tolerability of systemic anti-cancer therapy for older people with cancer. The reviews were conducted on behalf of the National Cancer Equality Initiative to establish an understanding of the current body of research and to enable the development of more personalized treatment protocols for elderly patients that take into account fitness and personal choice.

METHODS:

We conducted six systematic reviews that considered the effectiveness and tolerability of treatment for older people with cancer (breast, colorectal, lung, renal cell, chronic myeloid leukaemia and non-Hodgkin's lymphoma). Four electronic databases were searched from 2010 to 2013. Data were extracted on a range of outcomes from published studies (randomised controlled trials, subgroup analyses, pooled analyses, cohort studies and retrospective studies).

RESULTS:

We found a large quantity of published research from a wide range of study types. We included a total of 490 studies (64 randomized controlled trials, 30 subgroup analyses, 24 pooled analyses, 255 cohort studies, and 117 retrospective studies).

Most of the randomized controlled trials enrolled fitter and healthier patients than those seen in routine clinical practice. The evidence indicates that older patients with good performance status can, and do, respond well to chemotherapy, frequently achieving similar survival benefit to younger patients.

We found no consistent definitions of 'old' or 'elderly' and these varied from 50 years to 85 years across studies.

The study results demonstrate that comprehensive geriatric assessment has not been routinely conducted in clinical cancer studies and that readily available assessment tools were not used by study investigators.

CONCLUSIONS:

Age should not be a barrier to treatment for the older population. Research is needed to determine which treatment regimens offer the appropriate balance of clinical effect and likelihood of adverse events within older populations. Future randomized controlled trials could be designed to include either higher proportions of older people, or only older people.

VP180 Effect Of Two-Invoice System On Drug Distribution And Price In China

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INTRODUCTION:

Drug prices are mainly determined by production costs, commercial circulation and use in medical institutions. In 2015, total sales of the Chinese drug distribution industry was CNY1,613.3 billion (USD248.6 billion at 31 December 2015 exchange rate), with CNY28.3 billion (USD4.4 billion) profit and an average cost rate of 5.4 percent due to high logistics costs (1). Under Multi-invoice Systems in China, drugs are delivered through national, provincial, local agents, with invoiced and prices going up each time (2). The Two-invoice System, which comes up in April 2016, is China's first drug distribution policy aiming to compress circulation, and reduce unrealistically high prices. There will be only two invoices, one from production enterprises to distributors, the other from distributors to medical institutions. The objective of this study is to evaluate the effect of the Two-invoice System on drug distribution and price in China.

METHODS:

We conducted a literature review of relevant articles and policies in five provinces on China National Knowledge Infrastructure (CNKI), Wanfang, PubMed and government websites. We conducted in-depth individual interviews for qualitative research on policy mechanisms with two government officials and four drug production and distribution enterprise managers. The quantitative study on policy effect measured indicators, namely, number of distributors,

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concentration ratio index (CR), net sales ratio, and ex-factory price. We compared the pilot province before and after the policy, with national level and other provinces. We considered related drug policies to eliminate confounding. Focus group discussion on conclusions and suggestions will be conducted.

RESULTS:

There are no peer review articles, only news media on this topic. In Fujian Province, the number of distributors droped from 246 to 62. In 2015, the Top 3 drug wholesalers reached a market share of 36 percent (CR3), and Top 10 for 86 percent (CR10). Compared to the whole country, CR3 is 26 percent and CR100 is 86 percent. Net sales in the drug wholesale market in Fujian accounted for 75.6 percent, with an increase of 4.3 percent. While at the national level, it is only 57.2 percent with an increase of 0.3 percent (3).

CONCLUSIONS:

The Two-invoice System in China reduces intermediate circulation, and increases industrial concentration. Net sales directly to hospitals are encouraged, whichaffects distribution and production areas. Production enterprises tend to invoice with higher prices instead of offering reserve prices to agents.

REFERENCES:

1. Ministry of Commerce of the People's Republic of China. Statistics analysis report of drug distribution industry operation 2015.[EB/OL].(2016-06-03). http://www.gov.cn/xinwen/2016-06/03/content_5079501.htm (In Chinese).

2. Fangxiao XU, Jun GAO. Road of Two-invoice System will not be flat [N]. Capital Food and Medicine, 2016–8 (27). (In Chinese).

3. National Health and Family Planning Commission of the People's Republic of China. Regular press conference in January [EB/OL]. (2017-01-09). http://www.nhfpc.gov.cn/xcs/s3574/201701/6bfec1f8db334c9a8b8d655936f40eae.shtml?from=groupmessage&isappinstalled=0 (In Chinese).

VP181 From National To European Assessment - The German Case

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INTRODUCTION:

Health Technology Assessment (HTA) processes have become a fundamental part in the lifecycle of new medicines. However, their deep relation with national legislation creates ambiguous and controversial results between the European countries. Can they be standardized across Europe?

METHODS:

Sources of national differences have been identified in timelines, documents, methods, data interpretation, and conclusions. In order to harmonize and standardize HTA cooperation across Europe the European Network for HTA (EUnetHTA) was established. We analyzed guidelines, requirements, and output of EUnetHTA and noted the differences between those guidelines and the German G-BA (Federal Joint Committee, Gemeinsamer Bundesausschuss) standard and IQWiG (Institute for Quality and Efficiency in Health Care, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen) methods.

RESULTS:

The comparison between German and European HTAs highlights that although both procedures follow the rules of Evidence-Based Medicine, differences in Body of Evidence, Comparator, Surrogate Endpoints, Subgroups, and Evidence Synthesis may lead to diverging HTA outcomes. The European HTA framework facilitates the appropriate depiction of clinical reality through comprehensive inclusion of the existing evidence with context specific statistical methods. It might become a worldwide platform for HTA evaluation and discussion.

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