PCN206
RETROSPECTIVE REVIEW OF CANCER PATIENTS IN INDIA: ANALYSIS OF PATIENT CHARACTERISTICS AND TREATMENT METHODS
Abraham PS, Greene M
MCPHS University, Boston, MA, USA
OBJECTIVES: To review the patient characteristics and treatment methods of breast, oral and ovarian cancer patients at a tertiary care hospital in India. **METHODS:** This study was a retrospective review of electronic medical records from a tertiary care hospital in Mumbai, India. Patients ≥18 years of age hospitalized for breast (BC), oral (OC) and ovarian cancer (OVC) treatment between Jan 2014 and May 2015 were included in the study. Descriptive and inferential statistics were used to analyze and compare differences between patients. **RESULTS:** A total of 323 cancer patients met the study criteria (BC=146 patients, OC=132 patients, OVC=45 patients). The mean age for OVC patients was the highest (OVC= 52.17+13.0 years, OC=51.81+12.20 years, BC=51.07+13.34 years). Across all three cancer types, majority of them underwent a surgical procedure at the hospital (BC=120,37.2%; OC=106,32.8%; OVC=33,10.2%). The majority of the patients were subscribed to RGJAY payer scheme (RGJAY=224, 69.3%; no insurance (NI)=53, 16.4%; private insurance (PI)=26, 8%; CGHS=20, 6.2%). Abnormal growth was the most common reason for admission into the hospital among BC and OC patients, while it was pain among OVC patients (BC=106, 32.8%; OC=80, 24.8%; OVC=22, 6.8%). 81 (25.1%) patients with hypertension and 64 (19.8%) patients with diabetes were reported as major comorbidities during hospitalization. Among 120 BC patients that had surgery, majority of them (n=90) underwent a modified radical mastectomy or a breast conservation surgery (n=10). Among 106 OC patients that had surgery, majority of them (n=50) underwent a modified radical neck dissection or a combined mandibulectomy and neck dissection operation (n=30). Among 33 OVC patients that had surgery, majority of them underwent a total abdominal hysterectomy bilateral salpingo oophorectomy (n=14). **CONCLUSIONS:** Majority of the cancer patients were subscribed to RGJAY scheme. The common reason for hospital admission was abnormal growth and majority of them underwent surgery.

PCN207
HEALTHCARE RESOURCE UTILIZATION DURING MULTIPLE MYELOMA TREATMENT IN THE STOCKHOLM REGION OF SWEDEN
Nahi H[1], Ulrichsen SP[2], Zagorska A[3], Lefèvre C[3], Engstrom A[4], Falstie-Jensen AM[2], Paaske Johnsen S[2]
[1]*Karolinska Institutet, Stockholm, Sweden,* [2]*Aarhus University Hospital, Aarhus, Denmark,* [3]*Bristol-Myers Squibb, Rueil-Malmaison, France,* [4]*Bristol-Myers Squibb, Solna, Sweden*
OBJECTIVES: To estimate healthcare resource utilization (HRU) by line of therapy (LOT) for multiple myeloma (MM) patients in a high-volume Swedish university clinic. **METHODS:** The study population comprised all MM patients diagnosed January 1st 2010–December 31st2014 at the Karolinska Institutet, Stockholm, Sweden. Patients were followed from date of treatment initiation to end of study period, death, or change in LOT. HRU was based on hospital admissions and acute/planned outpatient contacts (visits and telephone calls) for MM. We calculated summary descriptive statistics (mean, standard deviation [SD], rates per month) of patient characteristics and HRU by LOT. **RESULTS:** Of 403 MM patients identified, 398 (98.8%) were treated with a 1st LOT (2nd LOT: 193 [47.9%]; 3rd LOT: 86 [21.3%]). 55% were male. Mean age at diagnosis was 69.1 (SD 11.5) years; 68.5% of patients were aged ≥65. Mean duration for 1st, 2nd and 3rdLOT was 17.7, 10.6 and 7.6 months, respectively. During follow-up (all LOTs combined), the mean number of hospital stays and days in hospital were 2.6 and 20.9 respectively. Patients on the 2nd LOT had fewer hospital stays per month (mean for 1st LOT: 0.16, 2nd LOT: 0.11, 3rd LOT: 0.14) and fewer days in hospital per month (mean for 1st LOT: 1.58, 2nd LOT: 1.10, 3rd LOT: 1.64). Mean number of outpatients visits from diagnosis was 19.9, with a slightly higher rate per month in the 2nd and 3rd LOTs compared to the 1st (1st LOT: 0.79, 2nd LOT: 0.88, 3rd LOT: 0.87). **CONCLUSIONS:** In this Swedish MM cohort, the frequency and length of hospitalization was lower during the 2nd LOT after diagnosis than 1st or 3rd. However, a different pattern was observed for outpatient visits. Future research should focus on understanding such patterns, which can be related to the nature of disease or treatment toxicity.

PCN208
REAL-WORLD HEMATOLOGIC AND LIVER FUNCTION-RELATED MONITORING PATTERNS IN FIRST-LINE THERAPY INITIATORS OF POSTMENOPAUSAL WOMEN WITH HORMONE RECEPTOR POSITIVE, HUMAN-EPIDERMAL-GROWTH-FACTOR-RECEPTOR-2 NEGATIVE (HR+/HER2-) METASTATIC BREAST CANCER (MBC)
Bauer M[1], Tang D[2]
[1]*Novartis Global Service Center, Dublin, Dublin 4, Ireland,* [2]*Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA*
OBJECTIVES: To explore monitoring patterns among postmenopausal women diagnosed with HR+/HER2- mBC, initiating first-line treatment. **METHODS:** Postmenopausal women with HR+/HER2- mBC initiating first-line therapy after February 3, 2015 were identified in the PharMetrics Plus database during January 1, 2006 to December 31, 2015, inclusive; index date: therapy initiation date. Patients (n≥30) were stratified by initial treatment: chemo-monotherapy (CT), endocrine-monotherapy (ET), chemo-endocrine therapy (CET), and palbociclib-endocrine therapy (PET). Study outcomes: prevalence (%), mean, standard deviation (SD) of complete blood cell (CBC) and liver function test (LFT) monitoring, one month post- vs. pre-index date. **RESULTS:** In total, 742 patients were selected; CT: n=267 (36.4%), ET: n=374 (51.0%), CET: n=30 (4.1%), PET: n=63 (8.6%). Mean age (years) (SD) at index date: 57.3 (9.3); range across sub-groups: 55.8 (8.9) for PET, 58.4 (9.3) for ET. Monitoring outcomes were greater one month post- vs. pre-index date. Overall, n=483 (65.1%), (mean: 2.3, SD: 1.4) vs. n=391 (52.7%), (mean: 1.5, SD: 1.1) had CBC monitoring, and n=481 (64.8%), (mean: 1.9, SD: 1.1) vs. n=369 (49.7%), (mean: 1.3, SD: 0.8) had LFT monitoring one month post- vs. pre-index date, respectively. For CBC: CT (92.1% vs. 65.9%; mean [SD]: 2.9 [1.5] vs. 1.5 [1.0]), ET (40.4% vs. 39.0%; mean [SD]: 1.5 [0.8] vs. 1.4 [1.1]), CET (96.7% vs. 73.3%; mean [SD]: 2.9 [1.4] vs. 1.6 [0.9]), PET (81.0% vs. 65.1%; mean [SD]: 1.7 [0.8] vs. 1.6 [1.0]). For LFT: CT (92.1% vs. 60.7%; mean [SD]: 2.3 [1.2] vs. 1.5 [1.0]), ET (39.3% vs. 37.4%; mean [SD]: 1.3 [0.6] vs. 1.2 [0.5]), CET (100% vs. 70.0%; mean [SD]: 2.2 [1.2] vs. 1.3 [0.7]), PET (81.0% vs. 63.5%; mean [SD]: 1.4 [0.5] vs. 1.3 [0.7]). **CONCLUSIONS:** There was an increase in monitoring among the study sample following first-line treatment initiation. These data may benefit payers integrating monitoring-related costs in cost-effectiveness calculations.

PCN209
CRITICAL ANALYSIS OF THE "REGIONAL HEALTH TECHNOLOGY ASSESSMENT REPORT ON THE IMPLICATIONS OF BEVACIZUMAB USE IN ADULT PATIENTS WITH METASTATIC COLORECTAL CANCER (DIME, 2015)"
Briceno V
Massachusetts College of Pharmacy & Health Sciences, Boston, MA, USA
OBJECTIVES: Analyze the results obtained in DIME-BID HTA for the treatment of metastatic colorectal cancer (mCRC). **METHODS:** a methodological analysis of the HTA presented by the DIME was performed. Focused on three parameters (research question, hypothesis, evidence and economic analysis). **RESULTS:** The efficacy of Bevacizumab for the treatment of mCCR has been tested in a Phase IV clinical trial, seven phase III clinical trials, two meta-analyzes and more than 25 scientific papers concluding that Bevacizumab is more effective Than chemotherapy in the first line treatment of mCRC. Despite the strong scientific evidence, the HTA published by DIME "Regional Technology Assessment Report on the Implications of the Use of Bevacizumab in Adult Patients with Metastatic Colorectal Cancer (Jul, 2015)" concludes that in first Line there is no difference in efficacy between Bevacizumab and chemotherapy. The results obtained were due to poor selection of evidence, a consequence of an inconsistent research question and a structure that did not establish necessary parameters to measure the question. Most troubling is the quality of evidence the authors used. The ITACA trial, despite being phase III, does not have enough external validity due to the small population, which resulted on an efficacy outcome incongruent with previous clinical trials. It is clear that the alarming negative results are a direct result of the inadequate HTA structure and the limitation in the selection of scientific evidence. **CONCLUSIONS:** If the published and accepted evidence reflects a superiority of Bevacizumab in efficacy versus the different forms of chemotherapy for the treatment of first-line mCRC, DIME should have not opted for a cost minimization analysis that implies equivalence in efficacy of Bevacizumab and chemotherapy. Therefore, the DIME decision to opt for a cost minimization analysis is considered a conceptual problem from the point of view of health economics.

PCN210
FACTORS INFLUENCING THE USE OF MASTECTOMY AMONG WOMEN WITH BREAST CANCER IN A COMMERCIALLY INSURED US POPULATION
Khanna R[1], Kalsekar I[1], Barnow A[2], Canfield T[3], Liao R[4], Yadalam S[1], Alderman A[5]
[1]*Johnson & Johnson Co., New Brunswick, NJ, USA,* [2]*Johnson & Johnson, Diamond Bar, CA, USA,* [3]*Johnson & Johnson, Irvine, CA, USA,* [4]*Janssen R&D US, Raritan, NJ, USA,* [5]*Swan Center for Plastic Surgery, EastAlpharetta, GA, USA*
OBJECTIVES: The objective of this study was to determine the factors influencing the use of mastectomy as compared to breast conserving surgery (BCS) among women with breast cancer. **METHODS:** The study involved retrospective analysis of the Truven MarketScan Commercial database. Women aged 19-64 years who underwent mastectomy or BCS between July 1, 2011 and September 30, 2014 were identified, with the first date of surgical procedure classified as index date. A breast cancer claim in the six-month pre- and post-index date and continuous enrollment in the one-year pre- and post-index period were required for study inclusion. Multivariable logistic regression analysis was used to examine the factors influencing treatment with mastectomy as compared to BCS. **RESULTS:** The final study sample included 43,597 women with breast cancer. The overall mastectomy rate during the study period was 40.14%, with little variation observed from 2011 to 2014 (range 38.30%-41.38%). Women aged 40-49 years (odds ratio [OR] 0.658; confidence interval [CI] 0.588-0.736), 50-59 years (OR 0.5333; CI 0.478-0.595), and 60-64 years (OR 0.483; CI 0.429-0.544) were significantly less likely to be treated with mastectomy as compared to those aged 19-39 years. Women who were obese (vs. non-obese) were less likely (OR 0.853; CI 0.787-0.924) to be treated with mastectomy. Women with a genetic susceptibility to breast cancer (OR 6.582; CI 5.453-7.946), claim for genetic testing (OR 1.743; CI 1.616-1.880), or with a family history of breast cancer (OR 1.436; CI 1.352-1.525) were significantly more likely to be treated with mastectomy. Factors including geographic region, time period, metropolitan statistical area classification, radiation therapy, chemotherapy, lymph node surgery, plan type, and comorbidity status also had a significant influence on treatment with mastectomy. **CONCLUSIONS:** The proportion of women with breast cancer undergoing mastectomy remained steady during the study period. Demographic, treatment-related, and comorbidity factors were found to influence treatment with mastectomy.

PCN211
ONCOLOGIST PERCEPTIONS OF CANCER CARE TREATMENT ADVANCES, VALUE ASSESSMENT, AND COMMUNICATION OF INFORMATION ON UNAPPROVED USES OF APPROVED MEDICINES
Pandya S[1], Shah-Manek B[2], DiBonaventura M[3]
[1]*PhRMA, Washington, DC, USA,* [2]*Ipsos Healthcare, San Francisco, CA, USA,* [3]*Ipsos Healthcare, New York, NY, USA*
OBJECTIVES: The aim of this study was to document how oncologists in the United States perceive treatment advances, the communication of information on