

March 2012 (n=424). Patients were assigned line of therapy for each treatment regimen received during their entire MBC treatment history. Distribution of patients by payer type (Medicare, Medicaid, Commercial) was also evaluated. Data was analyzed using Pearson chi-square. **RESULTS:** An analysis of patient distribution revealed the share of eribulin treated patients that received treatment in first or second line in the 2015 study cohort (42.1%) was significantly higher than the share reported in the 2012 cohort (32.8%) (p=0.007). The share of Medicare patients among the first and second line treatment group increased from 2012 (32.5%) to 2015 (44.5%) (p=0.044). **CONCLUSIONS:** Eribulin mesylate utilization in earlier lines of treatment has increased over time possibly due to greater familiarity among MBC treating providers. In addition, this increase in earlier use of eribulin mesylate has come to a greater degree among Medicare patients, possibly highlighting more stringent controls among commercial payers.

## PCN281

## PRIORITY ISSUES AND RECOMMENDATION SELECTION IN CANCER PAIN MANAGEMENT

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**OBJECTIVES:** Pain is one of the most common and painful symptoms in the cancer patients. This study aimed to provide the rationale for policy setting by the focus group interview of representative experts. **METHODS:** Priority issues and recommendation selection were conducted two times with 18 experts who are recommended from 12 academic associations to identify problems and resolution measures for cancer pain and narcotic analgesics management in clinical settings. During the 1st priority issues and recommendation selection, answered open-ended questions on obstacles and recommendations in cancer pain management. After questionnaires were completed, then the top 3 key issues were selected based on their response rate in each category, and its recommendations were provided. In the 2nd priority issues and recommendation selection, the Basic Priority Rating System (hereafter BPRS) and PEARL, basic priority selection tools, were used to set priority of recommendations and policy practicality was evaluated. **RESULTS:** The first selected key issue from the 1st priority issues and recommendation selection in a total of 12 respondents was the lack of systemic education and interests in cancer pain management by the medical professionals and pharmacists. Based only on BPRS scores, 'implementation and obligatory requirement of systemic and continuous cancer pain management education for medical professionals and pharmacists' was highly placed. The second key issue was the lack of understanding of patients and guardians in cancer pain management including narcotic analgesics. The highest ranked recommendation was 'education of patients and guardians on cancer pain management by dedicated personnel for patient education. The third key issue was the necessity of cancer pain management system improvement. **CONCLUSIONS:** We derived three priority issue and 21 recommendation for the cancer pain management using experts consensus meeting.

## PCN282

## CHEMOTHERAPY EXPOSURE AND OUTCOMES AMONG PATIENTS DIAGNOSED WITH CHRONIC LYMPHOID LEUKEMIA

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**OBJECTIVES:** To describe chemotherapy exposure, healthcare utilization, overall survival (OS) and progression-free survival (PFS) among patients diagnosed with chronic lymphoid leukemia (CLL). **METHODS:** Newly diagnosed CLL patients who received chemotherapy were selected from the Eindhoven Cancer Registry between 1998-2011, linked on a patient-level to the PHARMO Database Network including data on in- and out-patient drug dispensings, hospitalizations and clinical laboratory measurements. Chemotherapy was classified in regimens of use based on chemotherapy combinations. OS and PFS were determined after diagnosis and after chemotherapy. Healthcare utilization was assessed in the year before diagnosis and in the year after chemotherapy. **RESULTS:** 125 CLL patients received chemotherapy: 52 patients (42%) started chemotherapy within 6 months and 73 patients (58%) started chemotherapy more than 6 months after diagnosis. Mean (±SD) age was 67(±10) years and 68% was male. About 50% had one treatment line and about 25% two lines of treatment. Chlorambucil was the most common type of first line chemotherapy (37 (71%) of patients starting chemotherapy within 6 months and 55 (75%) of patients starting chemotherapy more than 6 months after diagnosis). Among patients receiving chlorambucil as first line, 39% were hospitalized for any cause and 93% had at least one drug dispensing before diagnosis. After chlorambucil chemotherapy, all patients had at least one dispensing and 49% were hospitalized. One-year survival rate was 96% after diagnosis and 74% after chlorambucil chemotherapy. Five-year survival rate after diagnosis was 75%. Median PFS after first line chlorambucil was 19 months for patients starting within 6 months and 21 months for patients starting more than 6 months after diagnosis. **CONCLUSIONS:** Most CLL patients receiving chemotherapy were treated with chlorambucil. Among those, 96% were still alive one year after diagnosis. Median PFS after first line chlorambucil chemotherapy ranged from 19 to 21 months, depending on the timing of chemotherapy.

## PCN283

## DESCRIPTIVE EVALUATION OF PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH BREAST CANCER

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**OBJECTIVES:** The objective of this study is to assess characteristics and health care resource utilization of patients diagnosed with breast cancer. **METHODS:** A large

US administrative retrospective claims database was used to identify patients diagnosed with breast cancer and were taking treatment in the USA from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data. **RESULTS:** There were a total of 23,774 patients that met the study inclusion criteria. Of these, 16,745 (70.4%) were patients <65 years of age (adult) and 7,029 (29.6%) were ≥65 years of age (geriatric). There was a significant difference (p<0.01) in the mean ages of two groups (53.45±7.74 vs 73.0±5.41 years). There was no significant difference (p>0.05) in the mean length of stay between the groups (1.09±3.10 vs 1.04±1.18 days). There were more patients in adult group in the East (20.4% vs 19.4%), Midwest (29.5% vs 23.8%) and South (36.2% vs 35.7%) regions with a significant difference (p<0.05) between the groups. On average, patients were continuously enrolled in the same health plan for 65.01±36.18 vs 63.09±32.71 months and submitted 521.51±472.37 vs 555.74±484.09 claims with a significant difference (p<0.05) between the two groups. Patients on average were charged by the provider \$518.48±1831.53 vs \$426.12±1517.57, allowed amount by the health plan was \$248.97±906.85 vs \$208.44±1015.06 and the actual paid amount by the health plan was \$227.68±850.93 vs \$105.53±478.76 with a significant difference between the groups (p<0.05). **CONCLUSIONS:** The majority of the patients were adult and on average, these patients were charged more by the provider and actual paid amount by the health plan was more compared to geriatric patients for the treatment of breast cancer.

## PCN284

## PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH NEOPLASM OF COLON

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**OBJECTIVES:** The objective of this study is to assess the characteristics and health care resource utilization of patients diagnosed with neoplasm of colon. **METHODS:** A large US administrative retrospective claims database was used to identify patients diagnosed with neoplasm of colon and were taking treatment from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data. **RESULTS:** There were a total of 6,346 patients that met the study inclusion criteria. Of these, 3,713 (58.50%) patients were <65 years of age (adult) and 2,633 (41.50%) were ≥65 years of age (geriatric). The mean ages of patients in each group were (54.43±7.79 vs 74.41±5.59 years, p<0.05). There were no significant difference (p>0.05) in the distribution of males (52.1% vs 50.8%) and mean length of stay (1.14±1.56 vs 1.14±1.81 days) between the two age groups. There were more patients in adult group in the Midwest (28.4% vs 22.9%) and South (40.6% vs 37.4%) regions compared to ≥ 65 years of age group (p<0.05). On average, patients were continuously enrolled in the same health plan for 64.55±36.48 vs 64.75±31.64 months and submitted 641.68±596.15 vs 657.84±568.94 claims with no difference (p>0.05) between the two groups. Patients on average were charged by the provider \$502.33 ± 1963.83 vs \$473.13 ± 1891.67 for their colon cancer treatment (p<0.05) during the study period. However, the paid amount by the health plan was \$226.33 ± 1046.81 vs \$129.95 ± 612.63 with a significant difference between the groups (p<0.05). **CONCLUSIONS:** The majority of the patients was adults and were charged higher amount by the provider for the treatment of neoplasm of colon.

## PCN285

## DESCRIPTIVE EVALUATION OF PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH MALIGNANT NEOPLASM OF ANUS

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**OBJECTIVES:** The objective of this study is to assess the characteristics and health care resource utilization of patients diagnosed with malignant neoplasm of anus. **METHODS:** A large US administrative retrospective claims database was used to identify patients diagnosed with malignant neoplasm of anus and were taking treatment in the USA from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data. **RESULTS:** There were a total of 485 patients that met the study inclusion criteria. Of these, 355 (73.2%) were <65 years of age (adult) and 130 (26.8%) were ≥65 years of age (geriatric). There was a significant difference (p<0.01) between the mean ages of two groups (53.49±7.50 vs 72.73±5.26 years). There were more patients in adult group in the Midwest (30.1% vs 18.5%) and South (41.1% vs 40.8%) regions with a significant difference (p<0.05) between the groups. Adult patients had a longer length of stay (2.05±4.90 vs 1.81±4.24) with a significant difference between the groups (p<0.05). On average, patients were continuously enrolled in the same health plan for 66.04±38.12 vs 61.45±30.08 months and submitted 690.22±548.30 vs 785.05±597.74 claims with no significant difference (p>0.05) between the two groups. Patients on average were charged by the provider \$485.67±1565.39 vs \$422.30±1348.80 (p<0.05), allowed amount by the health plan was \$217.47±795.40 vs \$178.07±663.62 (p<0.05) and the actual paid amount by the health plan was \$203.48±784.93 vs \$108.38±399.73 (p<0.05). **CONCLUSIONS:** The majority of the patients was adult patients and were charged higher amount by the providers compared to geriatric patients for the treatment of neoplasms of anus.

## PCN286

## DESCRIPTIVE EVALUATION OF PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH OVARIAN CANCER

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**OBJECTIVES:** The objective of this study is to assess descriptively the characteristics and health care resource utilization of patients diagnosed with ovarian cancer. **METHODS:** A large US administrative retrospective claims database was used