Lar disease (4.1%) and respiratory failure (3.9%). Chronic pulmonary disease (OR = 3.75, p < 0.001) visits for a variety of diagnoses including rehabilitation services (10.9%), chest pain/heart failure (10.3%), cardiovascular disease (10.0%) and renal disease (10.0%) as the primary diagnosis for IP visits having a primary diagnosis of PCV. The primary diagnosis for IP admissions in large (68.4%) and teaching (60.3%) hospitals. The mean Charlson comorbidity index was 1.25, p < 0.001) and a hazard ratio of 0.901 (p < 0.10). Approximately 25% of MDS patients used at least 1 of the 3 treatments over this period, implying an increase in median survival from 5 months to 8 months of treatment observed in this community. Using an existing economic model to value survival gains, we estimated that the annual value of survival gains associated with the new therapies—i.e., the amount patients would be willing to pay for the improved survival profile—equaled $208,000 per year. Based on this, we estimated the net present value of the therapies to all future patients at $101.5 billion. Net of treatment costs, 85% of the total value accrues to patients. CONCLUSIONS: This study measured the value of survival gains attributable to 3 novel therapies for MDS and found significant benefits. For current and future MDS patients, these therapies will generate $101.5B in value from survival gains, with 85% accruing to patients.

CANCER — Patient-Reported Outcomes & Patient Preference Studies

PCN105 ADHERENCE TO TAMOXIFEN AND ARMOATEA INHIBITORS AMONG WOMEN WITH BREAST CANCER RECEIVING OUTPATIENT TREATMENTS IN MDS FILLING PATIENTS RECEIVING CAREPAK® THERAPY

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University of Mississippi, University, MS, USA

OBJECTIVES: Comprehensive Medicaid population based studies of adherence and persistence have been performed for targeted cancer treatments. However, we have found significant benefits. For current and future MDS patients, these therapies will generate $101.5B in value from survival gains, with 85% accruing to patients.

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