compared eight oral antineoplastics (cepafoxoline, mitomycin, leucovorin, thalido-
mide, sunitinib, erlotinib, temozolomide, dasatinib) to a market basket of eight com-
monly utilized oral drugs (cefoxoloxin, statipatilin, rosuvastatin, fenofibrate, ramipril, 
 simvastatin, atorvastatin, amlopidine). We calculated the correlation coefficient (r2) 
for OPC fluctuations vis-à-vis the chosen market basket. This observation may be 
a function of the severity of disease, the lack of treatment options or both. In con-
trast, changes in OPC for products in the general market basket, notably simvastin 
and statipatilin, precipitated significant changes in drug utilization. Broader treatment 
options and specifically generic competition may contribute to this finding. Further 
research is warranted to track these relationships in a prospective, multi-factorial 
manor in order to better infer a cause-effect relationship.

**PCN152**

**NEW JAPANESE PREFECTURAL GOVERNMENT CANCER CONTROL PROGRAMS: A SYSTEMATIC REVIEW AND AN INTERNATIONAL COMPARISON**

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**OBJECTIVES:** The Japanese Cancer Control Act took effect in 2007. The objectives 
of the Cancer Control Act are to improve regional cancer care and promote a uni-
formly high level of cancer care nationwide. To achieve these goals, the Act specifies 
that all 47 prefectural governments in Japan formulate cancer control programs 
(CCPs) by 2008. Our study aimed to systematically review the CCPs of 45 of Japan’s 
prefectural governments that were formulated by January 2009 and then compare 
them to the programs that have been established in the West. METHODS: Six areas 
of CCPs of 45 of Japan’s prefectural governments were systematically reviewed: 
“prevention,” “treatment,” and “palliative care,” etc. Parameters assessed included 
whether the proportion of smokers was being investigated, whether the numbers of 
radiation therapy and chemotherapy specialists engaged in cancer therapy were 
known, and whether the number of palliative care beds was known (a total of 224 
parameters). RESULTS: The highest-rated plan overall received a score of 65.8, and 
the lowest a score of 33.3. Of the 43 plans, 21 (47%) established target values without 
actually determining the current proportion of minors who smoke, 25 (56%) did 
not investigate the numbers of specialists in cancer therapy. In addition, areas in 
which Japan is similar to the UK and the US, which operate CCPs on a national level, 
were clarified. CONCLUSIONS: It was found that not a few of the programs rest on shaky 
foundations and are of questionable implementability. An international comparison 
revealed that Britain’s NHS Cancer Plan has achieved a reduction in the smoking rate 
and increased anticancer drug use, and the United States’ NCCCP has produced results 
by supporting the CCPs of virtually all 50 states, achievements that should serve as 
a model for Japan.

**PCN153**

**PERFORMANCE MONITORING OF ORGANIZED CANCER SCREENING PROGRAMMES USING ADMINISTRATIVE DATA**

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**OBJECTIVES:** Screening programmes for breast, colorectal and cervical cancers are 
efficacious in decreasing cancer mortality and are recommended by the EU Council 
to all its member states. For screening programmes to be effective, delivery and 
monitoring should be highly recommended. Vital part of organized programme is performance monitoring 
employing data on all screening tests performed. In absence of dedicated data collec-
tion system, alternative ways of performance monitoring should be employed. Our 
objective is to demonstrate feasibility of performance monitoring using administrative data. 
METHODS: This was a cross-sectional study to ascertain coverage by cancer 
screening tests in Czech population in years 2000–2007. Administrative data from 
health insurance companies were collected by the National Reference Centre. Aggre-
gated data were collected on procedures associated with cancer screening programmes, 
in particular screening mammography, FOBT, and gynaecology preventive examina-
tion. RESULTS: Most reliable data from years 2006–2007 were used for coverage 
estimation. In the two-year period, 745,723 women aged 45–69 years (43.5 %) 
underwent mammography screening, compared to 754,147 records in dedicated breast 
cancer screening database. In the same period, 393,912 men and women who were 
over 50 years (16.0 %) underwent colorectal cancer screening. In 2007, gynaecology pre-
ventive examination was attended by 1,083,256 women (40.9 % of population aged 
25–59 years). CONCLUSIONS: Performance monitoring using administrative data is feasible, 
which was demonstrated by monitoring of coverage of breast and colorectal screening 
tests. Coverage between administrative data and data in dedicated breast cancer screening 
database is excellent. Due to absence of actual data on population coverage in other 
screening programmes, administrative data is the only available and reliable source 
of information on access to programme by citizens in all regions. Future use of individual 
administrative data could help us to evaluate various other screening process compo-
ents associated with its effectiveness, safety and cost-effectiveness.

**PCN154**

**ANTICANCER DRUG EXPENDITURE IN CATALONIA 2003–2007**

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**OBJECTIVES:** The cost of drugs for cancer treatment continues to increase, especially 
with the addition of monoclonal antibodies and other targeted therapies to standard 
cancer treatment regimens. The purpose of this study was to examine the pharmaceuti-
METHODS: Data from the Pharmaceutical Care and Complementary Benefits data-
base from the Catalan Health Service was used. This database contains information 
on drugs dispensed in the outpatient setting in public hospitals. Drug expenditure 
was not adjusted for inflation and results are expressed in nominal terms. RESULTS: 
From 2003 to 2007, total drug expenditure (TDE) grew at an average annual rate of 
13.4%. During this period mean average growth rate for total anticancer drug expen-
diture (TACDE) was 46.1% increasing from 24.8 million Euros in 2003 to €111.6 million in 2007. TACDE as percentage of TDE increased from 29% in 2003 to 34% in 2007. Considerable variation in growth of TACDE was 
observed across regions and hospitals. Six drugs (trastuzumab, imatinib, docetaxel, 
oxaliplatin, rituximab and paclitaxel) accounted for 67% of TACDE. The number 
of patients receiving anticancer drugs and the number of dispensed drugs increased 
by 29.13% and 34.2%, respectively. Per patient anticancer drug expenditure increased 
was not available and analyses per type of cancer could not be performed. CONCLU-
sIONS: Anticancer drug expenditure in the outpatient setting has been increasingly 
growing during the study period. Both the volume of drug use and the entry of new 
drugs (typically introduced to the market at higher prices) seem to be explanatory 
factors determining drug spending trends in Catalonia. A more comprehensive 
approach to the use of anticancer drugs by type of cancer is of high importance.

**PCN155**

**“PATIENT ACCESS SCHEMES”—THE USE OF RISK-SHARING IN THE UK**

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**OBJECTIVES:** To analyse key differences between the recently negotiated Pharma-
aceutical Price Regulation Scheme (PPRS) and previous schemes. Understanding the 
implications of these changes is important for the pharmaceutical industry and pricing 
and reimbursement (P&R) activities, particularly when considering the application of 
risk-sharing. METHODS: The new and old versions of the PPRS were compared 
across several dimensions: 1) price cuts; 2) price and profit controls; 3) new initiatives; 
and 4) incentives. In particular, the recent introduction of “patient access schemes” 
(PASs) was examined. Recent risk-sharing agreements (Yalcine and Lucente) were 
presented as case studies. To provide an international perspective and cross-market 
comparison, the analysis also considered examples of risk-sharing schemes as used in 