In this dramatic global health crisis, Radiology Units underwent some profound changes in their daily activity to minimize the risk of COVID-19 contamination and to assess the impact on the radiological activity of an Italian cancer hospital. **Methods:** Radiological procedures performed during the period of 8 weeks of Italian lockdown (March 3 – May 2020) and the same 2019 period were retrospectively collected and compared. **Results:** During the lockdown period, 2019 procedures were reached only for a total of 1,110 access; underwent at least one radiological procedure. The Radiology Unit reviewed 1,438 outpatients scheduled for radiological examinations, of these 456 patients were postoperatively hospitalized (31.3%), 33% because not-surprise admission, and 13.1% for presence of flu-like symptoms. The maximum reduction of patient’s access referred in particular to the second and third weeks of March. Conversely, in the following weeks a gradually progressive growth of patient’s access was observed week after week, probably as a consequence of progressive rearrangement of the stabilized inventories.

**Conclusions:** The COVID-19 outbreak has posed a great challenge to radiology, changing its activity with an overall reduction in the number of procedures performed with consequences still unknown in screening, early diagnosis and management of follow up that have been postponed.

**PCN225**

**IMPACT OF LOGISTIC IMPROVEMENTS IN A REAL CASE STUDY: AN EXAMPLE OF SUSTAINABILITY FROM AN ITALIAN HOSPITAL PHARMACY**

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**Objectives:** This study aimed to evaluate the impact of the hospital pharmacy logistic reorganization in an Italian cancer center. Agreements with Local Health Authorities (AISL) centralized warehouse for the vast majority of IRB drugs supply, together with implementation of an Enterprise Resource Planning connected with Electronic Medical Record to track drug storage level were the main pillars of this pharmacy supplying rethinking process. **Methods:** Key performance indicators were created (evaluating deviations between actual and forecasted consumption, supplying analysis, pharmacy warehouse stocks, drug consumption). Data were retrieved from hospital information systems (2016 to 2018). Time series analysis of monthly orders, stocks and their values (€), was focused on assessing trend and possible cyclic patterns during analysis period: graphs of series decomposition were plotted and seasonality was assessed adopting the method proposed by Olliech and Weibel (WO test). **Results:** In 2018, yearly pharmaceutical expenditure increased by 20% compared to 2016 due to increased number of treated patients (+183). Over the years, the number of orders and drug supplies through the centralized warehouse has increased causing a drastic reduction in direct purchases from suppliers (-67%). A greater stability of the monthly mean stock have been achieved in the years 2017-18, despite the introduction of 78 new drugs (SD: 290K vs 295K in 2016 vs 180K€ in 2018). Moreover, analyzing supply data (orders, articles, value), a stabilization of the month-in-month differences (monthly average stock normalized) was observed. No seasonality has been demonstrated for the analyzed series. **Conclusions:** The reorganization process, resulted in several improvements: pharmacy forecasting process became easier despite the increasing number of therapies; supply planning was optimized through a minimum and maximum stock threshold determination avoiding stock exhaustion and at the same time stabilized inventories.

**PCN226**

**DEFINING A STANDARD SET OF HEALTH OUTCOMES FOR PATIENTS WITH SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK IN SPAIN**


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**Objectives:** To define a systematic, standardized collection of health outcomes during patient treatment and follow-up is a key step towards an effective and efficient health care system. A holistic approach, integrating all stakeholders’ perspectives, is necessary to ensure the best quality care. This project aimed to define a standard set of health outcomes for patients with squamous cell carcinoma of head and neck (SCCHN) in Spain. **Methods:** The project was led and coordinated by a scientific committee (SC) and comprised: (1) literature review (to identify variables used during SCCHN treatment and follow-up); (2) a 1st MC (to select those variables to be proposed to the nominal group); (3) four NG (n=36 experts) and four in-terviews with patients (to reach consensus on the key variables to be included in the standard set); and (4) a 2nd MC (to review the results of the NG ensuring consensus on those variables where consensus was not reached among them). **Results:** Final NG included treatment-related (treatment intent and type, response to treatment, treatment toxicity/complication, treatment completion), degree of health (performance status, patient-reported health status, pain, dysphonia, feeding and speech limitations, body image alteration, radicality of treatment), demographic (age, gender, duration of disease), socioeconomic (nutritional weight, nutritional intervention), and others variables (smoking status, alcohol consumption, patient satisfaction with aftermath care, employment status). Experts agreed to collect at baseline factors that may affect the health outcomes, but which cannot be controlled as part of the management of the condition (case-mix variables) including demographic, tumor-related, clinical and nutritional factors. **Conclusions:** This project may pave the way to standardize the collection of health outcomes in SCCHN and promote the incorporation of patients’ perspective in its management. In turn, the information provided through this systematic compilation of this set of variables may define strategies to achieve high-quality and patient-centered care.

**PCN227**

**RECENT UPTAKE OF NEW AGENTS IN FIRST-LINE TREATMENT OF METASTATIC CAstration Resistant PROSTATE CANcer by AGE GROUP: A RETROSPECTIVE ANALYSIS OF GERMAN CLAIMS DATA**

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**Objectives:** With the introduction of new agents for metastatic castration-resistant prostate cancer (mCRPC), we aimed to document real-world changes in first line treatment in Germany. **Methods:** This was a retrospective observational study using German claims data. We identified adult patients with at least one inpatient or two confirmed outpatient prostate cancer (PC) diagnoses between 01/01/2014-12/31/ 2018 (inclusion period) and who were newly diagnosed with metastases within 365 days from a PC diagnosis in the inclusion period (index date). Evidence of surgical or medical castration at baseline was required and patients were included if they had evidence of resistance to castration. Patients were dropped if they had prescriptions of mCRPC-specific medication at baseline. Regimen analyses for first line therapy were performed by index year and stratified by age group (<80 vs ≥80). **Results:** Among 185 mCRPC patients, first-line regimens included primarily ADT agents (91.9%), abiraterone (35.1%), docetaxel (28.7%), and enzalutamide (4.3%). The percentage of regimens containing docetaxel peaked in 2015 (39.4%) and dropped to 20.6% in 2018. In contrast, the percentage of regimens containing abiraterone was at its minimum in 2015 (21.2%) and rose to 50% in 2018 (60% among patients over 80). After enzalutamide approval in 2014, a quick uptake was observed among patients over 80 (14.3% of those diagnosed in 2017). The percentage of patients receiving ADT monotherapy decreased from 36% in 2014 to 28.4% in 2018. After the combination with abiraterone increased from 30.0% to 44.1%. Docetaxel in combination with ADT was prescribed for 25.0% of patients in 2014 and 14.7% in 2018. Enzalutamide was equally likely to be prescribed alone or in combination with ADT in 2015 (3.0%) and 2018 (2.5%). **Conclusions:** The results help understand recent shifts in management of mCRPC from cytotoxic chemotherapy to new agents such as abiraterone and enzalutamide, particularly among older patients.

**PCN228**

**DELAYS IN TIME TO TREATMENT INITIATION AND ITS ASSOCIATED FACTORS IN PATIENTS WITH CERVICAL CANCER: A CROSS-SECTIONAL ANALYSIS**

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**Background:** Cervical cancer (CC) is one of the leading causes of morbidity in upper-middle income countries such as Colombia. Several studies have reported poor prognosis when treatment is delayed. **Objectives:** To describe the associated factors to delays in time to treatment initiation (TTI) in Colombian women with CC. **Methods:** Cross-sectional analysis including new cases of CC diagnosed during 2018 and reported to the National Administrative Cancer Registry, managed by the High Cost Account (CAC, its acronym in Spanish), TTI was defined as days from diagnosis (clinical or histopathological) to the first treatment (chemotherapy, radiation or surgery). Associated factors were identified by estimating a linear model adjusted by age, stage, region of residence, health insurance, race/ethnicity and first treatment. **Results:** 1,930 new cases of CC were included (27.72% in situ and 38.08% advanced stages). Median age was 47 years (IQR: 37-59). Median TTI was 71 days (IQR: 42-105) and represents the most frequent delay (31.20%, n=604). The longest TTI was observed for chemotherapy (median 74 days, IQR: 38-113). TTI was significantly