data in oncology – the majority of appraisals did not consider utility data in line with the NICE guidance. Even where the reference case was adopted, often data did not come from trials of the intervention being appraised. This would produce obvious uncertainty when evaluating the impact of the intervention on QALY’s.

PCN144 ACCESS TO CANCER INTERVENTIONS ACROSS THE UK: TO WHAT EXTENT DOES ADVICE AGREE WITH NICE’S END-OF-LIFE THERAPIES? Hamerlaj L, Brooks-Rooney C

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OBJECTIVES: In January 2009, the National Institute for Health and Clinical Excellence (NICE) introduced the end-of-life criteria, which give more weight to QALYs for life-extending, end-of-life interventions. Since then, a number of therapies have been recommended by NICE under these criteria that may not have been approved otherwise. However, it has not been ascertained whether this increase in access to cancer interventions within the UK, a trend potentially further exacerbated by the introduction of the Cancer Drugs Fund in England.

RESULTS: In total, 9 cancer interventions were approved under the end-of-life criteria, all of which had also been submitted for similar indications to the SMC. Only 2 of these therapies were accepted for full use by the SMC, both after resubmission with patient access schemes (PAS). Of the remaining 7 interventions, 3 were not recommended by the SMC, and in 2 of these cases this was stated to be due to a lack of sufficiently robust economic evidence. The other 4 treatments were accepted for restricted use, 2 of these after resubmissions and 1 with a PAS. The 9 cancer interventions approved by NICE under the end-of-life criteria, 3 were not recommended by the SMC, and 4 out of the remaining 6 were only accepted after resubmissions. The introduction of the end-of-life criteria by NICE may therefore have contributed to differences in access to cancer interventions within the UK, a trend potentially further exacerbated by the introduction of the Cancer Drugs Fund in England.

CONCLUSIONS: The increase in access to cancer interventions within the UK, a trend potentially further exacerbated by the introduction of the Cancer Drugs Fund in England, may have contributed to differences in access to cancer interventions within the UK, a trend potentially further exacerbated by the introduction of the Cancer Drugs Fund in England.