benefit in cancer care. This study characterizes adherence to the 2014 CW recommendation to 'not recommend radiation following hysterectomy in low-risk endometrial cancer' (Stage I, Grade 1-2) using a novel linkage between the Western Washington Cancer Surveillance System (CSS) and claims from two large commercial insurance plans. No studies have previously evaluated adherence to this CW recommendation in a commercial insurance setting. **METHODS:** CSS records for patients with first primary diagnosis of Stage I (Grade 1-2) endometrial cancer (2008-2015) were linked with Premera Blue Cross and Regence Blue Shield claims. Included cases had coverage for ≥12-months before/after diagnosis and hysterectomy 1 month before to 4 months after diagnosis. We used generalized estimating equations (GEE) clustered by institution to evaluate associations between demographic (age, race) and tumor characteristics (grade, dx year) and receipt of radiation therapy within 1 year of diagnosis. **RESULTS:** Among 2,227 identified endometrial cancer patients, 514 were Stage I & Grade 1/2, and 112 met all inclusion criteria. Mean age was 59.8, 91.9% were white, and 67.0% were Grade 1. Overall, 12.5% were non-adherent. Non-adherence was 10.7% in Grade 1, 16.2% in Grade 2, and was highest (15.8%) after the ASTRO CW recommendation (2014-2015). Most non-adherent cases (78.6%) received brachytherapy. In multivariate analyses, only age in years (continuous) was associated with non-adherence (Odds Ratio=1.05, p=0.01). **CONCLUSIONS:** More than 12% of low-risk endometrial cancer cases in our sample were non-adherent to ASTRO CW recommendations. Surprisingly, non-adherence was highest in the time after the ASTRO CW recommendation (2014-2015). This is an important finding because non-adherence may result in side effects and/or substantial cost without commensurate clinical benefit. Future studies should evaluate non-adherence in other regions and patient populations and evaluate strategies to curb overuse.

PCN276

SOMATOSTATIN ANALOG (SSA) DOSE ESCALATIONS AMONG PATIENTS WITH METASTATIC GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS (GEP-NET) TREATED AT A TERTIARY REFERRAL CENTER

Jalbert JJ[1], Casciano R[1], Meng J[2], Dutton T[3], Brais LK[3], Pulgar SJ[4], Berthon A[5], Gabriel S[5], Dinet J[5], Kulke MH[3]

[1]*LASER Analytica, New York, NY, USA,* [2]*LASER Analytica, Lorrach, Germany,* [3]*Dana-Farber Cancer Institute, Boston, MA, USA,* [4]*Ipsen Biopharmaceuticals Inc, Basking Ridge, NJ, USA,* [5]*Ipsen Pharma SAS, Boulogne-Billancourt, France*

OBJECTIVES: To describe the frequency and nature of SSA dose escalations among patients with advanced GEP-NET treated at a tertiary referral center. **METHODS:** We conducted a cohort study of patients with GEP-NET recruited between June 2003 and May 2015 from Dana-Farber Cancer Institute's (DFCI) and Brigham and Women's gastrointestinal clinics, by linking an institutional research database to DFCI's outpatient pharmacy dispensation data. Eligible patients had well-differentiated, metastatic GEP-NET and were seen ≥2 at DFCI. Dispensation frequency was categorized into weeks (dispensations +/-3 days considered part of the same week) and monthly SSA dosing regimens were derived. Dose escalations were defined as ≥2 increases in monthly SSA dosing regimens compared to last 2 SSA monthly regimens. Exposure gaps were dispensations separated by >6 weeks, with dosing regimens before and after the gap considered separately. **RESULTS:** Among 682 patients (mean age [SD]: 58.5 [11.9], 50.1% male, 96.5% white, 44.9% midgut NET, 28.7% pancreatic NET, 26.4% other NET, 38.9% with carcinoid symptoms at baseline, and 62.6% with <1 year since metastatic GEP-NET diagnosis), 341 patients had >1 octreotide (long-acting release) LAR dispensation at DFCI's pharmacy. No lanreotide dispensations were observed as lanreotide was not on formulary during the study period. Over 3.5 patient-years of octreotide LAR exposure, we observed 472 dose escalations among 213/341 (62.5%) patients (range: 1-9). Octreotide LAR dose escalations comprised increases in dose, increases in dispensation frequency, or both in 42.8%, 53.0%, and 4.2% of cases, respectively. The frequency of the most common dose escalations for derived monthly octreotide LAR regimens was 20.8% for 20 to 30 mg, 13.6% for 30 to 40 mg, and 13.1% for 40 to 53 mg (i.e. 40 mg/3 weeks). **CONCLUSIONS:** Octreotide LAR dose escalations in the treatment of metastatic GEP-NET were common and may reflect an increased need for symptom control over the disease course.

PCN277

BEYOND HYPOMETHYLATING AGENTS (HMAS): TREATMENT OF PATIENTS WITH HIGHER-RISK MYELODYSPLASTIC SYNDROMES (HR-MDS) AFTER FIRST-LINE THERAPY (1LT) USING A UNITED STATES (US) ELECTRONIC MEDICAL RECORD (EMR)

Bell J[1], Galaznik A[1], Farrelly E[2], Blazer M[2], Seal B[1], Ogbonnaya A[3], Eaddy M[2], Fram R[1], Faller D[1]

[1]*Millennium Pharmaceuticals, Inc., a wholly owned subsidiary of Takeda Pharmaceutical Company Limited, Cambridge, MA, USA,* [2]*Xcenda LLC, Palm Harbor, FL, USA,* [3]*Xcenda, LLC, Scientific Consulting, Palm Harbor, FL, USA*

OBJECTIVES: MDS encompasses multiple, rare hematological stem cell disorders resulting in cytopenias and disease-related complications/deaths. Overall of the two HMAs approved, only azacitidine has been shown to impact survival; no approved therapies exist post 1LT progression. We examined treatment patterns after ending 1LT in HR-MDS patients in routine care. **METHODS:** Adult HR-MDS patients initiating 1LT (1/1/2008 - 7/31/2015) were identified from a large US EMR database. As complete cytogenetics were unavailable, HR-MDS was based on: International Classification of Diseases (ICD) coding of HR-MDS (with ³1 HR-MDS code [ICD-9 code: 238.73; ICD-10 codes: D46.20, D46.21, D46.22]) or HR-MDS algorithm based on Revised International Prognostic Scoring System. 1LT was defined as MDS-specific treatment (MDS-Tx) initiated after the first HR-MDS claim; the addition/substitution of an MDS-Tx >28 days post 1LT triggered second-line therapy (2LT). MDS-directed supportive care (MDS-SC) included erythrocyte or platelet transfusions, erythropoietic-, and granulocyte-stimulating agents. Patients were followed until death, progression to acute myeloid leukemia (AML), loss to follow-up, or end of study. **RESULTS:** 218 HR-MDS patients initiating 1LT were identified with HMAs (azacitidine [63.3%]; decitabine [24.8%]) predominating. Post 1LT, 30 patients (13.8%) received MDS-Tx +/- MDS-SC; 56 patients (25.7%) received MDS-SC alone. Most common MDS-Txs in 2LT were HMAs (decitabine [30.0%] and azacitidine [23.3%]), followed by lenalidomide ± an HMA (23.3%) and antimetabolite chemotherapy (23.3%). Post 1LT, 33.5%, 9.6%, and 9.6% received transfusions, erythropoietic-, and granulocyte-stimulating agents, respectively. Death (33.5%) and progression to AML (22.5%) were the main outcomes post-1LT in patients not initiating MDS-Tx in 2LT. **CONCLUSIONS:** A majority of HR-MDS patients in routine care do not receive 2LT with an MDS-Tx. Of those who receive MDS-Tx, HMAs remain the predominate choice. MDS-SC post 1LT progression is still utilized in most patients. Outcomes in patients not initiating 2LT are poor, highlighting the need for additional treatment options.

PCN278

SIGNIFICANT VARIATION IN FIRST-LINE TREATMENT DURATION AMONG PATIENTS WITH METASTATIC COLORECTAL CANCER (MCRC) TREATED IN THE COMMUNITY SETTING

Klink AJ, Nabhan C, Ernst FR, Feinberg BA

Cardinal Health, Dublin, OH, USA

OBJECTIVES: Overall survival (OS) has significantly improved over the last decade for patients with metastatic colorectal cancer (mCRC) due to advances in systemic chemotherapy, targeted agents, and supportive care. Duration and sequencing of therapies have correlated with OS. We aimed to describe duration of first line (1L) treatment among patients with mCRC in the community setting. **METHODS:** Patients with mCRC diagnosed from 2012–2014 (ICD-9 codes 153.x, 154.0x, or 154.1x and 197.x–198.x) were identified from a US healthcare claims database consisting of 129 million unique covered patient lives. Patients were classified into treatment groups based on 1L treatment received. Treatment duration (TD) was defined as time from initiation to 30 days prior to initiation of 2L or end of follow-up and calculated by Kaplan-Meier estimator (median and 95% CI). Log-rank test assessed equality of survivor functions (i.e., time to 1L discontinuation). **RESULTS:** There were 4,527 mCRC patients identified (mean age at diagnosis, 61.2 years; 54% male) who initiated 1L therapy. On average (mean, SD), patients were followed for 12.8 months (8.47 months) after diagnosis. Median 1L TD was 211 days (95% CI: 204 days, 221 days) across all treatments. The longest 1L median TD was 250 days (95% CI: 239 days, 262 days) among those treated with a biologic + fluoropyrimidine (FP) + chemotherapy, followed by 217 days (95% CI: 202 days, 237 days) among those treated with FP + chemotherapy, followed by 178 days (95% CI: 148 days, 280 days) among those treated with biologic + FP, and 141 days (95% CI: 133 days, 151 days) among those treated with FP monotherapy (p<0.0001). **CONCLUSIONS:** These real world data show significant variability in the duration of 1L treatments among patients with mCRC. The choice of 1L therapy may have an impact on the time to treatment discontinuation.

PCN279

RETROSPECTIVE REVIEW OF ORAL 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 oral cancer patients at a tertiary 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 oral cancer 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 132 patients met the study criteria. Of these, 108 patients were in the age group of 18 to 64 years. The mean age for all the oral cancer patients was 51.81+12.20 years. The mean age was lowest for patients with no insurance (NI) while highest for patients with CGHS (CGHS=66.60+7.16 years, PI=61+9.89 years, RGJAY=51.39+12.43 years, NI=49.40+9.53 years). The majority of the patients (n=106, 80.3%) underwent a surgical procedure during their stay. The majority of the patients were subscribed to RGJAY payer scheme (RGJAY=105, 79.5%; NI=20, 15.2%; CGHS=5, 3.8%; PI=2, 1.5%). Abnormal growth was the most common reason for admission into the hospital (n=80, 60.6%). 21 (15.9%) patients with hypertension and 18 (13.6%) patients with diabetes were reported as major comorbidities during hospitalization. The majority of the patients had stage 3 or 4 oral cancer (99, 75.0%), while 30 (22.7%) patients had stage 1 or 2 oral cancer and 3 (2.3%) patients had stage 0 oral cancer. Of the total 106 patients that had surgery, majority of them (n=50) underwent a modified radical neck dissection (MRND) or a combined mandibulectomy and neck dissection operation (n=30). **CONCLUSIONS:** Majority of the oral cancer patients were diagnosed during the advanced stages of the disease and were subscribed to RGJAY scheme. The common reason for hospital admission was abnormal growth and the common procedure patients underwent was MRND.

PCN280

REAL-WORLD TREATMENT PATTERNS AMONG PATIENTS WITH SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK (SCCHN) IN CANADA

Byrne K[1], Hallworth P[1], Tahami Monafred AA[2], Moshyk A[2], Shaw JW[2]

[1]*Adelphi Real World, Bollington, UK,* [2]*Bristol-Myers Squibb, Princeton, NJ, USA*

OBJECTIVES: Real-world treatment patterns in patients with SCCHN are largely unknown. In light of emerging therapies, our objective was to elucidate real-world