

RESEARCH ABSTRACT EXAMPLE

<p>Title (in title case)</p>	<p>Comparing The Value Of A pCODR Full Approval Versus An Approval Conditional On Cost-Effectiveness Being Improved To An Adequate Level</p>
<p>Authors (author's last name, followed by first initial) institution(s), city, state, country</p>	<p>Macaulay R, Surtel A PAREXEL, London, United Kingdom</p>
<p>Abstract (do not indent; must include OBJECTIVES, METHODS, RESULTS, CONCLUSION unless a Conceptual Papers submission)</p> <p>Abstract has a 300 maximum word count</p>	<p>OBJECTIVES: The pan-Canadian Oncology Drug Review (pCODR) makes recommendations at a national level for oncology drugs. Drugs can only move to provincial consideration if they receive a pCODR “recommendation” or “recommendation conditional on cost-effectiveness being improved to an acceptable level”. This research aims to explore if pCODR deeming an oncologic to have acceptable cost-effectiveness can affect the speed of attaining provincial access. METHODS: All publically available pCODR appraisal reports and provincial funding summaries up to 31 September 2014 were identified from which the appraisal outcomes, incremental cost-effectiveness ratios (ICERs) and dates were extracted. If more than 1 ICER was stated, the mean value was used. Statistical comparisons were performed using Student’s t-tests. RESULTS:pCODR submissions encompassing 34 indications were extracted. ICERs were only stated in 13/34 of these submissions. 2/13 were pCODR-recommended, 11/13 recommended conditional on cost-effectiveness being improved to an acceptable level, and 0/13 rejected. There was no significant difference between average delay in provincial access for the submissions that received a full recommendation versus those that received a conditional recommendation (9.3 vs 9.3 months, p=0.49). However, the 7 drugs with an ICER above CAD200,000 per Quality-Adjusted Life Year (QALY) experienced significantly longer delays to provincial access than the 6 drugs whose ICERs fell below this level (12.3 vs. 8.4 months, p=0.02). CONCLUSIONS:Oncology drugs that are deemed to have acceptable cost-effectiveness by pCODR did not seem to attain faster provincial access, although this analysis was limited by the small number of positive pCODR-recommendations with publically available ICERs. Nevertheless, oncologics with higher ICERs experienced significantly greater delays to provincial access. This suggests that by making greater efforts to demonstrate cost-effectiveness at the level of pCODR, faster provincial and patent access can be obtained.</p>