demographics, comorbidities, therapy type, treatment initiator, and concomitant medications were primarily examined across the EU-5 and by individual country. RESULTS: A total of 64,932 patients from Germany (24,577), France (12,574), Italy (11,676), UK (8,427), and Spain (7,698) were included. The majority were male (64%, except Germany was 50%), >56 years (70%), and had chemo-radiation (91%). Compared with patients across countries, except COPD (5%, whereas Spain was 19%) and Cardiac Dysfunction (4%, whereas Germany was 21%). In the UK, temozolomide was used, on average, for 82% of front-line patients with treatment being initiated by a radiologist (58%) or medical oncologist (23%). In the UK, temozolomide was used for 65% of front-line patients and was initiated by a radiologist 90% of the time. Surgical procedures including Excision of Lesion, Craniootomy, and Lobectomy were performed, on average, in 67% of patients, except in France (44%). However, French patients were more likely to have a Burr Hole Biopsy (43%) versus the other 4 countries (average of 20%). Frequently used concomitant medications were corticosteroids (3-fold variation across EU-5), anti-emetics (5-fold variation), and anti-infectives. The majority of the patients (96%) with bone pain, including 29% (n = 979) of patients with BMs presented >6 months after diagnosis, 41% patients experienced mild pain; and 29% had moderate/severe pain. Among the patients with BMs, 88% (n = 1210) were treated with a BTa, 81% (n = 979) received treatment within 3 months of BMs diagnosis. Reasons for BTa treatment initiation within 3 months of BMs were “bone pain” (34%), “high risk of bone complications” (31%), “number of BMs” (13%), “location of BMs” (8%) and “prior history of bone complications” (7%). Reasons for not treating patients with BTAs were “recent diagnosis” (40%), “low bone complication risk” (17%), “focus on treating primary tumor” (10%), and “short life expectancy” (10%). CONCLUSIONS: Bone pain is the major symptom encountered by patients with BMs from BC. Most of these patients treated with strong opioids still experienced moderate/severe bone pain. The majority of patients with BMs received BTAs; primary treatment goals were reductions of the risk of bone complications and associated bone pain.

PCN355

Bone Pain and Bone Targeting Agent (BTA) Treatment Patterns in Patients with Bone Metastases (BMs) from Breast Cancer (BC) in Real World Setting in Europe

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OBJECTIVES: To examine bone pain and BTA treatment patterns in patients with BMs from BC in real world setting in Europe. METHODS: The study was conducted using the Adelphi Breast Cancer Disease-Specific Programme (DSP) 2015 database, a multi-country cross-sectional survey of 385 oncologists from 6 European countries (UK, Germany, France, Italy, Spain, and Belgium). Each physician completed a patient record form (PRF) on patients being treated with BC that captured the following information: presence of BMs, current pain state, current analgesic use, BTA treatment, and reasons behind BTA treatment decisions. RESULTS: A total of 1337 patients with BMs from BC were identified. At the time of survey (an average of 13 months after diagnosis of BMs), 47% of the patients experienced mild pain; and 20% had moderate/severe pain. The majority of the patients (96%) with pain took analgesic drugs to manage pain, which included 28% (n=260) patients treated with strong opioids (e.g. morphine, oxycodone etc.). Of these patients, 73% (284/387) still had moderate/severe bone pain. Among the patients with BMs, 88% (n=1210) were treated with a BTa, 81% (n=979) received treatment within 3 months of BMs diagnosis. Reasons for BTa treatment initiation within 3 months of BMs were “bone pain” (34%), “high risk of bone complications” (31%), “number of BMs” (13%), “location of BMs” (8%) and “prior history of bone complications” (7%). Reasons for not treating patients with BTAs were “recent diagnosis” (40%), “low bone complication risk” (17%), “focus on treating primary tumor” (10%), and “short life expectancy” (10%). CONCLUSIONS: Bone pain is the major symptom encountered by patients with BMs from BC. Most of these patients treated with strong opioids still experienced moderate/severe bone pain. The majority of patients with BMs received BTAs; primary treatment goals were reductions of the risk of bone complications and associated bone pain.

PCN356

Bone Pain and Bone Targeting Agent (BTA) Treatment Pattern in Patients with Bone Metastases (BMs) from Prostate Cancer (PC) in Real World Setting in Europe

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OBJECTIVES: To examine bone pain and BTA utilization in patients with BMs from PC in real-world setting in Europe. METHODS: This study was conducted using the Adelphi Prostate Cancer Disease-Specific Programme (DSP) 2015 database, a multi-country cross-sectional survey of 241 oncologists and 103 urologists in 6 European countries (UK, Germany, France, Italy, Spain, and Belgium). Patients’ current pain state, current analgesic use, BTA treatment, and reasons for BTA treatment data were extracted from the patient record forms (PRFb) completed by the physicians. RESULTS: A total of 360 BM patients were collected inside 82 European physicians in PC patients with BMs. At the time of survey (an average of 15.2 months from BMs diagnosis), 41% patients experienced mild pain, and 29% had moderate/severe bone pain. The majority of the patients (96%) with pain took analgesics to manage pain, which included 20% (n=78) patients treated with strong opioids (e.g. morphine, oxycodone etc.). Of these patients, 73% (284/387) still had moderate/severe bone pain. Among the patients with BMs, 74% (n=1437) were treated with a BTa, and 70% (n=1008) received treatment within 3 months of BMs diagnosis. Reasons for BTa treatment initiation within 3 months of BMs were “bone pain” (40%), “high risk of bone complications” (29%), “number of BMs” (11%), “location of BMs” (8%) and “prior history of bone complications” (5%). Reasons for not treating patients with BTAs were “recent diagnosis” (40%), “low bone complication risk” (17%), “focus on treating primary tumor” (10%), and “short life expectancy” (10%). CONCLUSIONS: Bone pain is the major symptom encountered by patients with BMs from BC. Most of these patients treated with strong opioids still experienced moderate/severe bone pain. Approximately three quarters of patients with BMs received BTAs;