selected. Two independent reviewers read the survival probabilities from KM curves using an open source digitising software (Enauge digitizer). HRs for non-overlapping time intervals were calculated from the estimated survival probabilities and combined in a stratified way across time intervals to obtain an overall HR using the spreadsheet by Tierney and colleagues. The estimated HR was compared with the reported HR for each study. RESULTS: A mean error on the log scale of –0.001 (95% CI: –0.002, 0.000) was observed. This implies that by taking the exponents, if the reported HR is 0.750, then the estimated HR would be 0.749. The 95%CI for the mean error spans zero indicating any systematic error is likely to be small and not influence results in most analytic situations. Mean absolute error on the log scale was 0.027 (95% CI: 0.016, 0.037) indicating calculated HR lie within a factor of exponential (0.027) either side of the original value. No change in the direction of the treatment effect was observed in the estimated HR (95%CI) for any of the selected study. Reconstructed KM curves presented high accuracy and reproducibility. All 28 KM curves could be derived from the data and it is recommended that these should be used more frequently to estimate HR (95%CI), where not reported explicitly, for conducting meta-analysis in systematic reviews.

PRAG ASSESSING RELATIVE CLINICAL VALUE WITHIN THREE METASTATIC DISEASES Karpert1, Wolfe2, Kipatsapi3, Lee3, Aherney4

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OBJECTIVES: As more innovative oncology agents become available, budget limitations are necessitating deeper value assessments of products. Previous research demonstrated that analyzing a variety of key survival metrics is required to fully define the clinical value of a new intervention. In this project, we examine how the different survival metrics compare across 3 major metastatic tumor types, chosen because of the introduction of new therapeutics in the past year: melanoma, prostate and lung cancer.

METHODS: We conducted a literature review of pivotal clinical trial data for each of the therapeutic agents in these tumor types from 2009-2011. We selected all products with demonstrated overall survival benefit in the metastatic setting: vemurafenib, ipilimumab for melanoma, cabazitaxel, abiraterone, sipuleucel-T for prostate cancer; pemetrexed, erlotinib, and bevacizumab for lung cancer.

RESULTS: We excluded having not reached median overall survival (OS) at approval. We compared products on four survival metrics: median OS, mean OS, 1-year survival, and number needed to treat to avoid one event (NNT). RESULTS: Despite variations in patient tumor types, the products showed a narrow range of median OS and mean OS. However, greater variability was seen across survival metrics: in lung cancer, pemetrexed presented the greater mean OS improvement, while erlotinib demonstrated greater 1-year survival and lower NNT. In melanoma, vemurafenib and ipilimumab demonstrated the same number of months of median OS improvement in their respective clinical trials, however, ipilimumab demonstrated greater mean OS improvement, while erlotinib demonstrated greater 1-year survival and lower NNT. In prostate cancer, sipuleucel-T demonstrated better mean OS improvement, whereas abiraterone had better 1-year survival and lower NNT.

CONCLUSIONS: Drugs are being evaluated with remarkably similar median OS benefits for metastatic patient populations. Thus, when selecting between two agents, the side effects, the need to take multiple endpoints into account and assist decision makers to better understand total clinical benefit in context and contribute to thoughtful resource management, especially when median OS benefit may be so similar.

PRM5 TURNING THE TABLES TO ADDRESS THE REAL VALUE OF REAL-WORLD OBSERVATIONAL STUDIES OF NOVEL ANTI-CANCER AGENTS IN MULTIPLE MYELOMA Gaultney JG1, Franken MG1, Redekop WK2, Huijgens PC2, Uyl-de Groot CA1, Sonneveld P3

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OBJECTIVES: Due to pressure to provide rapid access despite uncertainty of a drug’s real-world value, decision makers often require evidence from outcomes studies that are conducted outside of randomized controlled trials (RCT) or systematic reviews of RCTs as the highest level of evidence. Consequently, the recently introduced IQWiG (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen) in Germany is recommended that these should be used more frequently to estimate HR (95%CI) for the disease dimensions mortality, morbidity, and quality of life. The aim of this project was to examine the relative importance of each of those dimensions with regards to the suggested benefit claims by the Institute for Quality and Efficiency in Health Care (IQWiG). METHODS: The reviewed EBAs (Evidence Based Assessments) from the Joint Committee Federal Government’s (JCGS) (http://www.g-ba.de/Informationen/nutzen-bewertung/) was used to obtain the respective IQWiG benefit assessments. The disease dimensions morbidity and mortality were of equal importance. Life. The disease dimensions morbidity and mortality were of equal importance.

CONCLUSIONS: In all reviewed assessments no benefit was attributed to Quality of Life. The disease dimensions morbidity and mortality were of equal importance. However, definitions of benefit within the dimension morbidity were very heterogeneous across the various EBAs.

PRM6 THE UK CONTRIBUTION TO REAL WORLD RESEARCH: REVIEW OF PUBLISHED DATA AT ISPOR, MADRID 2011 Peperell K4, Lounes K5, Dewis N5

4PwH Associates, Marlow, UK, 5Bristol-Myers Squibb, Uxbridge, Middlesex, UK

OBJECTIVES: UK Pharmaco considers the UK as the leading provider for the conduct of Real World (RW) health care studies due to the influence of NICE, the cradle-to-grave health care provided by the NHS, with GPs as the co-ordinators of care for every patient and the widespread use of e-health records. Is there evidence for this from research output? We reviewed abstracts published last year at ISPOR as one...