

**Objectives:** The aim was to describe the practice pattern of dose reduction and dose delay in cancer patients in Kaiser Permanente Southern California (KPSC), a large managed care organization.

**Methods:** Adult patients diagnosed with non-Hodgkin's lymphoma (NHL) and breast, lung, gastric, ovarian, or colorectal cancers from KPSC Health plan (2010–2012) which initiated chemotherapy were included. For each regimen, we estimated the incidences of dose delay (>3-day delay in a given cycle) and dose reduction (>15% decrease relative to standard dose in a given cycle). Incidence proportions of chemotherapy dose delay/reduction were estimated overall and by chemotherapy cycle.

**Results:** Our study population included 2348 breast cancer, 678 colorectal cancer, 193 gastric cancer, 888 lung cancer, 319 ovarian cancer, and 699 NHL patients. The mean age at diagnosis ranged from 56 years for breast cancer to 67 years for lung cancer. Thirty-seven percent of the study patients ever had a delayed dose in their chemotherapy treatment; 26% percent ever had a dose reduction, and 51% experienced either a dose delay or dose reduction during their chemotherapy. Patients with gastric cancer most commonly experienced chemotherapy dose delay or reduction (78%), whereas patients with breast cancer experienced the least (43%). The proportion of patients who experienced a chemotherapy dose delay or dose reduction increased as the number of cycle advanced, ranging from 20.4% in cycle 2 to 34.5% in cycle 8.

**Conclusions:** Physicians were found to frequently administer myelosuppressive agents at dose intensities lower than those of standard regimens. The incidences of chemotherapy dose delays and dose reductions varied significantly across tumor types and regimens and were increased with advanced stages and with later cycles.

## 211. Patterns of antiplatelet use in patients with myocardial infarction and subsequent acute coronary syndrome events

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**Background:** Antiplatelet drugs are important for secondary prevention of cardiovascular events after myocardial infarction (MI).

**Objectives:** The objectives of this study were to assess the patterns of antiplatelet drug use in patients who had a MI and to evaluate the impact of subsequent acute coronary syndrome (ACS) events on antiplatelet drug use in the Netherlands.

**Methods:** A descriptive retrospective cohort study was conducted on 4719 patients in Utrecht Cardiovascular Pharmacogenetics studies, who had their first MI during 1986–2009. Medication use was assessed through the Dutch PHARMO Record Linkage System (dispensing database linked to the hospital admission registry). Antiplatelet users were classified as continuous users (gap between consecutive prescriptions  $\leq 90$  days), discontinued users (gap of  $>90$  days or no refills), and restarters (with a new antiplatelet drug episode after earlier discontinuation) and were followed for a maximum of 10 years. Antiplatelet drug use in 90 days before and after recurrent consecutive ACS events (MI and unstable angina) following the first MI was also compared.

**Results:** At 1 year of follow-up, 83.7% patients continued using antiplatelets, 76.9% were still on aspirin, and only 36.4% patients were continuing clopidogrel. Most of the discontinuers restarted antiplatelet drugs later, leading to 74.7% antiplatelet users, 62.1% aspirin users and 35.2% clopidogrel users in 10 years after the index MI. For a subgroup of MI patients who started dual antiplatelet therapy with aspirin and clopidogrel (DAPT) after hospital discharge in 2002–2009, a total of 28.9% remained continuous users in 1 year, whereas 24% of the subjects switched to aspirin or clopidogrel monotherapy. When a recurrent ACS event occurred, antiplatelet use increased by 3.6% ( $p < 0.05$ ) compared with the use after the index MI, with the largest increase was observed for clopidogrel (10.9%,  $p < 0.05$ ).

**Conclusions:** A significant proportion of MI patients discontinued antiplatelet drugs at 1 year, although they restarted using antiplatelets again later. Clopidogrel was the most common antiplatelet drug to be discontinued after the index MI.

## 212. Statins prescription rates in a population-based cohort of amyotrophic lateral sclerosis: comparison with the general population

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