PCN218

ASSESSMENT OF LUNG CANCER TREATMENT BY DISEASE PHASE USING NATIONAL CANCER REGISTRY DATA LINKED WITH TREATMENT PATHWAY COST DATA IN AUSTRIA

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OBJECTIVES: Pilot study for evaluation of record linking and potential analysis of combination of epidemiologic cancer registry data and personalized pathway of care identified by billing data using lung cancer as test illness for Austrian data sets in the years 2006 till 2011. METHODS: Data sets are linked by anonymized distinct social insurance numbers of approximately 85 percent of all detected incident lung cancers in Austria in the years 2006 till 2011 on the average data on single person level. The calculated dataset deals as starting point for the analysis of the remaining lifetime distribution depending on age and TNM - stage. Analysis was performed by means of data recorded in hospitals coded by the MEL-system in combination with treatment using defined drugs is analysed and reported for further interpretation by the experts. An exploratory data analysis on the survival and regional differences in Austria was performed in order to complete the pilot study. RESULTS: Data for the whole Austrian health insured population, including incident cases for lung cancer over a time span of two years were analysed for the following chronic diseases detected by predefined rules on hospital diagnoses and drug prescription in the year preceding patient history: COPD, diabetes and psychiatric illnesses. For the detected 6616 patients the probability of surviving is calculated and visualized by Kaplan-Meier-Curves. Exemplarily the one year survival is given: 75.4% and the 5 years life expectancy - 1% Further results combining different influence factors on survival including data from the cancer registry information table are performed. CONCLUSIONS: Combining data collected by the national epidemiological cancer registry system and personal information of patient treatment and care provides a broad basis for analysis concerning real world pathway comparison of cancer patients. This work can unlock potential in respect of defining clinical national cancer registries.

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AN ITALIAN ONCOLOGY RESEARCH TO EVALUATE ADHERENCE TO CLINICAL GUIDELINES FOR CANCER TREATMENT: THE RIGHT PROGRAM

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OBJECTIVES: Italian oncology societies develop and regularly update evidence-based clinical guidelines in order to improve care for patients. In 2004 AIM (Italian Association of Medical Oncology) created the RIGHT program: Research for the identification of the most effective and hiHighly accepted clinical guidelines for cancer treatment. It aims to evaluate the concordance between AIM Italian breast (BC), colorectal (CRC) and lung (LC) cancer guidelines and clinical practice in Italian cancer centers. METHODS: the RIGHT program is composed by three retrospective observational studies, one for each guideline, conducted in a sample of 35 (BC) + 37 (CRC) + 53 (LC) Italian centers for cancer care representative of 230 AIMOM centers. Site sampling from AIMOM database was stratified by geographic distribution (North, Center, South). Indicators were identified to verify the concordance between AIM guidelines and clinical practice about staging and treatment. Patients were included if they had their first visit at the site after guideline emission. Patients were then followed up for at least 6 months. RESULTS: Patients enrolled for the breast, colorectal and lung cancer guideline evaluation were 324, 326, and 708, respectively. Adherence was on average 69% for BC, 76% for CRC and 69% for LC. For CRC adherence was 78% for colon, 69% for rectal cancer and 83% for advanced disease. For BC, the lowest degree of compliance (0%) was observed for the follow-up indicator in asymptomatic patients. For LC, on average 67%, 46% and 81% of stage I-II-III, IIB and IV patients, respectively received recommended care according to defined lung cancer indicators. CONCLUSIONS: The RIGHT program showed that guidelines adherence is generally high and that opportunities for improvement exist. Guidelines adherence monitoring and update represent crucial activity to get more useful instrument to plan health care interventions.

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WHICH IS MORE IMPORTANT FOR DOCTORS IN A LOW-MIDDLE INCOME COUNTRY? A NATIONAL GUIDELINE OR THE MEDICAL LITERATURE? A GUIDELINE ADHERENCE SURVEY OF TRATZUMAB USE FOR BREAST CANCER IN IRAN

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OBJECTIVES: Most national standard therapeutic guidelines recommend a 52-week treatment schedule for trastuzumab use in breast cancer treatment. In contrast, the Iranian national guideline (published by the Ministry of Health) recommends a nine-week regimen. We assessed the differences between current routine practice amongst Iranian specialists and the guidelines for trastuzumab treatment and HER2 receptor testing in breast cancer patients. METHODS: A questionnaire on 25 variables regarding treatment of male cancers from 1981 to 1995 (Pearson r = 0.68, P = 0.03) and from 1986 to 1999 (Pearson r = 0.78, P = 0.007). However, when the two most frequently diagnosed cancers (prostate and breast) were excluded, there were no correlations between change in 5-year survival, and change in incidence and mortality for either male cancers during this period. When other time periods were considered for analysis, statistically significant correlations were observed between changes in national cancer registries and incidence of male cancers from 1981 to 1995 (Pearson r = 0.68, P = 0.03) and from 1986 to 1999 (Pearson r = 0.78, P = 0.007). However, when the two mostly overdiagnosed cancers (prostate and breast) were excluded, there were no correlations between change in 5-year survival, and change in incidence and mortality for the three time periods. CONCLUSIONS: Our study shows no reliable relationships between changes in 5-year survival and incidence or mortality. The increase in 5-year survival might not represent progress in cancer control, but instead indicate improved diagnosis and treatment in clinical practice.

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TIME SAVINGS WITH TRANSZTUMAB SUBCUTANEOUS (SC) INJECTION VERSUS TRATZUMAB INTRAVENOUS (IV) INFUSION: A TIME AND MOTION STUDY IN 3 RUSSIAN CENTERS

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OBJECTIVES: Transzatumab (TRA) subcutaneous (SC) injection is an alternative to intravenous (IV) administration for the treatment of HER2+ early breast cancer (BC). The objective was to quantify health care professional (HCP) time and patient chair time. RESULTS: Patient adherence to the nine-week regimen was 41% (52/128) response rate, doctors reported a relatively high absolute adherence (86%) to the guideline for HER2 receptor testing but a low rate of absolute adherence (46%) to the recommendation for duration of trastuzumab treatment. Doctors indicated that the planned duration was 9 weeks in only 32% of patients; in most cases, the plan was 52-week treatment. Patients with a 9-week treatment plan received trastuzumab for 52 weeks on average while with 52-week plans received treatment for 29.2 weeks. The general trends found in the survey were confirmed in the claims database analysis of 830 HER2 positive patients. CONCLUSIONS: When it comes to trastuzumab use, Iranian doctors appear to rely more on the medical literature than clinical guidelines developed by the Ministry of Health. Policy makers, doctors and the general public should try to reach some consensus about the optimal way to treat eligible patients. This is particularly necessary in low-middle income countries, whose limited budget cannot easily accommodate all of the innovative technologies to come. Inventive reimbursement policies may form part of the solution as long as the experiences from other countries are examined.