were systematically searched for comparative observational studies, randomised clinical trials, and economic evaluations for studies up to October 2016, comparing case management nurse intervention versus traditional care for cancer patients reporting outcomes of interest such as survival and quality of life. Care management quality, hospital management were selected for further analysis. RESULTS: The search identified 1,899 publications for screening and 43 were selected for full text review, of which 20 publications were included and excluded. Majority of the studies were conducted in North America (N = 11). Sample size ranged between 300 and 1,200 patients. Only three studies reported survival data, in which only one study reported a significant higher survival for the intervention group. Eight studies reported outcomes related to quality of life and results were different depending on the population studied and scale used (i.e. EQ-5D, HUI3, EORTC-QLC, FACT-G, FACT-C). Care management quality was reporting an overall better treatment management in the intervention group. Data relating hospital management was reported in 12 studies with very different results and four studies reported related costs, in which the type of costs, methodological aspects and results were very diverse. CONCLUSIONS: Out of all the publications included, the overall conclusions of the authors show very diverse results regarding the impact of case management nurses on cancer patients. The heterogeneity of the results and the lack of outcomes on costs, especially outside of North America, demonstrate the need to conduct robust prospective studies and cost-analyses on case management nurses.

**PHS152**

**AN INNOVATIVE CLOUD-BASED PLATFORM FOR IMPLEMENTING PERFORMANCE-BASED RISK-SHARING ARRANGEMENTS (PBRSAS) IN ONCOLOGY AND RHEUMATOLOGY**

De Rosa M1, Martini N2, Ortali M3, Esposito I4, Roncadori A5

1CINECA Interuniversity Consortium, Casalecchio di Reno, Italy. 2Accademia Nazionale di Medicina, Roma, Italy.

**OBJECTIVES:** Based on an 13-years experience (1999-2012) in collecting and analyzing real-world data for the Italian Regulatory Agency, CINECA Interuniversity Consortium developed an innovative cloud-based IT platform for the entire management of Performance-based Risk Sharing arrangements among Pharmaceutical Companies and Payers/Regulatory Authorities. The system has been used for more than 70 innovative drugs from eleven registries: oncology, diabetes, cardiovascular, neurology, orphan drugs, rheumatology and others. More than 500,000 patients were registered by over 900 health structures (40.000 end-users) in a time-frame of seven years. **METHODS:** Establish a unique and complete post-marketing safety surveillance and analysis system, used by Health Authorities (regional and national), Clinicians/Researchers and Payors which allows the management of performance-based risk-sharing arrangements (PBRSAS). The solution is designed to ensure proper data collection aimed to evaluate appropriateness, assess drug safety and quality, perform cross-sectional and longitudinal analyses in a real-world context. Independently from the already existing solutions and organizational settings, the model allows to easily set-up ad-hoc procedures for data collections in any international context (multi-country and multi-language) supporting the implementation of PBRSAS for oncology (Payment by Results, Cost-Sharing and Risk-Sharing). **RESULTS:** The platform is able to manage any value-based scheme agreed between manufacturers and payers and it also may support drug combinations. By defining a program to meet the minimum data and clinical requirements it is possible to involve all stakeholders obtaining systematic, homogeneous and high-quality data. Example of trastuzumab and trastuzumab-pertuzumab combination will be reported in the session. The integrated registry ensures the economic sustainability of innovative therapies and simplify their market access, while guaranteeing transparency of the whole process. It also ensures treatment appropriateness, helps in monitoring drug consumption and related costs (benefit-risk assessment). The system improves the real-time reporting of adverse events and allows the development of real-world datasets for scientific purposes.

**PHS153**

**SOCIOECONOMIC INEQUALITIES IN PRENATAL CARE UTILIZATION IN PAKISTAN**

Jahangeer R.A., University of Mississippi, University, MS, USA

**OBJECTIVES:** Investigating the health benefits of meeting the healthy people 2020 objectives for reducing invasive colorectal cancer incidence in the united states. **Huang M1, Ekweueme D2, Wang J3**

1Division of Cancer Prevention and Control, US Centers for Disease Control and Prevention, Chamblee, GA, USA. 2Centers for Disease Control and Prevention, Chamblee, GA, USA. 3Department of Public Health, National Cheng Kung University College of Medicine, Tainan, Taiwan.

**OBJECTIVES:** This study aims to quantify the expected years of life lost (EYLL) that could be saved if the original Healthy People (HP) 2020 target goal for reducing invasive colorectal cancer (CRC) was met. **METHODS:** A total of 232,208 patients diagnosed with invasive CRC in 2000-2011 were identified from the Surveillance, Epidemiology, and End Results (SEER) registries. The lifetime survival functions for the cancer cohort and age- and sex-matched reference population were generated using a set of parametric distributions extrapolated from the 2010-11 NSCCP. **RESULTS:** The EYLL for CRC was calculated by subtracting the estimated life expectancy of CRC patients from that of the reference population. The total EYLL that could be prevented was calculated by subtracting the age-adjusted incidence of invasive CRC rate of the base year from that of the target year multiplied by the average EYLL per person and the 2012 population projections. **RESULTS:** An individual diagnosed with invasive CRC was estimated to have an average life expectancy of 10.1 years and 6.8 EYLL. If the HP 2020 target goal for invasive CRC was met, the nation could potentially save an estimated 154,848 EYLL. For men and women with an invasive CRC, estimated EYLL were 74,528 and 79,334, respectively. By race, reducing invasive CRC would result in a significantly greater benefit for both black men and women compared to white men and women, respectively. The EYLL for CRC for black men and women and 6.4 and 6.1 years for white men and women per person, respectively. **CONCLUSIONS:** The potential life years saved by successfully meeting the HP 2020 target goal for invasive CRC rate would be substantial for the nation. The benefit in terms of life years saved per person would be greater among blacks relative to whites.

**PHS155**

**MORAL HAZARD AND HEALTH INSURANCE: EXAMINING THE ROLE OF PRIVATE VS. PUBLIC INSURANCE IN PROSTATE CANCER SCREENING, PROSTATE CANCER SURVIVAL, AND PATIENT SATISFACTION WITH PROSTATE CANCER CARE**

Tanwar P1, University of Houston Clear Lake, Houston, TX, USA

**OBJECTIVES:** The objectives of the study were to compare the likelihood of prostate-specific antigen (PSA) screening, the likelihood of prostate cancer diagnosis (in those who were PSA screened), and patient satisfaction (in those who received a prostate cancer diagnosis) in men covered by private vs. public insurance. **METHODS:** This was a cross-sectional study of U.S. men >40 years old and their respective health care representative Medical Expenditure Panel Survey (MEPS) data on American households was utilized to identify all men by age and by insurance status for years 2002 to 2011. **RESULTS:** Overall, 15,026 men covered by private insurance and 7,409 men covered by any public insurance reported PSA screening within the last two years. Of these men, 751 covered by private insurance vs. 402 covered by public insurance received a diagnosis of prostate believed cancer within the last two years. Among these men, 85 men (or 46%) covered by private insurance vs. 59 men covered by public insurance reported a diagnosis of prostate cancer. In 2011, 77 men (or 75%) covered by private insurance vs. 28 men (or 47%) covered by public insurance reported they were covered by health insurance that paid for all part of the medical care, tests or cancer treatment, p = 0.058. Forty-seven men or (46%) covered by private insurance vs. 15 men (or 25%) covered by public insurance reported cancer will come back to them or get worse within the next ten years. **CONCLUSIONS:** More men were likely to get prostate cancer diagnosed with prostate cancer if covered by private insurance. More men covered by private insurance believed their insurance covered all the necessary prostate cancer care. However, more men covered by private insurance were more satisfied with the prostate cancer care. The role of health insurance on prostate cancer care is crucial due to the increasing cost. The role of health insurance in prostate cancer care is crucial due to the increasing cost. The role of health insurance in prostate cancer care is crucial due to the increasing cost.