longer than TTR for non-oncological NAS. TTR progressively decreased for oncological NAS between 2014 (632 days) and 2017-2019, with a slight change in trend for drugs in 2017. Among oncological orphan drugs (ODs), only 3 didn’t achieve reimbursement and, out of that, 2 are undergoing a negotiation. Median TTR for ODs was 2 months shorter than TTR for non-ODs (471 vs 528 days). 20/43 reimbursed drugs were assessed by AIFA as “innovative”, showing a median TTR (372 days) significantly shorter than “non-innovative drugs” (505 days). All oncological NASs were reimbursed with specific negotiating conditions: the majority (84%) with a hidden discount, 17/43 (40%) with a Managed Entry Agreement (MEA), one with a cap. TTR was similar for drugs reimbursed with and without a MEA (502 vs. 494 days). Applications: Even if with a longer TTR than non-oncological NAS, priority of oncological NAS – and almost all oncological ODs – obtain the reimbursement in Italy. The innovation status is the main driver of TTR reduction.

PCN209
THE ACQUISITION COST AND EFFICIENCY OF CAR T CELL THERAPIES: CAN THEY BE IMPROVED BY DECENTRALIZED MANUFACTURING?
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Objectives: Chimeric Antigen Receptor (CAR) T cell therapies represent a novel promising immunotherapy for cancer. Our aim was to assess the cost of delayed T cell production in the non-profit setting of an academic cancer research center (DKFZ) in Germany. Methods: We identified work steps and main activities in the local production process, and determined the associated fixed costs and variable costs (in 2018 Euros). We used scenario analyses to estimate (1) the impact of production upscaling and (2) the impact of likely technological improvements. Results: Main cost components were personnel and technician salaries, expenditure on equipment, a clean room facility, and production material. For the clean room facility with one automated cell manufacturing platform, annual fixed costs were €438,098. The variable cost per production was estimated at €34,798. At maximum capacity of one machine, total cost per product was close to €60,000. (1) If three machines were installed in one clean room facility, per production total cost could be as low as €45,000. (2) If plasmid-based vectors were used as a substitute for currently applied lentiviral vectors, per production total cost could be further reduced to €33,000. Conclusions: Abstracting from potential issues related to intellectual property rights, decentralized T cell production might be a more efficient alternative to the commercially available centralized production mode. We anticipate production costs to further decrease in the future with increased standardization of processes, economies of scale and scope, and learning curve effects. This expectation is commensurate with the early life cycle stage of this new technology.

PCN210
ESTIMATING THE IMPACT OF DELAYS ON THE ONCOLOGY DRUGS OR ON PATIENT OUTCOMES IN CANADA
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49, 50-69 and over 70 years).

Conclusions: The DALY metric can be used as a measure of the cost of delayed T cell production in the non-profit setting of an academic cancer research center (DKFZ) in Germany.

Objectives: The WHO priority setting recommendations include use of DALY criteria. The Global Health Data Exchange IHME information (2017) was used for analysis of the structure of cancer burden in Ukraine and presenting positions in the ranked row by defined indicators. The information was generated for all ages with further categorization into five constituent age groups (under 5, 5-14, 15-24, 25-49, 50-69 and over 70 years). Results: Taking into account all age groups, amongst 30 cancer pathologies in Ukraine, ‘tracheal, bronchus, and lung cancer’ was on the first place, followed by ‘colon and rectum cancer’ and then ‘stomach cancer’. How-ever each of five age groups has different top priority diseases by burden. The DALY ranked row of oncology diseases is perspective to be used as a priority setting tool for disease management and for the development of National Cancer Control Strategy until 2030 in Ukraine. Conclusions: The DALY metric can be used as a measure of disease burden, alongside the other epidemiological metrics. Nationwide epidemiological data of a better quality is required to estimate the morbidity and mortality burden of cancer disease in Ukraine.

Conclusions: Avail able delays exist in the Canadian reimbursement process, and these could have significant impacts on the lives of lung cancer patients.

PCN211
DIRECT COSTS RELATED TO MEDICAL MANAGEMENT OF MALIGNANT CUTANEOUS MELANOMA THROUGH THE PATIENT PATHWAY
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Objectives: To synthesize published evidence on the direct costs of cutaneous melanoma in European countries and to explore the costs during the disease course by cost type and phase of treatment. Methods: A full literature review on studies reporting original estimates of direct medical and non-medical cost of melanoma in Europe was conducted. Four databases were searched systematically: the Cochrane Database of Systematic Reviews, MEDLINE (via PubMed), Web of Science, and the CRD databases. Additional searches were conducted in EconPapers and Google Scholar. Articles published until April 24th 2020 were included. References of systematic reviews and data sources of economic evaluations were screened to identify additional articles. Results: One hundred eight studies were reviewed in full text, 38 were eligible for data extraction. The most significant components of direct medical cost were inpatient and outpatient care with an annual cost of hospitalization per patient between €607 in Sweden and €8,244 in Denmark (2018 Euros). Advanced stages showed substantially higher costs. The total cost of an inpatient episode was €1,722 in the general melanoma population in France and €82,428 in unresectable stage IIIIV in Italy. Total per patient costs associated with diagnostics and imaging, surgical therapy, or radiotherapy were all below 2,000 Euros. Total per patient cost of active systemic therapy for advanced stages range between €14,482 in France and €75,552 in the Netherlands. Total cost of follow-up in Germany was €1,604 and €11,993 per patient in early and advanced stages, respectively. The highest annual out-of-pocket payment was €1,086 in the UK. Conclusions: Melanoma impose a significant economic burden on the healthcare systems in Europe. Melanoma related costs vary substantially by stage of management, treatment, and stage at diagnosis. Results of this review are suitable to support modeling the potential savings in melanoma related costs by primary prevention and early diagnosis.

PCN212
ONCOLOGY DISEASES PRIORITY LIST FOR INFORMING NATIONAL CANCER SETTING AND DEVELOPMENT OF NATIONAL CANCER CONTROL PLAN IN UKRAINE
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Objectives: The UN’s Sustainable Development Goals for 2030 call for reducing premature mortality from non-communicable diseases by a third through prevention and treatment. Accelerated reductions in cancer mortality are essential to meeting that goal while cancer is a major cause of death in low-income and particularly in low- and middle-income countries. According to the WHO, established National Cancer Control Plans (NCCP) achieve substantial degree of cancer control, even where resources are severely limited, by identifying and implementing priorities for action and research. The study aim was to analyze the oncology diseases based on disability adjusted life years (DALYs) criteria - the disease burden and global resource allocation in Ukraine. Methods: The WHO priority setting recommendations include use of DALY criteria. The Global Health Data Exchange IHME information (2017) was used for analysis of the structure of cancer burden in Ukraine and presenting positions in the ranked row by defined indicators. The information was generated for all ages with further categorization into five constituent age groups (under 5, 5-14, 15-24, 25-49, 50-69 and over 70 years).

Results: Taking into account all age groups, amongst 30 cancer pathologies in Ukraine, ‘tracheal, bronchus, and lung cancer’ was on the first place, followed by ‘colon and rectum cancer’ and then ‘stomach cancer’. How-ever each of five age groups has different top priority diseases by burden. The DALY ranked row of oncology diseases is perspective to be used as a priority setting tool for disease management and for the development of National Cancer Control Strategy until 2030 in Ukraine. Conclusions: The DALY metric can be used as a measure of disease burden, alongside the other epidemiological metrics. Nationwide epidemiological data of a better quality is required to estimate the morbidity and mortality burden of cancer disease in Ukraine.