PCN349
EVALUATION OF A PAYMENT BY RESULTS SCHEME IN A CATALAN CANCER CENTER: GEFINITIB IN EGFR MUTATION-POSITIVE ADVANCED NON-SMALL CELL LUNG CANCER
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OBJECTIVES: To evaluate the economic results of this PBR compared to a traditional-purchasing model and determine the perception of the stakeholders involved in the agreement. In healthcare systems, incentive-based schemes generally called payment-by-results schemes (PBr), which dynamically link the price of innovation to the specific alternatives to existing health systems. In 2011, the first PBr in Catalonia was signed between the Catalan Institute of Oncology, the Catalan Health Service and AstraZeneca (AZ) for the introduction of gefitinib in the treatment of EGFR-mutation positive advanced non-small-cell lung cancer (NSCLC). The aim of this study was to evaluate the outcomes of this new scheme.
RESULTS: The results showed that the PBr offered an additional €104.076 in savings for the Catalan Health System and a higher number of gefitinib prescriptions. In 2012, a new PBr was introduced for the treatment of NSCLC with PDC in the phase II of gefitinib.
CONCLUSIONS: The PBr is an incentive-based scheme that promotes the use of innovative medicines and increases the number of patients who benefit from them.

PCN352
PATIENT CHARACTERISTICS AND TREATMENT PATTERNS IN ER+/HER2- METASTATIC BREAST CANCER IN THE UK: RESULTS FROM A RETROSPECTIVE MEDICAL RECORD REVIEW
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OBJECTIVES: To describe demographic and clinical characteristics and real-world treatment patterns for post-menopausal patients with ER+/HER2- metastatic breast cancer (MBC) in the United Kingdom (UK).
METHODS: We conducted a retrospective review of medical records from institutions across the UK. Records were eligible for abstraction if patients were post-menopausal, had ER+/HER2- MBC (stage IV), and had discontinued second-line treatment in the metastatic setting between 1/1/2008 and 3/1/2014. Patients who participated in clinical trials were excluded. This study was considered a “Service Evaluation” by National Research Ethical Service guidance.
RESULTS: Patient demographics, clinical characteristics and treatment patterns including time to progression (TTP) and treatment discontinuation were assessed. RESULTS: Forty-one medical/clinical oncologists provided patient data for 196 patients. The majority were white, nulliparous, and 78% had ESR1 and/or HER2 positive breast cancer. A number of patients were on hormone therapy (HT) at the time of first-line treatment. A higher proportion of patients had a history of other cancer diagnoses (12%) compared to the general population (4%).
CONCLUSIONS: This study provides evidence to inform the development of new treatments that can extend TTP and address the potential limitations of current therapies.

PCN353
CURRENT TREATMENT PATTERNS IN PATIENTS WITH METASTATIC MELANOMA: A RETROSPECTIVE CLAIMS DATABASE ANALYSIS IN THE UNITED STATES
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OBJECTIVES: To describe the real-world treatment patterns of current melanoma therapies among patients with metastatic melanoma in the US.
METHODS: A retrospective cohort analysis was conducted using the IMS PharMetrics Plus claims database between 1/1/2011 to 3/31/2014. Records were eligible for abstraction if patients were post-menopausal, had ESR1+/HER2- metastatic breast cancer (MBC) in the United Kingdom (UK).
RESULTS: The primary reason for discontinuing treatment in both first- and second-line (60% and 68% respectively) was disease progression. The rate of discontinuation in the first-line treatment was 86%, 79%, and 62%, respectively. The most common reason for stopping/ changing therapies, with median TTP < 1 year. These findings suggest that there is a continuing unmet need for new treatments that can extend TTP.
CONCLUSIONS: Endocrine therapy and chemotherapy were commonly prescribed for ER+/HER2- MBC patients. Disease progression remains the most common reason for stopping/ changing therapies, with median TTP < 1 year. These findings suggest that there is a continuing unmet need for new treatments that can extend TTP and address the potential limitations of current therapies.

PCN354
CURRENT TREATMENT PATTERNS AMONG FRONT-LINE GLOBLASTOMA PATIENTS IN FIVE EUROPEAN COUNTRIES
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OBJECTIVES: To characterize real-world treatment patterns among front-line patients with glioblastoma in Germany, France, Italy, UK, and Spain (EU-5). This study used the oncologist-surveyed data from the IMS LifeLinkTm Oncology Analyzer database. Front-line patients aged ≥ 20 years diagnosed with glioblastoma during 2012 to 2014 in the EU-5 countries were included. Patient