all scoring of drugs varied considerably, with scores ranging from 1 to 13 and with just under half of drugs (7/15) receiving a score of 1 or no score at all. In contrast, the quality of evidence provided by manufacturers varied to a much lesser extent, with the majority of drugs receiving a score of “B” which, according to the scor-
ing system, indicates one good-quality published Phase III randomised controlled trial. This suggests that it may be worth considering the way the CDF makes the provision of breast cancer treatments can help pharmaceutical companies prepare evidence in order to maximise market access. Identifying strengths and weaknesses in the scoring of previous submissions to the CDF can also optimise submission.

**OBJECTIVES:** To evaluate the cost and outcomes of innovative treatments.

**RESULTS:** Sipuleucel-T’s FDA approval was delayed by 3 years, reportedly because of the vac-

**PCN277**  
**SIPULEUCEL-T (PROVENGE®): AUTOPSY OF AN INNOVATIVE CHANGE OF PARADIGM IN CANCER TREATMENT**  
Joraslawski S1, Caban A1, Tourmi M1  
1Creative Bioscience, Krakow, Poland, 2University of Marseille, Marseille, France

**OBJECTIVES:** Approved by the Food and Drug Administration (FDA) in 2010, sipuleucel-

**RESULTS:** Sipuleucel-T’s FDA approval was delayed by 3 years, reportedly because of the vac-

**PCN276**  
**A NEW FACE FOR THE SMC?**  
Macaulay R  
PARCEL, London, UK

**OBJECTIVES:** Access for oncology drugs can be severely constrained under obligate 

cost-utility HTA bodies, such as the SMC, NICE, pCODR and PBAC. Indeed the rejection rate for NICE oncology single technology appraisals is over three times that of non- 
oncology ones (40% vs. 13%). In April 2014, the SMC announced it would adopt a more flexible appraisals, in the view of end-of-life and orphan therapies. Going forwards, if the initial SMC advice is to provide a Patient and Clinician Engagement Group (PACE) meeting can be convened. This meeting aims to capture the benefits of the drug and to evaluate the considerations of the conventional process and was anticipated to constitute a “major factor” in the SMC decision. This research aims to evaluate what effect PACE appraisals have had on SMC appraisal outcomes.**

**METHODS:** All SMC appraisals from April 2014 were identified. The recommendation, indica-
tion and the PACE meeting was convened was extracted.**

**RESULTS:** 87 SMC appraisals were identified, 46 were recommended, 26 were approved with restrictions and 15 were not recommended. 25 appraisals were for oncology drugs, 28% of which (7/25) were rejected compared to 14% (6/42) of non-oncology. PACE meetings were convened in 20 appraisals 11 of which were recommended, 4 restricted and 5 rejected. 19/20 were for oncology drugs, representing 76% (19/25) of all oncology appraisals.**

**CONCLUSIONS:** This new SMC PACE process is being well utilised, particularly in the appraisals of oncologics, and has resulted in many appraisals that would have been rejected being recommended instead. This has produced more timely market access for patients, without the need for multiple rounds of submissions, as was often the case pre-PACE. New the rejection rate of oncology drugs still remain substantially higher than for non-oncology drugs.

**PCN277**  
**THE ITALIAN REGIONAL ACCESS OF NEW CANCER DRUGS: AN EXAMPLE IN FOUR REGIONS**  
Vasenella E1,2,3, Han T1, Ripollino C1  
1IMS Health Information Solutions Medical Research S.r.l, Milan, Italy

**OBJECTIVES:** In Italy, federalism in health system leads to an increasingly frag-
mented and geographically differentiated Health, often even within the same region and among different Italian regions. This complex process of drugs market access can strongly hinder the access of patients. We conducted a survey in four regions in order to assess the inclusion of new cancer drugs within the regional formularies evaluating the time to access and if a drug is reimbursed by the regional assessment board (AIFA), a further step consists in obtaining the authorization for reimbursement by the regional health systems (RHS), many of which have their own formulary of reimbursed pharmaceutical drugs. Currently, 16 Italian regions have adopted a regional formulary. The selected Regions for this analysis are Emilia Romagna, Piemonte, Lazio and Sardegna. We considered six new oncology drugs reimbursed by AIFA in 2014, excluding three oncology drugs that bypass the regional evaluation process since they respond to non-requirements by national innovation.**

**RESULTS:** Nowadays, only the Regions of Piemonte and Emilia Romagna have evaluated all the 6 new oncology drugs reimbursed by AIFA in 2014 with average times from the moment of the registration to the regional one ranging from 15 months in Piemonte to 5 months in Emilia Romagna. The Lazio and Sardinia Regions have evaluated only 1 out of the 6 drugs with an access time of around 2.5 and 6 months, respectively.**

**CONCLUSIONS:** In Italy, the average times from the national reim-
bursement status to the regional one ranging from 15 months in Piemonte to 5 months in Emilia Romagna. The Lazio and Sardinia Regions have evaluated only 1 out of the 6 drugs with an access time of around 2.5 and 6 months, respectively.**

**PCN278**  
**GEOGRAPHICAL DISPARITIES IN COLON CANCER CARE IN EUROPE: IMPLICATIONS FOR ACCESS TO INNOVATIVE MEDICINES VIA THE UK CANCER DRUGS FUND**  
Goddard V1, M, Chiotel C2, Batchliffe M2, Bailey G1, Tatta S3, Fountain D2, Cadwell K1, Fox D2  
1H-LABS Ltd, London, UK, 2Pfizer Ltd, London, UK, 3Roche Products Ltd, Welwyn Garden City, UK

**OBJECTIVES:** To undertake a systematic, comparative analysis of cancer care path-
ways to identify drivers of improving cancer survival across Europe, using colon cancer as a case study.**

**METHODS:** We conducted a review of data from interna-
tional, European and UK cancer databases and registries, focusing on the identi-
fication of distinct barriers to access to care.**

**CONCLUSIONS:** Despite major advances in cancer treatments and pathways, the UK in particular continues to lag behind other countries. The CDF provides a vital service, giving patients access to the latest drug treatments. The threat of losing this access route has serious implications for UK cancer treatment, which is already among the least successful in Europe.

**PCN279**  
**DRUG USE AMONG ELDERLY IN THE YEAR BEFORE COLON CANCER DIAGNOSIS VERSUS MATCHED CANCER-FREE CONTROLS**  
van Erning FN1, Zanders MM2, van den Broek MP3, Kuiper JG4, Lemmens VE5  
1Netherlands Comprehensive Cancer Organisation, Eindhoven, The Netherlands, 2PHARMO Institute for Drug Outcomes Research, Utrecht, The Netherlands

**OBJECTIVES:** To provide an overview of drugs used by elderly in the year before colon cancer diagnosis and to compare this with a matched control group without cancer.**

**METHODS:** Data were obtained from the population-based Netherlands Cancer Registry (NCR) and linked to the PHARMO Database Network, which includes data on almost the complete longitudinal evolution of hospital and GP care. All colon cancer patients aged ≥70 years diagnosed between 2000-2011 were included.**

**RESULTS:** Patients were matched 1:1 with controls on gender, year of birth and postal code. Differences in the proportion of controlled cases and controls of each drug on WHO ATC level 3 level were calculated using Chi2 tests. Drug use was defined in the year before colon cancer diagnosis or cohort entry date and during each quar-
ter and each month.**

**CONCLUSIONS:** The study population consisted of 2,735 colon cancer patients and 2,735 matched cancer-free controls. 90% of cases and 69% of controls used ≥1 drug during the study period. The top 3 most frequently used drugs, based on the highest number of users among cases during the total year, were drugs for constipation (cases vs. controls 58% vs. 10%, p<0.0001), anti-bacterial agents (42% vs. 33%, p<0.0001) and drugs for acid related disorders (35% vs. 22%, p<0.0001). For all 3 drugs, the number of users in each quarter was higher among cases. Among cases, the number of users increased during the last quarter of the year for drugs for constipation (10% Q3 to 53% Q4) and drugs for acid related disorders (19% Q3 to 27% Q4).**

**CONCLUSIONS:** Our study demonstrates higher drug use among elderly colon cancer patients during the year before diagnos-
sis as compared to a matched cancer-free control group, which increased even more during the last three months before colon cancer diagnosis. The effect of specific drugs on cancer treatment and outcome should be subject of further study.

**PCN280**  
**ANALYSIS OF EBIRULIN MESYLATED UTILIZATION IN PATIENTS WITH METASTATIC BREAST CANCER (MBC) BY LINE OF THERAPY AND ASSOCIATED CHANGES OVER TIME**  
Penfeng B1, Dunning F2, Garofalo DF3, Montgomery J3  
1Cardinal Health, Dublin, OH, USA, 2Cardinal Health, Dallas, TX, USA

**OBJECTIVES:** Eribulin mesylate is a microtubule inhibitor FDA approved in 2010 for patients with MBC after treatment with at least two prior chemotherapy regimens. A retrospective study utilized the claims dataset of one of the beneficiaries of eribulin mesylate by line of therapy at two and five years post start to determine the degree to which patterns of utilization by line of therapy and payer type change over time without an associated change in labeling.**

**METHODS:** Using data from the select Regional Health Systems Solutions Revenue Cycle Management medical claims database, patients who received or more eribulin administrations and completed therapy between May 2014 and April 2015 were included in the current analyses (n=1684). The distribution of this study group was compared to a similar patient population identified as having completed therapy between April 2011 and

**References:**