We observed high levels of polypharmacy. Future research is needed to investigate longer-term adherence/persistence and factors that influence these measures to enable development of solutions to optimize outcomes for patients.

**PCN222**

**THE COST OF STAGE IV MELANOMA WITH BRAF V600 MUTATIONS IN GREECE**

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**Objectives:** At a time when most cancer incidences are falling, the annual incidence of melanoma has risen as rapidly as 4-6% in many European countries, with a substantial economic burden in advanced stages. The purpose of this study is the investigation of treatment pathways and healthcare resource use of advanced BRAF-mutated melanoma in Greece. **Methods:** This study is based on the information collected by an expert panel comprising of 3 oncologists of major public and private melanoma centers around Greece. A 3-round survey was undertaken, according to a modified Delphi method. The treatment phases studied were: pre-progression; disease progression and terminal care. Oncology drug costs, medical visits, laboratory tests, imaging examinations, hospitalizations, radiotherapy/surgery and concomitant medications were the resources considered in the context of the Greek National Services Organization (EOPYY). **Results:** The most common disease management scenario for patients of stage IV BRAF V600 mutated melanoma was: targeted therapies as first line treatment at 95% and 5% for immunotherapies, followed by 95% immunotherapies and 5% targeted therapies as second line and third line treatment at 65% of cases. At third line several therapeutic options include monotherapy and combination therapies, targeted therapies, chemotherapy and other regimens. The weighted annual cost of treatment was 86,516.88 € for first line treatment at list price and around 41,679.50 based on the negotiated price. At second line the cost of treatment has been estimated at 21,647.74 € and 58,633.51 € as third line treatment for the most commonly used management scenarios. **Conclusions:** Metastatic BRAF mutant melanoma requires prolonged and costly treatment but new therapies managed to substantially increase life expectancy. Identifying the appropriate treatment options in order to optimize health outcomes should be an important priority in healthcare system. **Assumption:** Taking into consideration the baseline standard rebates and discounts of new active substance in Greece.

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**EXPLORING THE FACTORS INFLUENCING LIVER CANCER DISEASE BURDEN AND MEDICAL QUALITY IN TAIWAN HOSPITALS: AN APPLICATION OF HIERARCHICAL LINEAR MODELING**

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**Objectives:** Liver cancer is one of the most common cancers in Taiwan, with a high incidence and mortality rate. The purpose of this study is to explore the factors that affect the disease burden and medical quality of liver cancer in various hospitals in Taiwan. **Methods:** This study adopts retrospective research design, taking Taiwan hospitals as the analysis unit. We collected data on the cancer registration files and health insurance database in Taiwan from 2011 to 2016, and calculated the incidence of liver cancer, the severity of the disease, and the one-year survival rate of hospitals throughout Taiwan. This study uses hierarchical linear modeling (HLM) to explore the associations of hospital factors (including hospital level, male patient proportion, mean patient age) and administrative area factors (population density, population ageing, physician-patient ratio) and the demand for liver cancer diagnosis and treatment (incidence, severity of disease) and the medical quality (one-year survival rate) in each hospital. **Results:** The study found that in terms of the incidence of liver cancer in various hospitals, the higher the hospital level, the lower the severity of the disease. For the medical quality of liver cancer in various hospitals, the higher the mean patient age, the lower the one-year survival rate. **Conclusions:** In Taiwan, the incidence of hospital liver cancer is mainly affected by the hospital level and the physician-patient ratio. The severity of liver cancer in hospitals is mainly affected by the hospital level and the survival rate of liver cancer in hospitals is mainly affected by the mean patient age.

**PCN224**

**AN ITALIAN EXPERIENCE: HOW THE COVID-19 ERA HAS MODIFIED THE RADIOLOGICAL ACTIVITY IN A CANCER HOSPITAL**

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**Objectives:** We conducted a retrospective analysis using a commercially insured US population to describe patient characteristics and treatment patterns including adherence/persistence among women with mBC using oral CDK4&6i. **Methods:** The Healthcore Integrated Research Database (HIRD®) containing claims and enrollment data from a large commercial US payer was used to identify adult women with mBC and CDK4&6i fills (abemaciclib, palbociclib, ribociclib) between Jan-2012 and Jun-2018. All filled prescriptions were included in the analysis. All filled CDK4&6i claims were included to provide insight on the percentage of patients who fill prescriptions and then stop or discontinue. **Results:** Among 1,748 CDK4&6i fills, (abemaciclib, palbociclib, ribociclib) between Jan-2012 and Jun-2018. All filled prescriptions were included in the analysis. All filled CDK4&6i claims were included to provide insight on the percentage of patients who fill prescriptions and then stop or discontinue. **Conclusions:** We observed high levels of polypharmacy. Future research is needed to investigate longer-term adherence/persistence and factors that influence these measures to enable development of solutions to optimize outcomes for patients.