to identify patients diagnosed with ovarian cancer and were taking treatment from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data.

RESULTS: There were a total of 2,562 patients that met the study inclusion criteria. There were 1,271 (47.1%) patients ≥ 65 years of age and 1,291 (49.8%) of patients were ≥ 65 years of age (geriatric). There was a significant difference (p<0.05) between the mean ages of two groups (52.48±9.76 vs 73.0±6.62 years). The mean length of stay of adult patients was lower than (p<0.05) geriatric patients (1.23±1.57 vs 1.45±2.67 days). There were more patients in adult group in the East (23.5% vs 21.0%) and MidWest (30.3% vs 27.6%) regions but no significant difference was found (p<0.05). On average, patients were continuously enrolled in the same health plan for 62.03±37.03 vs 66.64±35.21 months and submitted 567.6±104.49 vs 740.8±829.71 claims with a significant difference (p<0.05) between the two groups. Patients on average were charged by the provider $333.6±222.36 vs $492.0±212.24 for their ovarian cancer treatment (p<0.05). Comparing the study patients to all patients managed by administrative controls in which the health plan was $225.25±1125.97 vs $136.79±962.99 with a significant difference between the groups (p<0.05). CONCLUSIONS: The majority of the patients were <65 years of age and were paid higher amount by the health plan for the treatment of ovarian cancer.

PCN287 PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH PROSTATE CANCER
Greene N1, Greene M2

1MCPHS University, Medford, MA, USA, 2Georgia State University, Medford, MA, USA

OBJECTIVES: The objective of this study is to assess the characteristics and health care resource utilization of patients diagnosed with prostate cancer. METHODS: A large US administrative retrospective claims database was used to identify patients diagnosed with prostate cancer and were taking treatment in the USA from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data.

RESULTS: There were a total of 19,279 patients that met the study inclusion criteria. Of these, 6,559 (33.0%) patients were <65 years of age (adult) and 12,920 (67.0%) ≥ 65 years of age (geriatric). There was a significant difference (p<0.05) in the mean ages of two groups (59.02±15.34 vs 87.02±20.76 years). There were more patients in geriatric group in the East (25.5% vs 21.0%) and MidWest (28.5% vs 23.6%) and South (38.3% vs 36.4%) regions with a significant difference between the groups (p<0.05). On average, patients were continuously enrolled in the same health plan for 65.37±13.94 vs 75.32±18.94 months (p<0.05) with a submitted 366.8±381.92 vs 492.37±431.42 claims during the study period (p<0.05). Patients on average were charged by the provider $763.8±3003.48 vs $595.5±2207.71 for their prostate cancer treatment (p<0.05). Patients on average were continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data.

RESULTS: There were a total of 19,279 patients that met the study inclusion criteria. Of these, 6,559 (33.0%) patients were <65 years of age (adult) and 12,920 (67.0%) ≥ 65 years of age (geriatric). There was a significant difference (p<0.05) between the mean ages of two groups (59.02±15.34 vs 87.02±20.76 years). There were more patients in geriatric group in the East (25.5% vs 21.0%) and MidWest (28.5% vs 23.6%) and South (38.3% vs 36.4%) regions with a significant difference between the groups (p<0.05). CONCLUSIONS: The majority of the patients were geriatric. On average, geriatric patients were charged less by the provider and actual paid amount by the health plan was less compared to adult patients for the treatment of prostate cancer.

PCN288 ABSTRACT TITLE: DESCRIPTIVE EVALUATION OF PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH MALIGNANT NEOPASM OF RECTUM
Greene N1, Greene M2

1MCPHS University, Medford, MA, USA, 2Georgia State University, Medford, MA, USA

OBJECTIVES: The objective of this study is to assess the characteristics and health care resource utilization of patients diagnosed with malignant neoplasm of rectum. METHODS: A large US administrative retrospective claims database was used to identify patients diagnosed with malignant neoplasms of rectum and were taking treatment in the USA from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data.

RESULTS: There were a total of 19,279 patients that met the study inclusion criteria. Of these, 6,559 (33.0%) patients were <65 years of age (adult) and 12,920 (67.0%) ≥ 65 years of age (geriatric). There was a significant difference (p<0.05) between the mean ages of two groups (59.02±15.34 vs 87.02±20.76 years). There were more patients in geriatric group in the East (25.5% vs 21.0%) and MidWest (28.5% vs 23.6%) and South (38.3% vs 36.4%) regions with a significant difference between the groups (p<0.05). On average, patients were continuously enrolled in the same health plan for 65.37±13.94 vs 75.32±18.94 months (p<0.05) with a submitted 366.8±381.92 vs 492.37±431.42 claims during the study period (p<0.05). Patients on average were charged by the provider $763.8±3003.48 vs $595.5±2207.71 for their prostate cancer treatment (p<0.05). Patients on average were continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data.

RESULTS: There were a total of 19,279 patients that met the study inclusion criteria. Of these, 6,559 (33.0%) patients were <65 years of age (adult) and 12,920 (67.0%) ≥ 65 years of age (geriatric). There was a significant difference (p<0.05) between the mean ages of two groups (59.02±15.34 vs 87.02±20.76 years). There were more patients in geriatric group in the East (25.5% vs 21.0%) and MidWest (28.5% vs 23.6%) and South (38.3% vs 36.4%) regions with a significant difference between the groups (p<0.05). CONCLUSIONS: The majority of the patients were geriatric. On average, geriatric patients were charged less by the provider and actual paid amount by the health plan was less compared to adult patients for the treatment of prostate cancer.

PCN289 INTERNATIONAL DIFFERENCES IN THE ROLE OF PAYER AND ADMINISTRATIVE CONTROLS IN PREDICTING DECISIONS
Silvey M, Rader A, Wielam HW, Piercy J

Adelphi Health Economics Limited, London, UK

OBJECTIVES: To assess the extent to which prescribing decisions are influenced by payer implemented controls. METHODS: Data were drawn from the Adelphi Disease Specific Programme (DSP) in Multiple Myeloma conducted in Q4 2015. DSPs are cross sectional surveys of physicians and their consulting patients. Fifty Haematologists-Haematol-