by crizotinib. CONCLUSIONS: In this NMA of treatments for patients with previously untreated advanced NSCLC, crizotinib was associated with significantly reduced risks of death or progression, by 40-85%, 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 PHOTOODYNAMIC THERAPY PATIENTS WITH NON-SMALL-CELL LUNG CANCER
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OBJECTIVES: In USA, there are 221,200 estimated new cases of lung cancer and 158,060 deaths due to lung cancer in 2015. Lung cancer accounts for about 27% of all cancer deaths and is the leading cause of cancer death. Non-small cell lung cancer (NSCLC) constitutes about 85-90% of all lung cancer cases. Objective of this study is to assess the survival and cost-to-outcome for patients with NSCLC treated with photodynamic therapy (PDT), compared to radiation and ablation therapy.
METHODS: Retrospective analysis using SEER-Medicare linked data. Patients with NSCLC diagnosed between 2000 and 2007 (n=221195) were identiﬁed from the SEER database. Patients were selected based on treatment with PDT, radiation, and/or ablation for NSCLC. We analyzed survival length and cost over the follow-up period for three groups: PDT with radiation, ablation with radiation and radiation alone. Variation in health service use and cost was analyzed across phases of care. We used Cox proportional hazard model to assess mortality (all-cause and lung-cancer-speciﬁc), we employed generalized linear models to study total costs in follow-up period. RESULTS: Of the NSCLC cohort, 51382 had radiation therapy alone, 78 received PDT with radia- tion, and 34 received ablation with radiation survival (in days) was highest for PDT with radiation patients (mean 537, std 491), followed by radiation alone group (mean 452, std 595), and lowest for ablation with radiation group (mean 349, std 467). Total cost of survival follow-up period was highest in PDT group, compared to the radiation alone group, after controlling for demographic and clinical covariates (beta estimate=0.5536, SE=0.0847, p<0.001). CONCLUSIONS: Among NSCLC patients, addition of PDT improved survival. Total cost was highest for those receiving ablation with radiation, compared to those receiving radiation alone. Future research should address the comparative effectiveness to understand the ultimate clinical implications of PDT therapy for NSCLC patients.

PCN43 EFFECTS OF NUTRITIONAL SUPPLEMENT USAGE ON MORTALITY IN COLORECTAL CANCER PATIENT WITH ABDOMINAL RESECTION SURGERY
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OBJECTIVES: Effects of malnutrition in patients with colorectal cancer (CRC) are often understudied. Malnutrition affects some of the most vulnerable world wide populations, with CRC patients presenting with malnutrition in almost 50% of cases. We aimed to assess the effects of nutritional supplements on postoperative complications and mortality of CRC patients with abdominal resection surgery (ARS) in Turkey using general health insurance (GHI) reimbursement database of Social Security Institute (SSI). METHODS: Turkey’s GH system has covered 98% of total population of Turkey. Therefore statistics obtained via the GHI database are highly representative of the population of Turkey. From GHI database, patient with CRC (by using ICD-10 code) who underwent any kind of ARS (by using relevant codes in national medical procedures code book) between 1Jan2009 and 31Dec2013 were included in analysis. RESULTS: Of 42,070 CRC patients with ARS in database, 27,471 patients (mean age: 61.5 years, 42.7% female and 2.0% used pre-operative chemotherapy) met selection criteria of this abstract. NS was used in 33.7% of the patients during hospitalization (within median 12.0 days) and NS was used in 39.4% of CRC patients with ARS in Turkey. Of all CRC patients, 14.6% and 8.5% of all CRC patients, respectively. The age standardized incidence rates are high- est for CRC patients, HbA1c decreased with 0.12% per year (p=0.0002) before cancer diagnosis and after diagnosis it changed not-significantly. CONCLUSIONS: Older patients of CRC, HbA1c decreased with 0.12% -0.18% (1.2–2 mmol/mol) per year before CRC diagnosis. Only among CC patients, HbA1c increased after diagnosis (0.12% per year; 1.3 mmol/mol). In [un]diagnosed cancer patients the HbA1c measure to visualize glycaemic control might be influenced by anti-anemic preparations.

PCN46 THE TREATMENT PATTERNS OF CASTRATION RESISTANT PROSTATE CANCER IN JAPAN
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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 decision making process in Japan. Introduction: The abstract showed NS usage patterns in CRPC with radiation patients (mean 537, std 491), followed by radiation alone group (mean 452, std 595), and lowest for ablation with radiation group (mean 349, std 467). Total cost of survival follow-up period was highest in PDT group, compared to the radiation alone group, after controlling for demographic and clinical covariates (beta estimate=0.5536, SE=0.0847, p<0.001). CONCLUSIONS: Among NSCLC patients, addition of PDT improved survival. Total cost was highest for those receiving ablation with radiation, compared to those receiving radiation alone. Future research should address the comparative effectiveness to understand the ultimate clinical implications of PDT therapy for NSCLC patients.

PCN47 USE PATTERN NARCOTIC ANALGESICS FOR CANCER PATIENT IN SOUTH KOREA: CLAIMS DATA ANALYSIS
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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 analgesic ladder. This study aimed to provide the optimal use pattern of narcotic analgesics for cancer treatment in Korea using claims data. METHODS: To define and compare the use pattern of narcotic analgesics for cancer pain management in the treatment of severe pain, we reviewed the use pattern of narcotic analgesics in cancer pain patient in Korea using claims data. RESULTS: We compared the use pattern of narcotic analgesics for cancer pain patients using claims data. The results suggest that SSAs are associated with more medical resources and naloxone use, highlighting the unmet medical needs for treatment of bone metastases.

PCN48 A CROSS-SECTIONAL EPIDEMIOLOGICAL CANCER REGISTRY IN EGYPT
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OBJECTIVES: This cross-sectional study (CSS) aims to calculate the incidence rates of all cancer types in Egypt as well as typographic breakdown of each cancer type. METHODS: Data of 46,477 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 Gharbiah (as an indicator for rates in Egypt) and based on number of cases of each cancer type. We divided the percentage of breast cancer (BC) patients in each cancer type with 18% (99 CI: 16.6-19.4%) (n= 7332) share of total cancer cases, followed by liver cancer: 10.5% (99 CI: 8.6-12.4%) (n= 4265). Bladder cancer’s share is: 8.7% (99 CI: 6.0-11.5%) (n= 3644) followed by lymph node, lung, and head cancer: 8.1% (99 CI: 5.9-10.3%) (n= 3270), 6.2% (99 CI: 3.7-8.7%) (n= 2512) and 6.05% (99 CI: 3.55-8.55%) (n= 2449) respectively. The age standardized incidence rates are high- est for breast cancer (33.8), liver cancer (25.5) and bladder Cancer (16.5). Worldwide, Egypt’s PCB rates are higher than similar countries all over the world. Projections for cancer incidence rates in the future can be well observed in the registry till the year 2025. CONCLUSIONS: In the lack of any accurate data in this time-binging, this CSS registry provides well-designed guide for decision makers about the actual weight for each cancer type in Egypt. The initial step towards generating outcome data in terms of costs and effectiveness in later stage.