Objective: Prolonged time between marketing authorization and reimbursement leads to missed health gains, raising the question: what could be gained by ensuring earlier reimbursement? Methods: A health impact model was developed for two selected oncological drugs to calculate the impact of earlier reimbursement on the number of patients that could have been treated and accompanying health gains. Health impact outcome measures were obtained from national assessment documents and could differ per drug and country. Time to reimbursement was optimized in three hypothetical scenarios: 1) timing of reimbursement coinciding with EC marketing authorization (as is the case in Germany; ambitious scenario), 2) as fast as the fastest country (best practice), and 3) assessments within 180 days after the EC marketing authorization (as is required by EC Transparency Directive; base case). The number of new patients per month (uptake data) were retrieved from the respective companies marketing these drugs. Only countries with recorded uptake data for at least 1 year after reimbursement were used in the analysis. Results: Midostaurin and pertuzumab and four European countries (England, Italy, the Netherlands, and Sweden) were included in the analysis. In the ambitious scenario, 1,689 more AML patients could have been treated with midostaurin in England, Italy, the Netherlands, and Sweden, accounting for 82,920 life months gained (LMG) and 8,665 months of event-free survival. With pertuzumab, 2,180 patients could have been treated in England, Netherlands, and Sweden, accounting for 12,718 LMG and 8,842 quality-adjusted life months gained. For the countries that lacked (sufficient) uptake data, even more health gains could be expected.

Conclusion: Drugs gaining positive reimbursement decision are apparently worthwhile for patient- and population’s health, needing a quick access. Today, time to reimbursement varies greatly between countries, demonstrating the need for optimization. This analysis quantified the health gains demonstrating the urgency of rapid patient access.

Cancer - Health Service Delivery & Process of Care

PCN215
VIRTUAL MODIFIED DELPHI RESEARCH INTO CURRENT AND FUTURE TREATMENT APPROACHES OF MULTIPLE MYELOMA IN SWEDEN

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Objectives: The objective of this study was to gain insights into the objectives of treatment, patient- and physician-related factors. The aim was to explore treatment strategies in multiple myeloma in Sweden and test the need for panobinostat (Farydak®) as a treatment option. Methods: The modified Delphi panel was divided into three distinct iterative phases, consisting of individual discussion, group discussion and a clinician consensus and feedback session. All meetings were conducted virtually. Using questionnaires for each phase, the Delphi was thoughtfully prepared to reduce the range of responses, to ultimately achieve consensus. Three Swedish key opinion leaders participated. The questionnaires covered the patient journey and profile, treatment regimens and unmet need in multiple myeloma. Responses from the first phase were then distributed to the physicians, to be discussed in phase 2. The second phase of the process explored place in therapy of the novel drug, Panobinostat (Farydak®). Results: There are approximately 3,500 myeloma patients in Sweden currently, a number which is increasing due to increased survival. Most patients fall under the ‘relapsed’ category. Age is the most important factor when deciding a treatment. The limitation of most treatments is cost. First line treatment is based on neuropathy. Clinical utilities become intolerable. Some patients (approximately 20%), are not treated due to neuropathy. Newer, more convenient. While uncommon, home care treatments do happen in some areas. Current treatments are continuous: discontinuation only occurs when the side effects become intolerable. Some patients (approximately 20%), are not administered bortezomib past the first line of treatment due to neuropathy. Clinicians noted that panobinostat (Farydak®), with new clinical data would allow a place in treatment for patients in Sweden. Conclusions: Panobinostat (Farydak®) could be beneficial for the future management of multiple myeloma. There is a place in therapy for a drug which provides a prolonged patient response, if proven cost-effective.

PCN216
AN INNOVATIVE ORGANIZATION MODEL TO FACE RISKS REDUCTION CHALLENGES IN AN ITALIAN CANCER CENTER DURING THE COVID-19 PANDEMIC: A RISK REDUCTION ESTIMATION STUDY

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Objective: In Covid-19 pandemic, onco-hematological patients are at higher risk of severe infection because of both their immunosuppressive state caused by malignancy and treatments and their recurrent hospital accesses. At our cancer centre (IRST), following national authorities and scientific societies recommendations, we set up a model for reduction of risk of Covid-19 positive accesses through sequential actions on patients, caregivers and workers. In this work we give an estimate of reduction of risk of Covid-19 positive accesses. Methods: Covid-19 positive access baseline of a Health at Risk (AR) was calculated. A health impact model was developed for two selected oncological drugs to calculate the impact of earlier reimbursement on the number of patients that could have been treated and accompanying health gains. Health impact outcome measures were obtained from national assessment documents and could differ per drug and country. Time to reimbursement was optimized in three hypothetical scenarios: 1) timing of reimbursement coinciding with EC marketing authorization (as is the case in Germany; ambitious scenario), 2) as fast as the fastest country (best practice), and 3) assessments within 180 days after the EC marketing authorization (as is required by EC Transparency Directive; base case). The number of new patients per month (uptake data) were retrieved from the respective companies marketing these drugs. Only countries with recorded uptake data for at least 1 year after reimbursement were used in the analysis. In the ambitious scenario, 1,689 more AML patients could have been treated with midostaurin in England, Italy, the Netherlands, and Sweden, accounting for 82,920 life months gained (LMG) and 8,665 months of event-free survival. With pertuzumab, 2,180 patients could have been treated in England, Netherlands, and Sweden, accounting for 12,718 LMG and 8,842 quality-adjusted life months gained. For the countries that lacked (sufficient) uptake data, even more health gains could be expected. Conclusions: Drugs gaining positive reimbursement decision are apparently worthwhile for patient- and population’s health, needing a quick access. Today, time to reimbursement varies greatly between countries, demonstrating the need for optimization. This analysis quantified the health gains demonstrating the urgency of rapid patient access.

PCN218
THE IMPACT OF GUIDELINE-CONCORDANT TREATMENT ON OUTCOMES AMONG ELDERLY WOMEN WITH HER2 POSITIVE METASTATIC BREAST CANCER

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Objectives: Data on impact of National Comprehensive Cancer Network (NCCN) treatment guideline concordance on outcomes of patients with metastatic breast cancer (MBC) is limited. Our study examined this relationship on clinical and economic outcomes. Methods: A retrospective cohort study was conducted using the Surveillance, Epidemiology, End Results-Medicare linked database. The study cohort included women age 66 years and older diagnosed with HER2-positive MBC during 2010-2013. Adjusted Cox proportional hazards models were conducted to evaluate the impact of guideline-concordant treatment on all-cause and breast-cancer-specific mortality. A generalized linear model with log link and gamma distribution was conducted to examine the impact of guideline-concordant treatment on average Medicare costs, after adjusting for patient demographic and socioeconomic characteristics, clinical factors, tumor characteristics, healthcare access, and external environmental healthcare factors. Results: Out of 241 women included in the analyses, 76.8% received guideline-concordant initial treatment. An unadjusted analysis showed that those who received guideline-concordant treatment were more likely to survive longer than those who did not receive guideline-concordant treatment. In adjusted analyses, receipt of non-guideline-concordant treatment was associated with higher hazards of all-cause mortality (hazard ratio (HR)=4.226, 95% confidence interval (CI)=2.932-6.095, p<0.001) and breast cancer-specific mortality (HR=4.061, 95% CI=2.701-6.107, p<0.001) compared to those who received guideline-concordant treatment. There was a significant difference in the average Medicare costs per month between women who received guideline concordant treatment and those who did not ($9,593 vs. $19,432). In an adjusted analysis, the difference reduced but remained significant ($4,378, 95% CI=7,878, p<0.001). Conclusions: Elderly women who received guideline-concordant treatment had lower all-cause cancer-specific mortality and higher Medicare costs per month. Our findings suggest clinical and economic benefit of providing guideline-concordant care among elderly women with HER2 positive metastatic breast cancer.

PCN219
INCIDENCE AND DISTRIBUTION OF TUMOR STAGE OF MELANOMA IN ADULTS BY SEX. COLOMBIA, 2019

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Objectives: The incidence of melanoma increases from the age of 40 and has shown differences between men and women. The early detection is associated with better survival and reflects the ability of management in issues of promotion and prevention; therefore, our objective was to evaluate the differences by sex in the incidence of melanoma and its distribution by stage at diagnosis, in adults treated within the Colombian health system. Methods: The records of adults (>39 years) diagnosed with melanoma between January 2, 2018 and January 1, 2019 were extracted from the administrative registry of cancer managed by the High Cost Account (CANC, by its Spanish acronym*). Age-standardized incidence rates (ASIRs) were calculated using the direct method. The population estimated by the Administrative Department of National Statistics (DANE) and that one projected by the United Nations for Latin America and the Caribbean were used as a reference. Stage at diagnosis was classified as early stages (II-IIIA) and advanced stages (IIIB-IV) and incidence rates were assessed using a two-tailed hypothesis test and the p-value was set at 0.05. Results: 434 new cases of melanoma were reported (58.53% women; 41.47% men in 2019. In both sexes included, the ASIR was 2.69 cases per 100,000 adults (CI 95% 2.42-2.97). In women the ASIR was 2.71 cases per 100,000 adults (CI 95% 2.39-3.04) versus