at a provincial level may be required to offset the inherent uncertainty in the resulting ICER estimation.

PCN147
THE IMPACT OF ACCESS TO CANCER CARE ON ADJUVANT ENDOCRINE THERAPY USE AMONG BREAST CANCER SURVIVORS IN ANDHERI, MUMBAI, INDIA
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OBJECTIVES: The Andheri region experiences excess cancer mortality due to lack of access to cancer care resources. There is limited research examining adjuvant treatment use disparities in this region. This study aims to explore adjuvant endocrine therapy (AET) utilization in Andheri, and delineate the effects of access to care on AET use.
METHODS: We linked female breast cancer patients identified in cancer registries from the Appalachian counties in four states (KY, NC, OH, PA) to 2006-2008 Medicare claims data. We included patients with invasive, non-metastatic disease who received positive breast imaging or biopsy for adenocarcinoma of receiving guideline-recommended AET. We then assessed AET adherence among those who received guideline-recommended AET using the Medication Possession Ratio (MPR), and determined non-persistence, defined as exceeding a 60-day medication gap. POPULATION: 23% of all invasive breast cancer patients in the region of Andheri and persistence on overall survival.
RESULTS: Only 450 of the 946 eligible patients (47.6%) received guideline-recommended AET, which was significantly associated with shorter time to receipt of care, dual Medicare and Medicaid eligibility, being unmarried (vs. married), and living in Pennsylvania (vs. Ohio). The non-adherence rate was about 31% and non-persistence rate was 30% over an average follow-up period of 421 days. Tamoxifen, relative to aromatases, was associated with higher odds of adherence (OR = 2.82; p < 0.001) and a lower risk of non-persistence (HR = 0.40, p < 0.001). Side effects like lack may be an important factor leading to non-adherence and early discontinuation. Non-adherence to and non-persistence with AET were associated with higher risks of all-cause mortality. CONCLUSIONS: In Andheri, geographic and socioeconomic factors such as travel time to receive care and healthcare plan type are important elements that could contribute to disparities in access to adjuvant treatment, which could impact adherence and medication-related factors may exert strong influences on AET use behavior.

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GENDER-SPECIFIC DIFFERENCES IN RISK FOR COST-RELATED MEDICATION NONADHERENCE AMONG CANCER SURVIVORS
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OBJECTIVES: Cancer survivors have been reported delaying or avoiding care due to costs. Cost-related medication nonadherence (CRN) is associated with worse health outcomes, including stroke, heart disease, and hospitalizations. This study was conducted to examine the prevalence of CRN among cancer survivors.
METHODS: Using the 2013 Behavioral Risk Factor Surveillance System (BRFSS), we will examine self-reported CRN among cancer survivors. In total, 491,773 subjects, including 44,968 (0.09%) cancer survivors, who reported CRN (BRFSS), we will examine self-reported CRN among cancer survivors. In total, 491,773 subjects, including 44,968 (0.09%) cancer survivors, who reported CRN in the past 12 months were identified. Descriptive statistics and multiple logistic regression models were used to characterize and to identify factors affecting CRN among cancer survivors.
RESULTS: In a nationally representative sample of 44,968 cancer survivors, 3,328 (7.4%) were CRN reported (851 men and 2,477 women). Cancer survivors who reported CRN (n=3,328) were younger, live in the South, more likely to be less educated, more likely to be female and Hispanic, and significantly more likely to lose health insurance. Health care coverage, comorbidities, poorer self-rated health status, and activity limitation were significantly more likely to report CRN.
CONCLUSIONS: Significant gender-specific differences were found among factors related to CRN among cancer survivors. Survivors who report CRN may be important to understand in order to develop interventions to improve access to care.