risk of the therapeutic class overall. METHODS: A population-based case control study was conducted using HealthCore Integrated Research Database (HCIDP), a US commercial insurance claims database. Incident cases of CC were defined as patients ≥18 years at diagnosis, with 1st CC diagnostic claim between Jan 1, 2001 to Jan 30, 2011. Each case was matched to 1 eligible control based on: no diagnosis of CC during study period, age & gender, race & ethnicity, length of pre-index enrollment (same or greater) & index date. Exposure to CV drug was defined as at least 1 claim during risk period. Conditional logistic regression was used to conduct the adjusted analysis. Sensitivity analysis was conducted where minimum CV drug exposure (12 months) was required. RESULTS: 36,736 cases of CC were identified in the HCIDP successfully matched to controls. Mean age was 60.5 years (about 30% were 50-60 years old). ENaC, labetalol, cholestyramin, diltiazem & simvastatin (ORs range: 1.07-2.05) were positively associated with CC. Cholestyramin & simvastatin were associated with increased risk of CC because of the indication in which they were prescribed. However, association of individual drugs was not consistent with that of the therapeutic class as a whole. This suggests that cancer risk is sometimes drug specific. Grouping drugs into therapeutic classes for studies of cancer risk may introduce a bias such that the predominant drug drives the results.

PCN30 ASSOCIATION BETWEEN PILOGLITAZONE AND BLADDER CANCER AMONG PATIENTS WITH TYPE II DIABETES: A PROPENSITY SCORE MATCHED COHORT STUDY

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OBJECTIVES: This study was designed to investigate whether type II diabetes oral hypoglycemic agents, pioglitazone, may potentiate bladder cancer risk among type II diabetes patients.METHODS: We analyzed 8 years cohort (2003-2010) in Taiwan by using National Health Insurance Database. Approximately 2 million randomly sampled representative beneficiaries from the National Health Insurance database were used as the data source for analysis. Totally, 4,765 patients used pioglitazone were followed and compared with 4,765 control cases selected by propensity score matching approach. RESULTS: We found that risk of bladder cancer increases with age, a marker for men than women. Risk of pioglitazone was not significantly increased by certain drugs being taken in the combination with pioglitazone. CONCLUSIONS: There is no significant increase risk of bladder cancer among type II diabetes patients ever used pioglitazone. Risk of bladder cancer among type II diabetes patients never used pioglitazone; however, the risk diminishes after adjustment for confounders.

PCN31 NO EXCESS RISK OF MORTALITY IN LONG-TERM SURVIVORS OF ADVANCED MEALNOMA

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OBJECTIVES: While most patients with advanced stages of melanoma generally have a poor prognosis, some patients gain a long-term benefit from cancer therapy and therefore significantly surpass the expected survival time. The goal of the study was to investigate whether long-term survivors of advanced melanoma have excess mortality risk compared to the general population. METHODS: Data pertaining to 783 patients diagnosed with stage IIC or IV melanoma during 2003-2001 were derived from The Netherlands Cancer Registry. The mean age at diagnosis was 65.5 years for patients with stage IIC (n=414) and 62.1 years with stage IV disease (n=369). Monthly survival rates were derived from the estimated Kaplan-Meier survival curves for each subgroup for up to 9.6 years. Follow-up year was defined as the year in which a patient was last known to be alive. RESULTS: The 5-year survival rate was 76.5% for stage IIC disease, 42.5% for stage III disease, and 18.7% for stage IV disease. CONCLUSIONS: We found no additional mortality risk in long-term survivors of advanced melanoma. Additional studies are necessary to understand clinical outcomes among patients progressing on crizotinib.

CANCER – Cost Studies

PCN35 THE UTILIZATION OF VIDEO-ASSISTED THORACIC SURGERY (VATS) VERSUS OPEN THORACOTOMY FOR STAGE 1 AND STAGE 2 NON-SMALL CELL LUNG CANCER IN CANADIAN HOSPITALS: A BUDGET IMPACT ANALYSIS

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OBJECTIVES: Lung cancer is the leading cause of cancer related death in Canada. Lobectomy is the most common form of treatment for early stage lung cancer and can be performed using an open approach with a thoracotomy incision or as a minimally-invasive procedure using Video-Assisted Thoracic Surgery (VATS). Several recent studies have demonstrated that open and VATS lobectomies achieve oncological equivalency at less cost, however, data for VATS in Canada is lacking. The Canadian health care environment hospitals are faced with increasingly restrictive budgets, creating a need to demonstrate the cost-effectiveness of procedures performed. The aim of this study was to determine the cost-effectiveness of the proportion of VATS vs. open lobectomies in a Canadian hospital. METHODS: We examined the budget impact of increasing the proportion of VATS cases from 25% to 75%, while decreasing the proportion of open cases by the same amount in a Markov cohort model. Sensitivity analyses included additional scenarios that could affect the costs associated with surgery, length of stay (taking into account facility and staff costs) and common postoperative complications. The cost data used in the model was obtained from a peer reviewed literature, the Ontario Case Costing Initiative and case costing from a large Canadian hospital. Data on patient outcomes was obtained...