Adenoma and Serrated neoplasia pathways (DECAS) was recently developed and calibrated using the German screening colonoscopy registry data, which consist of 5.2 million colorectal exams from patients between 2005 and 2017, according to the German national cancer registry data. We aimed to use DECAS to estimate the length of protective effects of colonoscopy screening and the amount of colonoscopy needed in the German context. **Methods:** We used DECAS to simulate a cohort of averaged-risk individuals from age of 20 to 90 for three scenarios: (1) no screening; (2) one colonoscopy at age of 55; (3) two colonoscopies at age of 55 and 65. In the base-case analysis, we assumed the adenoma pathway accounting for 85% of the CRC development and the serrated pathway for the other 15%, as well as a 100% uptake of screening and surveillance colonoscopies. Outcomes of interest were hazard ratios (HR) of CRC-specific mortality under each screening scenario comparing to no screening, and the number of colonoscopies required. **Results:** DECAS predicted HRs of CRC-specific mortality at approximately 0.2 for both screening scenarios after 25 years of follow up, and the trend of both mortality HRs was still decreasing. The average numbers of colonoscopies required were 1,300 and 2,174 per 1,000 for once and twice colonoscopy screening, respectively. We also varied alternative screening and surveillance participation rates for sensitivity analyses. **Conclusions:** The modeling results from DECAS confirmed the long-term protective effects of colonoscopy screening and provided an estimation of the number of colonoscopies required in the German context. We will further apply DECAS to perform economic evaluations on various CRC screening strategies and policies.

**PCN193**

**HOSPITALIZATIONS AND OUTPATIENT VISITS (H&OV) IN MODERATE AND SEVERE ACUTE GRAFT VERSUS HOST DISEASE (aGvHD) PATIENTS IN FINLAND AND SWEDEN**

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**Objectives:** aGvHD is a frequent, and often very serious, complication of allogeneic Hematopoietic Stem Cell Transplantation (allo-HSCT). The objective of this study was to describe prophylaxis, clinical presentation, and H&OV among patients developing moderate or severe (grade II-IV, Modified Glucksberg or MAGIC) aGvHD. **Methods:** A retrospective chart audit including adult patients diagnosed with grade II-IV aGvHD following the first allo-HSCT (received between January 2016 and June 2017), and that had not experienced disease progression before aGvHD, was conducted in Finland and Sweden. Clinical characteristics, aGvHD prophylaxis treatment, H&OV were collected from clinical records since allo-HSCT (index date) until date of data collection, death or loss to follow up. **Results:** 55 patients were included. Mean (Standard Deviation, SD) age at transplant was 48.3 (14.4) years; 54.5% were male. At transplant, 61.8% of patients were in complete remission and 49.1% presented intermediate disease risk index. Most donors were unrelated (76.4%). Two unrelated and one related donor were HLA mismatched. Peripheral blood accounted for 96.4% of stem cells sources. Myeloablative (81.8%) and fludarabine-based reduced intensity conditioning (78.4%) were the most frequent conditioning types. aGvHD prophylaxis consisted of calcineurin inhibitors (98.8%), methotrexate (96.4%), and in-vivo T-cell depletion (80.0%), 70.9% and 29.1% of enrolled patients developed grade II or III-IV aGvHD. Forty-nine patients (89.1%) were hospitalized, mean (SD) number of hospitalizations was 2.9 (2.7). Each patient spent in hospital a mean (SD) of 48.4 (47.7) days. Reasons for hospital admission were aGvHD (65.3%) and infections (44.9%). Seven patients (14.3%) were admitted to intensive care units. Patients required on average (SD) 11.7 (11.1) outpatients and 0.3 (0.6) emergency visits per year. **Conclusions:** The present study reports key characteristics, prophylaxis treatment, and H&OV of patients developing moderate and severe aGvHD in Finland and Sweden, showing that aGvHD is associated with considerable healthcare resource utilization in these populations.

**PCN195**

**PREVALENCE OF MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE) IN PATIENTS WITH PROSTATE CANCER (PC) RECEIVING ANDROGEN DEPRIVATION THERAPY (ADT) IN THE UNITED STATES**

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**Objectives:** Androgens deprivation therapy (ADT) with gonadotropin-releasing hormone (GnRH) agonists is used to induce castration and prostate cancer (PC) cell death. Studies have shown an association between GnRH agonists and increased cardiovascular disease (CVD) risk; ~30% of men with PC have known CVD. Cardiovascular mortality is the leading cause of death. In 2018, the Federal Drug Administration required new safety information to the labels of GnRH agonists warning of increased risk of CVD events in men receiving these medications for PC. We assessed the occurrence of major adverse cardiovascular events (MACE) and associated healthcare resource utilization (HCRU) in men with PC receiving agonist ADT. **Methods:** Men receiving ADT with ≥2 claims for a diagnosis of PC were identified in the MarketScan Commercial and Medicare Supplemental Database (1/1/2009-12/31/2018). Index date was the first ADT claim; patients had to be continuously enrolled for 12 months before and ≥2 months post-index. The occurrence of MACE (myocardial infarction, cerebrovascular accident, unstable angina, thromboembolism, percutaneous coronary intervention, and/or coronary bypass graft) was assessed over the study period. Post-period all-cause HCRU was evaluated for patients with and without MACE. **Results:** The study included 41,986 men; mean age was 70.1 (SD:30.3) years, and median duration of follow-up was 22.8 months. A total of 10,402 patients (24.8%) had a MACE during the study period (8.7% pre-index and 20.6% post-index), Patients with a MACE had three times the number of post-index inpatient admissions per-patient-per-month compared to patients without MACE (0.06 (SD:0.10) vs. 0.02(0.06). **Conclusions:** CVD is a known and important risk for patients with PC treated with GnRH agonists; 20% of patients in this analysis had a MACE following ADT. These patients were more likely to be hospitalized than patients without a MACE. Evaluating CVD history and risk in advanced PC patients when selecting treatment could help to reduce MACE and HCRU.

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**PCN194**

**IS IT TIME TO PUT CONFIDENTIAL DISCOUNTS FOR HIGH COST ONCOLOGICS ON BACK BURNER? MANAGED ENTRY AGREEMENT (MEA) SHOWS THE WAY FOR FASTER PATIENT ACCESS**

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**Objectives:** Biopharmaceutical manufacturers have traditionally opted for negotiations involving direct confidential discounts to payers in order to gain patent access. However, with higher prices and concomitant clinical uncertainty associated with innovative therapies, manufacturers may be able to expedite time to access by offering MEA upfront during pricing negotiations than contemplating as a fall back option. **Methods:** A non-systematic review of literature supplemented by DRI’s proprietary MEA Database was used to construct a list of MEAs involving high-cost oncology products implemented in recent years in Italy, Spain, and UK. To access was derived from published literature for each country. **Results:** We reviewed 17 cases (majority of which were first-in-class products) where high priced oncology products reached patients faster than the median time to access in their respective countries based MEAs. Nine products (53%) were launched in UK, six (35%) in Italy, and two (12%) in Spain. All MEAs in UK involved manufacturer-led evidence development element, potentially highlighting the payer uncertainty around the clinical data. In Spain, approval reached patients faster than the median time to access in their respective countries by almost 100 days compared to its MEA, allowing reaching patients faster by almost 100 days compared to its MEA, allowing reaching patients faster than the median time to access in their respective countries. For more innovative technologies (such as, cell therapies), access was 125 days faster on an average. The greatest savings reached patients faster than the median time to access in their respective countries.

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