epidemiology, economic burden and quality of life (QoL) was conducted. Furthermore, one-to-one web-meeting among 35 clinical experts specialized in urological diseases was conducted to collect relevant epidemiological, survival and costs information based on the pre-designed questionnaire. CRPC economic burden model was developed using Microsoft Excel 2013, and one-way sensitivity analysis was performed. Finally, Delphi panel meetings were organized to discuss the disease burden. Results: A total of 35 urologists from 33 class-3A hospitals in 21 cities participated in the questionnaire survey, 34 questionnaire results were eligible. In China, mCRPC accounts for a large proportion in CRPC (88.5%), and the diagnosed rate of NM-CRPC is low (39.3%). In current treatments, the metastasis-free survival (MFS) of NM-CRPC is only 13.3 months. The average total annual cost per NM-CRPC patient and per mCRPC patient were 69,145 CNY and 223,738 CNY respectively, with annual direct medical cost of 48,815 CNY and 171,082 CNY respectively. Sensitivity analysis results indicate that the direct medical costs per outpatient visit and the annual diagnosis of metastatic visits are the two factors which impact the ICER. Conclusions: In China, NM-CRPC is associated with poor diagnosed rate and low metastasis-free survival, NM-CRPC imposes heavy economic burden, and mCRPC is more serious. This study highlights the critical need to introduce innovative therapies with better clinical efficacy with the delay in metastatic progression to extend survival and improve QoL, and to reduce total cost and hospitalization admission for CRPC patients in China.

PCN164 IMPACT OF CANCER ON A COMPANY PRODUCTIVITY Cabo H.1 Eynere S.1 Mees M.2 Cupisooli D.1 Launon R.1
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Objectives: Today in France, 3 million people live with cancer. An estimated 382,000 new cases of cancer will be diagnosed in 2018. 40% of newly diagnosed cases concern people in active employment. Cancer has a strong impact on social and working life. The objective of the study was to determine the risk of cancer for a company and to deduce the real cost to the company in order to set up a prevention policy. Methods: The “Cost-of-Illness” method was used with the multi-cohort incidence approach to estimate the health and economic impacts of new cases of cancer diagnosed over 5-year. The company's perspective was used with the friction costs method to account employee absenteeism, presenteeism or direct costs, which have an impact on productivity losses but also on turnover decline. Different employee’s career paths within the company with work stoppage, therapeutic time, unemployment, disability or return to work were implemented. The 5-year cancer incidence, survival data and information on employees’ career paths within the company were extracted from different InCA reports. Results: A typical company in France was constructed from INSEE data (an intermediate company with 493 employees; 20% managers, 21% intermediate professions, 23% employees, 35% blue-collar workers). A male-female and age distribution has been established within each employee class. Over 5 years, 5 men and 4 women declare cancer. Productivity losses amount to €194,112: 66% was due to absenteeism, 25% to presenteeism and 8% to direct costs. In terms of loss of turnover, cancer has an impact of €161,673, with managers accounting for 45% of this loss, intermediate professions 23%, employed workers 22%, blue-collar workers 23%. A male-female and age distribution has been established within each employee class. Over 5 years, 5 men and 4 women declare cancer. Productivity losses amount to €194,112: 66% was due to absenteeism, 25% to presenteeism and 8% to direct costs. In terms of loss of turnover, cancer has an impact of €161,673, with managers accounting for 45% of this loss, intermediate professions 23%, employed workers 22%, blue-collar workers 23%. A female-female and age distribution has been established within each employee class. Over 5 years, 5 men and 4 women declare cancer. Productivity losses amount to €194,112: 66% was due to absenteeism, 25% to presenteeism and 8% to direct costs. In terms of loss of turnover, cancer has an impact of €161,673, with managers accounting for 45% of this loss, intermediate professions 23%, employed workers 22%, blue-collar workers 23%.

PCN165 INCREMENTAL COST-EFFECTIVENESS RATIO VALUES OF THE ANTI-CANCER DRUGS APPROVED FOR THE RUSSIAN VITAL AND ESSENTIAL DRUGS LIST IN 2018 Teptsova T.1 Povera K.1 Khachatryan G.2 Omelyanovskiy V.2
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Objectives: The purpose of this study was to estimate incremental cost-effectiveness ratio (ICER) values of the anticancer drugs approved and rejected for the vital and essential drugs list (VEDL) in Russia in 2018. Methods: We estimated ICER values of the anticancer drugs proposed for the inclusion into VEDL in 2018 in Russia to compare the values of the approved and rejected drugs using a simplified method—optimal combination of the quality-adjusted life expectancy data with randomized clinical trials (RCT). RCT was considered eligible for data extracting, if it’s results showed significant statistical advantage in overall and/or progression-free survival between the proposed drug versus the drug already included into VEDL. ICERS were calculated signiﬁcantly and often surpasses the same value for the rejected drugs. Results: In 2018 in Russia ICER for the anticancer drugs included into the VEDL with a proved benefit in overall survival and life expectancy compared to the recommended drug cost between 34,309 USD to 172,838 USD per QALY. The rejected drugs with a proved benefit in progression-free survival have ICER from 10,390 USD to 580,308 USD per life year without tumor progression. Rejected drugs with a proved benefit in overall survival were approved for inclusion in VEDL at 23,644 USD to 115,225 USD per life-year saved and ICR from 34,309 USD to 172,838 USD per QALY. The rejected drugs with a proved benefit in progression-free survival have ICER from 9,690 USD to 238,783 USD per life year without tumor progression. Conclusions: The ICERs of drugs approved for the inclusion into VEDL in 2018 vary significantly and often surpasses the same value for the rejected drugs.

PCN166 COST-EFFECTIVENESS OF COLORECTAL CANCER SCREENING PROGRAM IN THE CZECH REPUBLIC Ngo O., Kouril J., Svobodová K., Dušek L., Málek O.
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Objectives: Colorectal cancer is the most diagnosed cancer and one of the most common causes of death in the Czechia. Properly implemented screening program leads to a reduction in the burden of colorectal cancer (CRC) and thus to money savings. The objective of our study was to estimate cost of illness and evaluate cost-effectiveness of the screening program in the Czechia. Methods: The study was based on individual national data from the National Registry of Reimbursed Health Services and the National Cancer Registry. The cost of CRC treatment was estimated by comparing all healthcare provided in the period 2010–2018 for cases and controls (persons with/without CRC). Costs were calculated by age, stage and clinical phase of the disease. Subsequently, the lifetime costs of individuals were estimated and included in the cost-effectiveness analysis (together with the specification of the natural history of the disease and the screening process) of three strategies (without screening, colonoscopy screening, using the Markov model). Results: Through screening program, with a baseline participation of 45%, it is possible to reduce the incidence of CRC by 44% (FIT/colonoscopy) and 34% (FIT), respectively. Similar results can be observed for CRC mortality, where screening has the potential to reduce mortality by 47% and 35%, respectively. The increase in costs associated with the screening and follow-up diagnostics in screening scenarios is offset by a reduction in the cost of treatment of patients with CRC. In the cohort, which was offered FIT, the average costs per individual decreased by 3,101 CZK and in the cohort, which also offered colonoscopy, by 3,653 CZK compared to the cohort without screening. Conclusions: The presented study clearly demonstrated the cost-effectiveness and even cost savings for both screening strategies offered in the Czechia in comparison with the absence of screening.

PCN167 ESTIMATION OF THE FINANCIAL IMPACT OF CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL THERAPY FOR FRENCH HOSPITALS Jeanblanc G., Cartron G., NGuesso K., Massetti M., Caret J.
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Objectives: CAR T-cell therapy, a potentially revolutionary treatment for diffuse large B-cell lymphoma (DLBCL), comprises a multipstep process that requires specific patient monitoring and hospital resource mobilization. In France, funding of CAR T-cell therapy currently relies on existing disease-specific diagnosis-related groups (DRGs), similar to those used for hospital stays unrelated to CAR T-cell therapy, and includes a fixed price of €15,000 for the therapeutic process. This may be insufficient to capture the true costs of these novel therapies. We estimated the financial impact, excluding drug cost, of administering CAR T-cell therapy for French hospitals. Methods: The patient pathway for CAR T-cell therapy includes 6 steps: eligibility assessment, leukapheresis, bridging chemotherapy, lymphodepleting chemotherapy, CAR T-cell infusion, and patient follow-up. We identified the healthcare resources required for each step, valued those resources from the perspectives of the hospital and the national health insurance, and then calculated the financial impact of CAR T-cell therapy at the difference between the 2 perspectives. Our base-case analysis was modeled on 1 experienced CAR T-cell therapy center primarily administering approved CAR T-cell therapies, which outsourced some aspects of care to its local hospital network. Scenarios for alternative patient management were also considered. Results: In the base-case analysis, the cost of CAR T-cell therapy administration for patients with DLBCL was estimated at €42,398 from the hospital perspective and €22,857 from the national health insurance perspective, resulting in a €19,540 loss per patient for the CAR T-cell therapy administration hospital. Alternative scenarios resulted in financial losses of €18,347 to €20,722 per patient. Conclusions: With estimated losses of €18,347 to €20,722 per patients from the Private T-cell therapy administration is expected to have a significant impact on hospital finances. Our results indicate that the DRG fixed sum is insufficient to support the implementation of CAR T-cell therapy in French hospitals.

PCN168 LUTETIUM (177Lu) OXODOTRETOIDE VERSUS STANDARD OF CARE IN ADULT PATIENTS WITH GASTROENTEROPANCREATIC NEUROENDOCRINE TUMOURS (GEP-NETS): A COST-CONSEQUENCES ANALYSIS FROM AN ITALIAN HOSPITAL PERSPECTIVE Spada F., Campana D., Lamberti G., Laudicella R., Dellamano L., Dellamano R., Baldari S.