PCN219 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 preferences, and treatment regimens. The study focused on prolonging 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 (Panobinostat) and its role in the treatment of multiple myeloma.

Results: There are approximately 3,500 myeloma patients in Sweden currently, a number which is increasing due to increased survival. Most patients fall into 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 guidelines, whilst patient responses guide choice of later therapy. Oral treatments are the most 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 on oral treatments. In Sweden, 20% of patients are not on oral treatments.

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: The role of 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 recent hospital accesses. At our cancer centre (IRST), following national authorities and scientiﬁc societies recommenda-
tions, 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 health risk (ARR, relative risk reduction; RRR, absolute risk reduction) was compared between our center and others. Treatment patients were assessed 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 described in the 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 marketing authorization, unless faster in reality (as described in the 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 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 described in the 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 marketing authorization, unless faster in reality (as described in the 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 marketing authorization, unless faster in reality (as described in the 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 marketing authorization, unless faster in reality (as described in the EC Transparency Directive; base case).

Results: For the treatment of 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®) and its role in the treatment of multiple myeloma.

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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.