each LOT are limited, although this data may be important to inform health coverage and resource allocation decisions. This study aimed to assess the number of US patients with B-cell R/R aALL globally, with particular focus on the incidence, prevalence, and mortality of R/R aALL in Medline and EMBASE (2015–2020) combined with desk research (no time limit) of publicly available databases, appraisals and registries. Methods: In April 2020, we conducted a SLR to identify the current incidence, prevalence, and mortality of R/R aALL in Medline and EMBASE (2015–2020) combined with desk research (no time limit) of publicly available databases, appraisals and registries. Results: In total, 16 journal articles and 16 other sources were identified. Data for R/R aALL were mostly identified regardless of treatment line, B-cell disease and age subgroups. Incidence rate per 100,000 was 0.25 (117/46M) for B-cell R/R aALL in the US (n=1). For countries without published incidence, the rate per 100,000 was calculated assuming 48% of ALL patients were relapsed or refractory (based on published trial results included in a UK appraisal): 0.06–0.82 in the US (n=2), 0.22–0.67 in Canada (n=2), 0.06 in Germany (n=1), 0.23 in France (n=1), 0.35 in Italy (n=1), 0.26 in Spain (n=1), and 0.22–0.24 in Netherlands (n=2). The calculated prevalence ranged from 3.00 (US) to 11.21 (Italy). Country-specific survival in patients with R/R aALL was reported for the UK (n=2): 5-yrs survival <10%; Germany (n=1): 3-yrs survival 24%; and the US (n=1): 1-yr survival 13-19%. Conclusions: Although limited data were found, incidence for R/R aALL seems comparable across countries and survival of R/R aALL vary substantially between countries. Current treatments are associated with poor survival and better treatment options are needed to improve outcomes.

PCN184 USEFULNESS OF ADMINISTRATIVE DATABASES FOR THE EPIDEMIOLOGY EVALUATION OF OESOPHAGEAL CARCINOMA DIAGNOSIS IN AN ITALIAN REAL-WORLD SETTING Andrea M.,1 Santo A.,1 Perrone V.,1 Poggianesi C.,1 Giacomini E.,1 Sangiorgi D.,2 Degli Esposti L1

1Health Technology Assessment Unit, Azienda Zero, Padova, Italy, 2Lung Unit Ospedale P. Pedercini - Presidio ospedaliero USL 9 Scaligera, Verona, Italy

Objectives: The study aims to evaluate prevalence and incidence of diagnosis among lung cancer in Italian real-world settings of clinical practice by using administrative databases. This observational retrospective study was performed using administrative databases of a Northern Italian Region. All adult patients were included between January 2010 and December 2018 (study period) if they presented at least a hospitalization discharge diagnosis for lung cancer, identified by ICD-9-CM code 162.0–2.11. Methods: This observational retrospective study was performed using administrative databases of a Northern Italian Region. All adult patients were included between January 2010 and December 2018 (study period) if they presented at least a hospitalization discharge diagnosis for lung cancer, identified by ICD-9-CM code 162.0–2.11. The main diagnosis was used to define the index date. Incidence and prevalence were calculated for each year of study period and stratified by gender. Results: Data were available starting from 2010, the incidence rate was reported starting from year 2011. Results: Incidence rate appeared constant during study period, ranging from 4.3/100,000 in 2015 to 6.9/100,000 in 2018. Annual death rate was used to calculate the expected and observed incidence rate. Incidence rate of diagnosed patients for the last year of study (2018) was 62.1/100,000 health-assisted individuals. Incidence rate increased with age and reached its peak in the age range 70–79, with 218.0/100,000 health-assisted individuals (32%). Age category lower than 50 years showed the lowest incidence rate (32.4/100,000 health-assisted individuals). Incidence rate was 11.4% higher in men compared to women. Conclusions: This observational retrospective study was performed using administrative databases of a Northern Italian Region. All adult patients were included between January 2010 and December 2018 (study period) if they presented at least a hospitalization discharge diagnosis for lung cancer, identified by ICD-9-CM code 162.0–2.11. The main diagnosis was used to define the index date. Incidence and prevalence were calculated for each year of study period and stratified by gender. Data were available starting from 2010, the incidence rate was reported starting from year 2011. Results: Incidence rate appeared constant during study period, ranging from 4.3/100,000 in 2015 to 6.9/100,000 in 2018. Annual death rate was used to calculate the expected and observed incidence rate. Incidence rate of diagnosed patients for the last year of study (2018) was 62.1/100,000 health-assisted individuals. Incidence rate increased with age and reached its peak in the age range 70–79, with 218.0/100,000 health-assisted individuals (32%). Age category lower than 50 years showed the lowest incidence rate (32.4/100,000 health-assisted individuals). Incidence rate was 11.4% higher in men compared to women.

PCN185 GLOBAL INCIDENCE, PREVALENCE, AND SURVIVAL IN RELAPSED/REFRACTORY (R/R) ADULT ACUTE LYMPHOBLASTIC LEUKEMIA (AALL): A SYSTEMATIC LITERATURE REVIEW (SLR)

Spoorenendonk J,1 Feng C,1 Shah D,1 Wade S,1 Maglione G1

1Pharmrx – an OPEN Health Company, Rotterdam, Netherlands, 2Kite Pharma/Gilead, Santa Monica, CA, USA

Objectives: This novel model predicted the number of patients with MM by LOT with an overall prevalence within a 10% deviation of SEER estimates (140,779 US patients); and provides a framework that can be adapted to other countries and healthcare systems.

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Conclusions: The study gave insight into the prevalence and incidence of lung cancer diagnosis, showing how administrative databases can be reliable sources for conducting epidemiological studies. Both incidence and prevalence rates were higher in males than in females in all years analysed. Conclusions: The study gave insight into the prevalence and incidence of lung cancer diagnosis, showing how administrative databases can be reliable sources for conducting epidemiological studies. Both incidence and prevalence rates were higher in males than in females in all years analysed.