OBJECTIVES: Basal Cell Carcinoma (BCC), a subset of non-melanoma skin cancer (NMSC), is the most common cancer in the United States. Previous studies using secondary data have been unable to characterize the BCC population, as they were completed prior to the release of BCC-specific ICD-9 codes in 2011. The objective of this study was to estimate the incidence and prevalence of BCC in a commercially insured population using MarketScan Commercial and Medicare Supplemental Database. Patients included were aged ≥18 years with ≥2 claims for BCC in any position, separated by ≥60 days ≤90 in the identification period 10/1/11 to 9/30/12. Patients were continuously enrolled in medical and pharmacy benefits in the 12 months prior to and following the first observed claim (index date). The cohort was further categorized as having incident or prevalent BCC, based on the absence or presence of a NMSC diagnosis code in the year prior to the index date. Descriptive statistics were performed on baseline demographics and clinical characteristics. RESULTS: A total of 19,704 patients with BCC were identified, of whom 12,292 (62.4%) were incident and 7,412 (37.6%) were prevalent. Patient characteristics by BCC status are shown in the Table. The odds of having BCC in 12 months was 1.25, 2.88). Future research needs to examine whether all factors were significantly associated with mortality. CONCLUSIONS: Elderly Medicare beneficiaries with incident CRC and pre-existing T2DM had moderately higher risk for all-cause mortality compared to pre-existing T2DM and incident CRC.

PCN30 SHORT- AND LONG-TERM SURVIVAL ASSOCIATED WITH LAPAROSCOPIC VERSUS OPEN COLECTOMY IN EARLY-Stage COLON CANCER: FINDINGS FROM A RETROSPECTIVE COHORT STUDY

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OBJECTIVES: Previous retrospective and observational studies have shown only comparable survival benefits for colon cancer patients undergoing colectomy with laparoscopic versus conventional open surgery. Although laparoscopic surgery has become a preferred approach, its survival benefits have not been adequately demonstrated in a real-world patient setting. We therefore assessed in a real-world Medicare population short- and long-term survival among early-stage colon cancer patients treated with laparoscopic-assisted colectomy (LAC) versus open colectomy (OC). METHODS: In this retrospective observational cohort study, early-stage colon cancer patients aged ≥65 years who received colectomy within 6 months of diagnosis were selected from the Surveillance Epidemiology and End Results-Medicare database (2004-2009). Patients undergoing LAC were propensity matched to those receiving OC. Patients were censored at death, colectomy, tumor recurrence, metastasis, and comorbidities. Short-term (1-year) and long-term (5-year) overall survival rates, and survival times were assessed using Kaplan-Meier methods for the overall cohort and separately by patients diagnosed with local- versus regional-stage disease. RESULTS: A total of 10,073 early-stage cancer patients met the study inclusion criteria (55% female; median age 77.8 years). Of total, 60.2% were diagnosed with local- and regional-stage and 39.8% with regional-stage disease at diagnosis. The 1-year survival did not differ between LAC and OC groups for the overall cohort and local-stage patients, but was significantly higher in the LAC group for regional-stage patients (98.4% vs. 97.4%, p<0.05). The 5-year survival was significantly better in the LAC group (95.0% vs. 94.8%, 95.7% vs. 93.4%, p<0.05) for local- and regional-stage patients (54.9% vs. 48.5%, p<0.01). Regional-stage patients treated with LAC had longer survival time (5.5 vs. 4.7 years, p<0.01). CONCLUSIONS: Results of this study indicate that LAC was associated with greater long-term overall survival rate and survival time versus OC among elderly early-stage colon cancer patients, particularly those with regional-stage disease at diagnosis.