OBJECTIVES: Colorectal cancer (CRC) is an important public health problem. The human cost of this disease is immense and not limited to the individual, but also for society. Our analysis highlighted the inherent limitations and risks of early assessments with a substantial increase in the uncertainty of treatment acceptability at thresholds of 20% and E0.05.

PCN214 EXPERT-ELICITATION USED FOR EARLY TECHNOLOGY ASSESSMENT TO INFORM ON COST-EFFECTIVENESS OF NEXT GENERATION SEQUENCING Bate JVP, Joosten SE, van Harten WH2 1Netherlands Cancer Institute, Amsterdam, The Netherlands, 2University of Twente, Enschede, The Netherlands

OBJECTIVES: Next Generation Sequencing (NGS) promises to find mutations (targets) in individual cancer patients, to subsequently assign targeted therapy.

RESULTS: The trend in innovation for cardiovascular disease instead of cancer development to phase 3. Other areas of development include antibodies, and gene therapy, gene therapy and RNAi.

Conclusions: The follow-ups of growing evidence net-works: 1) Identifying and removing colorectal adenomas and potentially, treatment of early colorectal cancers may involve less invasive surgery. Thus, implementation of biennial faecal occult blood testing is efficient use of health resources.

Next Generation Sequencing (NGS) offers a potentially powerful platform for extremely sensitive, high-throughput, multiplex, quantitative detection of nucleic acid sequences. While NGS currently represents a small portion of global clinical molecular diagnostic testing, new funding and reimbursement initiatives promise to accelerate its clinical utilization. Given increasing numbers of predic-tive genetic biomarkers, the limited tissue and need for less invasive sample acquisition, NGS has the potential to transform personalized medicine (PM) and companion diagnostics. The current study characterized global NGS availability and reimbursement trends. Health technology assessments (HTAs) for NGS and other novel molecular diagnostic tests are expected to increase significantly.

METHODS: Key health care provision, HTA agency, and payer websites in the US, Australia and Canada were reviewed to identify NGS funding and reimburse-ment initiatives, and relevant HTAs. In addition, a limited number of stakeholder interviews were conducted to help further characterize the evolving global NGS landscape.

RESULTS: A number of NGS funding and reimbursement initiatives were identified, especially France, Germany, UK, US and Australia. Initiatives have been mainly centered on funding of pilot clinical utility demonstrations through research and clinical use. In Germany and US, specific initiatives are underway to develop specific NGS reimbursement codes and payment rates. A number of HTAs for NGS have been developed. NGS has the potential to transform personalized medicine (PM) and companion diagnostics. The current study characterized global NGS availability and reimbursement trends. Health technology assessments (HTAs) for NGS and other novel molecular diagnostic tests are expected to increase significantly.

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