In this dramatic global health crisis, Radiology Units underwent some crucial changes in the daily activity organization to minimize the risk of COVID-19 contamination. The coordination among the different medical teams (Radiology, IRCCS, Meldola, FC, Italy) involved the development of strategies for the management of COVID-19 cases attended at the IRCCS.

**Objectives:** In this study, we aimed to assess the impact of COVID-19 on the radiological procedures performed during the lockdown period (March 2020) and the follow-up period (May 2020). The purpose was to understand the changes in the daily activity organization and to provide guidelines for future pandemics.

**Methods:** This was a retrospective observational study using electronic medical records. The analysis was focused on assessing trend and seasonality of radiological examinations.

**Results:** During the lockdown period, a gradual decrease in the number of radiological examinations was observed. The most affected exams were those related to the second and third weeks of March. Conversely, in the follow-up period, a gradual increase in the number of exams was observed.

**Conclusions:** This study highlights the need for a systematic and comprehensive approach to manage the impact of pandemics on healthcare services. The results can inform future strategies for the optimization of healthcare delivery during times of crisis.

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5. Outcome Research, Healthcare Administration, IRCCS, Meldola, FC, Italy.
6. Nuclear Medicine Unit, IRCCS, Meldola, Italy.
7. Outcome Research, Healthcare Administration, IRCCS, Meldola, FC, Italy.
8. Oncology Pharmacy Unit, IRCCS, Meldola, Italy.

NGS in conjunction with targeted treatment. This facilitates decision-making processes regarding the use of diagnostic tools. Moreover, these costs vary in different countries, and there is a growing need for economic analysis that takes into account the different healthcare systems and policies.

Conclusions: Economic analyses of NGS followed by targeted therapy reveal that this approach is not cost-effective when comparing it to other treatment options. However, some studies show that NGS followed by targeted therapy can be cost-effective, while others reveal the opposite. Reported ICER values for NGS followed by targeted therapy are not significantly different, indicating that the cost-effectiveness of this approach is highly variable. This uncertainty around lack of clinical comparator factored into the ‘no added benefit’ decision for larotrectinib. Overall, patient population composition and study methodology are key areas of payer concern. Manufacturers may mitigate these uncertainties by translating NGS outcomes into different countries and patient populations, which may help clarify optimal use for payers. Emphasis on unmet need and focused budget impact can also be positive outcomes.

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PCN230

A SYSTEMATIC LITERATURE REVIEW ON COST-EFFECTIVENESS OF NEXT-GENERATION SEQUENCING (NGS): NGS COMPARED TO OTHER HIGH-THROUGHPUT SEQUENCING METHODS IN THE CONTEXT OF PERSONALIZED CANCER THERAPY

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Objectives: The objective of this review was to investigate and collate the cost-effectiveness data of Next-Generation Sequencing (NGS) in comparison to other high-throughput sequencing (HTS) methods in the field of cancer research. NGS was analyzed in terms of subsequent treatment strategy. Methods: Articles relevant to the objectives were chosen through key terms such as cancer/malignancy, next generation sequencing versus high-throughput sequencing, and cost/cost-effectiveness analysis. Costs included direct and indirect costs of the sequencing methodology, and downstream costs such as treatment price. The review was based on the incremental cost-effectiveness ratio (ICER). Databases were screened for research articles with European data evaluating the cost-effectiveness of NGS and other HTS. Due to the rapid development of sequencing technology, our search was limited to articles that were published in the last five years (since 2015). Results: The data regarding NGS and subsequent treatment cost-effectiveness is limited and conflicting with some studies showing that NGS is cost-effective, while others reveal the opposite. Reported ICER in terms of NGS followed by targeted therapy is not affected much by sequencing costs and is affected by treatment choice and benefit instead.

Conclusions: The high-throughput nature of NGS produces better clinical results due to the improved testing of therapies compared to HTS. However, the costs of NGS vary in different countries, and there is a growing need for economic analyses that facilitate decision-making processes regarding the use of diagnostic tools. Moreover, the varying costs of treatments across countries warrant local economic analyses of NGS in conjunction with targeted treatment.

PCN231

ASSESSING RECENT EU HTA TRENDS IN THE PD-(L)1 CLASS

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Objectives: The PD-(L)1 class has expanded rapidly since their first launch and well over 15 drugs are currently available in many pipeline trials. This poster aims to identify HTA trends and the drivers behind them for PD-(L)1 in France, Germany, and the UK over the last 5 years, in order to reveal key insights to support upcoming submissions. Methods: Articles relevant to the objectives were chosen through key terms such as cancer/malignancy, PD-(L)1, and health insurance) which are proxies of social disparities and poor access to drugs for comparison. Results: From the TC. Furthermore, the TC is more often requesting additional longer-term information at the time of submission, which is highly valued. This uncertainty around lack of clinical comparator factored into the ‘no added benefit’ decision for larotrectinib. Overall, patient population composition and study methodology are key areas of payer concern. Conclusions: Manufacturers may mitigate these uncertainties by translating NGS outcomes into different countries and patient populations, which may help clarify optimal use for payers. Emphasis on unmet need and focused budget impact can also be positive outcomes.

PCN235

FEASIBILITY ASSESSMENT OF AN E-HEALTH SYSTEM (ZEMY) DESIGNED TO MANAGE SYMPTOMS AND TREATMENT-RELATED TOXICOITIES IN PATIENTS WITH BREAST CANCER


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Objectives: ZEMY is an e-health system that gathers data from a smartphone application and computer system that provides patients with symptom management tools and enhance patient and healthcare providers’ interactions. We report here feasibility and devices deficiencies (DD). Methods: This was a three-month single arm study conducted at five French sites. Adult women with breast cancer initiating oral and/or parenteral cancer treatment received a smartphone with ZEMY installed and verbal training. Patients started cancer treatment on Day 1 and were followed for three months. The ZEMY software made recommendations to patients on the self-management of ten pre-defined symptoms and transmitted automatic messages to HCP. Primary outcome was patient feasibility response at 3 months using a composite endpoint assessing frequency and quality of patients’ connections. Secondary end-points were description of Symptom Reported Connections (SRC) and DD. Results: 54 patients were enrolled in the study, 31 patients (57.4%) were responders, not significantly higher than the predefined cut-off of 50%. Lower limit of the one-sided 95% CI: 38.5% (3.5% high response rates of its components: completed SRC = 60% (66.0%); completed SRC = 60% (66.0%); 3815 SRC were reported by patients, 2979 automatic recommendations were sent back (mostly related to fatigue, pain, anxiety/depression) and 615 (20.6%) led to a message sent to HCP. 95 DD were reported in 37/54 patients (68.5%). Main reasons were inappropriate recommendations (n=51) and device malfunction (n=36). No adverse device effects were reported. Conclusions: The proof of feasibility of ZEMY was not demonstrated instead of an encouraging rate of its two components and a high number of SRC and recommendations. Feasibility of an e-health system is difficult to anticipate in a formally statistical test due to uncertainty of predefined hypothesis. The DD observed indicates the need for user support.

PCN236

A REVIEW OF THE ACCESS STATUS OF CDF-APPROVED DRUGS IN SCOTLAND: WHAT CAN WE LEARN?

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Objectives: The primary objective of this research was to assess outcomes in Scotland for CDF-approved drugs and to investigate whether there is differential access to oncology medicines in Scotland due to the absence of a CDF type fund. The secondary objective was to assess the reasons for entry into the CDF and reasons for negative or restricted use recommendations by the SMC. Methods: 34 drugs were identified via the NICE website as being in the CDF and eligible for analysis. The Managed Entry Access Framework was used for each drug in the CDF and data collection requirements were completed. The reasons for uncertainty were then quantified into 7 different categories. As a next step, the 34 drugs were identified on the SMC website and their assessment outcome recorded. For the drugs which were restricted or rejected, the submission paperwork was reviewed and categorised using the same 7 categories as the CDF drugs for comparison. Results: Out of 34 drugs list are currently in the CDF, 53% (19/