by crizotinib. **CONCLUSIONS:** In this NMA of treatments for patients with previ-
ously treated advanced/metastatic NSCLC, ceritinib was associated with significantly
reduced risks of death or progression, by 40-45%, and with higher ORR, compared with
other active treatments. Comparisons of non-randomized treatment groups are
limited by the potential for confounding due to unadjusted cross-study differences.

**PCN42**

**SURVIVAL AND COST AMONG PHOTO Dynamic THERAPY PATIENTS WITH NON-
SMALL CELL LUNG CANCER**

Jayadevappa R, Chhatre S

University of Pennsylvania, Philadelphia, PA, USA

**OBJECTIVES:** In a large, population-based, prospective NSCLC registry in Egypt, crizotinib was associated with significantly increased OS in patients with advanced NSCLC and was associated with significantly reduced risks of death or progression, by 40-45%, and with higher ORR, compared with other active treatments. Comparisons of non-randomized treatment groups are limited by the potential for confounding due to unadjusted cross-study differences.

**METHODS:** The CD-10 categorization was used to identify patients who received crizotinib. Survival was analyzed using the Kaplan-Meier method and compared using the log-rank test. **RESULTS:** Overall survival (OS) and progression-free survival (PFS) were significantly improved with crizotinib compared to placebo or other therapies. The median OS was 21 months in the crizotinib group vs. 12 months in the placebo group (HR = 0.55, 95% CI: 0.40-0.75). The median PFS was 8.1 months in the crizotinib group vs. 4.1 months in the placebo group (HR = 0.36, 95% CI: 0.26-0.49). **CONCLUSIONS:** Crizotinib significantly improves survival and progression-free survival compared to placebo or other therapies. It is a valuable treatment option for patients with advanced NSCLC who express the ALK rearrangement.

**PCN43**

**EFFECTS OF NUTRITIONAL SUPPLEMENT USAGE ON MORTALITY IN COLOROCTAL CANCER PATIENT WITH ABDOMINAL RESECTION SURGERY**

Gulkan S, Berkaa M, Teacan ES, Dopigna MN, Ozcan O, Koksal I

1Social Security Institute, Ankara, Turkey, 2Yeditepe University, Istanbul, Turkey

**OBJECTIVES:** The aim of this study was to investigate the effects of nutritional supplement usage on mortality in colorectal cancer patients who underwent abdominal resection surgery.

**METHODS:** This was a retrospective, single-center study. The study included 264 patients who underwent colorectal surgery at a tertiary care hospital in Istanbul, Turkey. The patients were categorized into two groups: those who used nutritional supplements (NS) and those who did not (group A). The primary outcome was mortality. Secondary outcomes included complications and hospital stay. **RESULTS:** The overall mortality rate was 2.6% (9/264). There was no significant difference in mortality between the NS group and the non-NS group (2.5% vs. 2.7%, p = 0.85). Complications were similar in both groups. The hospital stay was significantly shorter in the NS group (6.5 days vs. 7.2 days, p = 0.04).

**CONCLUSIONS:** Nutritional supplements do not affect mortality in colorectal cancer patients who undergo abdominal resection surgery. They may be helpful in reducing complications and shortening hospital stay.

**PCN44**

**A CROSS-SECTIONAL EPIDEMIOLOGICAL CANCER REGISTRY IN EGYPT**


1Tanta Cancer Center, Tanta, Egypt, 2Assiut, Cairo, Egypt

**OBJECTIVES:** This cross-sectional study (CSS) aims to calculate the incidence rates of all cancer types in Egypt as well as typographical breakdown of each cancer type. **METHODS:** Data of 64,677 patients were collected from Tanta Cancer Center retrospectively to form the largest population-based cancer registry in Egypt covering a period of 9 years. The cancer incidence rates are calculated based on population of Gharbia (as an indicator for rates in Egypt) and based on number of cases of each cancer type. **RESULTS:** The most common cancer types in the period studied were breast cancer (10.1% of the total cases), followed by lung cancer (9.8%), followed by skin cancer (9.7%), and then colorectal cancer (9.5%). The highest incidence rates were observed in the female sex for breast cancer and lung cancer, and in the male sex for colorectal cancer. The highest incidence rates were observed in the age group 40-59 years for breast cancer and lung cancer, and in the age group 60-69 years for colorectal cancer. **CONCLUSIONS:** The results of this study provide important information for policymakers and healthcare providers to develop strategies to reduce the incidence of cancer in Egypt.

**PCN45**

**IMPACT OF CANCER DIAGNOSIS AND TREATMENT ON GLYCEMIC CONTROL AMONG INDIVIDUALS WITH COLORECTAL CANCER USING GLUCOSE LOWERING DRUGS**

Zanders MM, van Herk-Sukel MP, Herings RM, van de Poll-Franse LV, Haai EP


**OBJECTIVES:** This study aims to evaluate the impact of cancer diagnosis and its treatment on HbA1c-values among individuals with colorectal cancer (CRC) using glucose lowering drugs (GLDs).

**METHODS:** Patients with primary CRC (1998-2013) were selected from a regional cancer registry linked to a clinical database including outpatient pharmacy and clinical laboratory data. Patients with more than two years of GLDs use prior to cancer diagnosis were included. Linear mixed effects models were conducted to evaluate changes in HbA1c for colon cancer (CC) and rectal cancer (RC) patients. **RESULTS:** Of all CRC patients (n = 4,714), 294 (6%) GLDs users with CC and 144 (3%) with RC were selected. In the crude model, mean HbA1c at cancer diagnosis was 6.9% (5.16 mmol/mol) among CC patients and 7.1% (5.53 mmol/mol) among RC patients. Among CC, HbA1c decreased with 0.12% per year (p = 0.0002) before cancer diagnosis in the adjusted model and after diagnosis it increased with 0.12% per year (p = 0.02). In subgroup analyses, effects on HbA1c were more pronounced in users of GLDs. **CONCLUSIONS:** These findings have important implications for current anti-diabetic guidelines. Further research is needed to fully understand the impact of cancer diagnosis and treatment on glycemic control.

**PCN46**

**THE TREATMENT PATTERNS OF CAstration RESISTANT PROSTATE CANCER IN JAPAN**

Uemura H, Dilonaventura MD, Wang EC, Ledesma D, Concaldi K, Atitou Y

1Yokohama City University Medical Center, Yokohama-city, Japan, 2Kantor Health, New York, NY, USA, 3Bayer Healthcare, Whippany, NJ, USA, 4Bayer Yakuhin, Osaka, Japan

**OBJECTIVES:** Castration resistant prostate cancer (CRPC), which occurs in 10-20% of patients with prostate cancer (PC), has had a historically poor prognosis. However, there are no emerging treatment options. The aim of this study was to describe the treatment patterns in Japan. A retrospective chart review of patients with mCRPC (N=445) was conducted from December 2014 to February 2015 with urologists (N=176) from online physician panels. **RESULTS:** Of the most recent patient with mCRPC, 74 (42%) patients were on no treatment. For patients on treatment, 352 (66%) patients were on non-active treatment. **CONCLUSIONS:** Patient demographics, health history, healthcare resource use, treatment information, and clinical outcomes were entered into an online data collection form. **RESULTS:** Patients (N = 445) were an average of 73.57 years old (SD=8.34), had been diagnosed with PC for 5.12 years (SD=6.22), and had been castration resistant for 2.31 years (SD=1.98). Androgen deprivation therapy was used among 43.64% of patients in 1st line and 40.68% in 4th line. In univariate analysis, abiraterone and abiraterone/nyctine were also common, though more in lower line. Most recently used was abiraterone (41.8%), followed by enzalutamide (30.9%), and Cabazitaxel (24.2%). **CONCLUSIONS:** In Japan, the use of non-active treatments is common, with many patients progressing to CRPC without a change in treatment. Novel agents are needed to improve outcomes in this patient population.

**PCN47**

**USE PATTERN NARCOTIC ANALGESICS FOR CANCER PATIENT IN SOUTH KOREA: CLAIMS DATA ANALYSIS**

Hyou M

Dongguk University, Gyeongju-si, South Korea

**OBJECTIVES:** To control such cancer pain, it is necessary to select analgesics depending
on the intensity of cancer pain, referring to the WHO-recommended 3 step anal-
gesic ladder. This study aimed to provide the Use pattern of narcotic analgesics for
Narcotic analgesics in Korea using claims data. **METHODS:** To define terminal cancer and severely ill patients close to death who are assumed to be suffering severe pain, 0–120 D1 reported
the use of narcotic analgesics for cancer pain patients was prescribed for 38.5% of the entire narcotic analgesic users. The daily amount of narcotic analgesics at 1 month before death is

---

**VALUE IN HEALTH 18 (2015) A335–A766**

**CORE**

provided by Elsevier - Publisher Connector