in all of the countries.

advanced melanoma in 12 countries and found variations across countries and vari-

life expectancy.

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OBJECTIVES: SEs are common in men with mPC and some individuals experi-

ence multiple SEs. We estimated the burden and timing of SEs in elderly men
diagnosed with mPC. METHODS: We analyzed elderly men diagnosed with mPC
tween 2000-2009 in the SEER-Medicare dataset and followed through 12/31/2010 or
until lost to follow-up. Post-diagnosis SEs were identified using claims that
indicated spinal cord compression (SCC), pathologic fracture (PF), surgery to bone
(SB), or radiation (RAD, potentially suggestive of bone palliative radiation).

RESULTS: Among 8,997 mPC men with a median follow up of 18 months, 4,176 (47.7%)
experienced at least one SE. The median (mean) time from mPC diagnosis to first
SE was 154 (335) days. The median times from SCC diagnosis to first RAD, PF, SCC,
or SB were 204, 96, 44, or 85 days, respectively. Of the 4,176 men who had at least one
SE, 2,619 (62.7%) had a subsequent SE and 1,442 (35%) had a subsequent SE of a
different type. The median (mean) time from first SCC to any second SCC was 23.7 (108)
days, while it was 21.7 (77) days from first SCC to second SCC of a different type.
Subsequent SEs were identified in 40.6% of the cases. The median (mean) time from
SRE, 2,619 (62.7%) had a subsequent SE and 1,442 (35%) had a subsequent SE of a
different type. The median (mean) time from first SCC to any second SCC was 23.7 (108)
days, while it was 21.7 (77) days from first SCC to second SCC of a different type.
Subsequent SEs were identified in 40.6% of the cases. The median (mean) time from

patients with advanced melanoma in 12 countries.

melanoma on patients. The aim of this study was to estimate years of life lost in

important for health policy and allocating appropriate health care resources to

PCN24

BURDEN AND TIMING OF FIRST AND SUBSEQUENT SKELETAL RELATED EVENTS (SREs) IN UNITED STATES ELDERLY MEN WITH METASTATIC PROSTATE CANCER (MPC)

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METHODS: We used data from 12 cancer registries included in the SEER database and
GLOBOCAN 2008 database to estimate the years of life lost due to advanced
melanoma in patients aged 65 and older. We estimated the years of life lost
because of the occurrence of melanoma and the years of life lost because of
mortality associated with the occurrence of melanoma. We estimated the years of
life lost due to the occurrence of SREs because of the occurrence of melanoma.

RESULTS: Among 5,361,871 new cases of melanoma in the United States from 2004 to
2014, 2,619 (62.7%) had a subsequent SE and 1,442 (35.2%) had a subsequent SE of a
different type. The median (mean) time from first SCC to any second SCC was 23.7
(108) days, while it was 21.7 (77) days from first SCC to second SCC of a different type.
Subsequent SEs were identified in 40.6% of the cases. The median (mean) time from

months; however, the burden of advanced melanoma is substantial in all of the countries.

PCN26

MAMMOGRAPHIC DENSITY IN ASSOCIATION WITH SMOKING STATUS AND SMOKING HISTORIES IN A SAMPLE OF POSTMENOPAUSAL WOMEN: RESULTS FROM A CROSS-SECTIONAL STUDY

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OBJECTIVES: Tobacco contains numerous carcinogens, including several known to
cause mammary tumors in animal models. Our study aimed to investigate whether
mamographic density (MD), a recognized risk factor associated with breast cancer
is influenced by smoking history. METHODS: This was a cross-sectional study of
postmenopausal women attending a clinic in Western New York, to undergo mammo-
pgraphic assessment. Eligible participants included women without cancer, no recent
use of hormone-replacement therapy, and no history of breast augmentation or breast
reduction surgery. A self-administered questionnaire was used to obtain information
on demographics, anthropometry, and breast cancer risk factors. Percent density (PD)
was calculated by subtracting radiologic fat from the sum of glandular and fibro-

literature on demographics, anthropometry, and breast cancer risk factors. Percent density (PD)
was calculated by subtracting radiologic fat from the sum of glandular and fibro-

PCN27

APPLYING DATA ANALYTICS TO VALUE-BASED CANCER CARE: EFFECTS AND COST OF HOSPITAL REENCOUNTERS FOLLOWING CANCER SURGERY

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OBJECTIVES: Surgery is a standard modality in the modern management of solid
tumors. Unfortunately, some patients will experience unplanned readmissions and/or
be discharged on therapeutic trends in hospital care. New methods have intro-
duced new financial deterrents to hospital reencounters in addition to the negative
impact on quality of care. Our objective was to develop an electronic approach to
assessing hospital readmissions in medically touchless patients undergoing common cancer oper-
tions in order to guide decision-making aimed improving value in our patient popula-
tion.

METHODS: The target population for this study was adult cancer patients undergoing cancer operations for which readmission or rehospitalization was considered.
Using an Electronic Data Warehouse (EDW) to determine 30-day emergency depart-
ment visits and hospital readmissions following the selected cancer operations.

The secondary outcome measure was cost of care for patients returning to the
hospital within 30 days. RESULTS: Among 105 patients undergoing selected breast
and colon cancer operations from January 1, 2012 to December 31, 2012 the hospital
recoounter rate was 11.9%. Wound-related complications were responsible for
73% of these hospital reencounters. Total costs (direct and indirect) for hospital
reencounters were $120,722.76. CONCLUSIONS: Unplanned hospital readmissions and
discharge department visits following cancer surgery largely result from post-
operative complications. These unplanned reencounters are a costly source of poor
equality of care in patients with solid tumors, and costly efforts to reduce unplanned hospital
reencounters have the potential to significantly increase quality while decreasing
costs. Data analysis can be used to guide decision-making aimed improving value in our patient care.

PCN28

BEVACIZUMAB-BASED CHEMOTHERAPY AND THROMBOTIC EVENTS RISK IN COLORECTAL CANCER PATIENTS: A META-ANALYSIS STUDY OF RANDOMIZED CONTROLLED TRIALS

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OBJECTIVES: Bevacizumab is a recombinant, humanized monoclonal antibody that
hinders the proliferation of new blood vessels in malignant cells. It plays an
important role in the management of colorectal cancer; however, there is concern about its associ-
dation with the development of arterial thrombosis. The objective of this study
was to address the overall risk of thrombotic events in colorectal cancer patients treated
with Bevacizumab-based chemotherapy as well as the risk of both arterial and
venous thrombotic events separately.

METHODS: We conducted a meta-analysis of RCTs that compared non-Bevacizumab to Bevacizumab-based chemotherapy regimens for the treatment of colorectal cancer and reported thrombotic events.

RESULTS: The meta-analysis included 22 randomized control trials (RCTs) that compared non-Bevacizumab to Bevacizumab-based chemotherapy regimens for the treatment of colorectal cancer and reported thrombotic events. We included the relative risk (RR) with 95% confidence intervals of thrombotic events was calculated. Because between-study heterogeneity was insignificant, the fixed effect model was used to calculate the estimated effects. RESULTS: There were a total of 22 randomized control trials that have met our search criteria with a total of 12,852 patients used for safety analysis calculations. Based on our findings, there is a significant risk of overall thrombotic events in Bevacizumab vs control treated group RR = 1.315 (95% CI 1.165-1.483, P < 0.0001). In terms of venous thrombosis, there is a significant risk in Bevacizumab treated patients with a RR = 1.256 (95% CI 1.097-1.43, P = 0.007) compared to control. Finally, a higher risk of arterial thrombosis in patients used Bevacizumab vs control treated groups RR = 1.635 (95% CI 1.180-2.264, P = 0.002). Significant associations were observed for the other smoking variables. CONCLUSIONS: Younger age at smoking initiation is associated with higher FO and BAC smoking is associated. These findings suggest that smoking may have differential effects on risk of postmenopausal
breast cancer depending on the timing of exposure.

PCN29

ASSOCIATION BETWEEN CARDIOVASCULAR DRUGS AND COLON CANCER

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OBJECTIVES: To determine if cardiovascular (CV) drugs are associated with an
increased risk of colon cancer (CC) and if the risk for any individual agent differs from