSTEMIC LIGHT-CHAIN (AL) AMYLOIDOSIS: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To conduct a systematic literature review on relapsed or refractory AL amyloidosis, focusing on clinical outcomes, epidemiology, health-related quality-of-life (HRQOL), and economic aspects. METHODS: MEDLINE and EMBASE databases were searched for English-language articles published in the last 10 years using search terms including “Primary/Systemic amyloidosis”, “epidemiology/prevalence/incidence”, “therapeutics/drug therapy/outcome”, “patient-reported/quality-of-life/satisfaction”, “economic/cost” etc. Search results were manually reviewed, and relevant studies were selected for inclusion as appropriate. Additional references were obtained from clinical conferences and the reference lists of selected articles. RESULTS: 1,141 articles were initially reviewed, and 58 included in the current review. Given the rare nature of the disease, it was difficult to obtain accurate incidence and prevalence data, but incidence estimates were found to be 3 to 4 per million/millenium/year in US. AL amyloidosis is associated with early mortality (median survival <3 years in many series) and a 42-64% rate of non-response or progression. Costly complications of AL amyloidosis include disease-related organ failure. For example, kidney involvement is present in about 70% of patients, and rates of end-stage renal disease (ESRD) and death are high. Due to the widespread use of BTD on payer and prescriber perceptions of novel therapies, and its potential to help convince payers to see beyond the price tag, and be prepared to balance price expectations with uptake potential to optimize market access.

PCN139 THE IMPACT OF ENDOSCOPIC LINEAR STAPLING DEVICE STABILITY IN THORACIC SURGERY: A DELPHI PANEL APPROACH

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OBJECTIVES: To develop consensus statements outlining the impact of endoscopic linear stapling device stability on potential complications of thoracic surgery and the stress/concern of thoracic surgeons. METHODS: An 8-member expert panel of practicing thoracic surgeons representing eight different countries participated in a Delphi panel process that included two anonymous surveys. The first survey included open-ended Likert scale type questions, which were then converted into affirmative statements for the second survey if an adequate number of respondents answered similarly. Consensus was defined a priori when ≥70% of respondents agreed. RESULTS: All 8 panels (100%) completed surveys 1 and 2. Panelists unanimously agreed an endoscopic linear stapling device with improved stability would result in less stress/ concern for critical firings, surgeries where a fellow is being trained, and robot- assisted surgeries requiring an assistant. Across all tissue types, all panelists agreed that reduced unintentional tissue/structure damage and reduced tension on tissue being fired upon may result from use of an endoscopic linear stapling device that provides improved device stability. The panel unanimously considered endoscopic linear stapling device stability to have more clinical importance in VATS thoracic surgery compared to open thoracic surgery. CONCLUSIONS: Improved endoscopic linear stapling device stability is a critical component of thoracic surgery that is likely to result in more frequent positive surgical outcomes when compared to a device with greater instability.

PCN140 THE EXPECTED IMPACT OF ONCOCOLICOSIMILAR BRIii ZII AND MEXICO: PAYERs AND ONCOLOGISTS CONSIDER THE COST-EFFECTIVENESS OF THESE CHEAPER ALTERNATIVES

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OBJECTIVES: To develop consensus statements outlining the impact of endoscopic linear stapling device stability on potential complications of thoracic surgery and the stress/concern of thoracic surgeons. METHODS: An 8-member expert panel of practicing thoracic surgeons representing eight different countries participated in a Delphi panel process that included two anonymous surveys. The first survey included open-ended Likert scale type questions, which were then converted into affirmative statements for the second survey if an adequate number of respondents answered similarly. Consensus was defined a priori when ≥70% of respondents agreed. RESULTS: All 8 panels (100%) completed surveys 1 and 2. Panelists unanimously agreed an endoscopic linear stapling device with improved stability would result in less stress/ concern for critical firings, surgeries where a fellow is being trained, and robot- assisted surgeries requiring an assistant. Across all tissue types, all panelists agreed that reduced unintentional tissue/structure damage and reduced tension on tissue being fired upon may result from use of an endoscopic linear stapling device that provides improved device stability. The panel unanimously considered endoscopic linear stapling device stability to have more clinical importance in VATS thoracic surgery compared to open thoracic surgery. CONCLUSIONS: Improved endoscopic linear stapling device stability is a critical component of thoracic surgery that is likely to result in more frequent positive surgical outcomes when compared to a device with greater instability.

PCN141 PROMOTION MARKET ACCESS THROUGH BREAKTHROUGH THERAPY DESIGNATION: CAN THIS ACCOMPLISH HELP CONVINCE PAYERS AND PRESCRIBERS?

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OBJECTIVES: The breakthrough therapy designation (BTD) pathway aims to expedite approval of drugs for serious and life-threatening conditions. BTD has been awarded to numerous oncology agents in development. This study assessed the likely impact of BTD on payer and prescriber perceptions of novel therapies, and its potential to