Adjusted for patient and facility characteristics, total charge for hospitalization was $10,844 (p < 0.0001), and pancreatic cancers (7,504, p < 0.0001) were significantly higher than liver cancers. Significant predictors of LOS included race/ethnicity (compared to whites, 15% longer for blacks; IRS = 1.15, 95% CI: 1.13–1.17) and 4% longer for Hispanics (IRS = 1.04, 95% CI: 1.01–1.07). Analyses additionally controlled for non-teaching urban (IRS = 1.12, 95% CI: 1.10–1.14) and 15% longer for teaching urban (IRS = 1.15, 95% CI: 1.13–1.17). CONCLUSIONS: We found significant differences in proportions of sex, severity, LOS, and changes in cancer stage between the county level and patient characteristics. The cancer center had the lowest incidence of hospitalization, shortest LOS, and the lowest total charges. There is an urgent need for new treatments for these patients.

PCN54 ASSESSMENT OF RENAL FUNCTION AMONG PATIENTS WITH BONE METASTASIS FROM SOLID TUMORS
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OBJECTIVES: To examine the change in renal function among patients with bone metastasis from solid tumors (ST).

METHODS: A retrospective cohort study was conducted using OSCR (Oncology Services Comprehensive Electronic Records) database, containing electronic medical records from >50 outpatient oncology/ hematology practice groups in the US. The study sample included adults (age ≥ 18 years) diagnosed with a single ST and BM between 01/01/2012 through 09/30/2013. Changes in renal function from baseline (6 months prior to the BM diagnosis) over the follow-up period were assessed. The outcomes of interest include clinically-meaningful increases in serum creatinine (SeCr) [defined as 0.5 mg/dL increase in patients with normal baseline levels (<1.4 mg/dL) and 1.0 mg/dL increase in those with elevated baseline levels (≥1.4 mg/dL), estimated glomerular filtration rate (eGFR), and chronic kidney disease (CKD) stage (1: eGFR 90 to 5, eGFR<15)]. Descriptive analysis was conducted to examine baseline patient characteristics and change in renal function.

RESULTS: A total of 6,380 patients met the eligibility criteria for the study, of which 81% were female (51% with BM) and 18% were black. The median time to follow-up was 10.8 years (Standard Deviation [SD]: 12), mean SeCr of 1.0 (SD: 0.5), and mean eGFR of 77 (SD: 23) at baseline. During a median follow-up of 191 days after BM diagnosis, an average 11-point (SD: 17) reduction (relative reduction: 13%) in eGFR from baseline was observed. Clinically-meaningful increases in SeCr were observed in 10.8% of the patients overall, among 7.2% patients from elevated (n = 706) and 11.3% from normal (n=5,674) baseline SeCr levels. Increases in CKD stage from baseline levels were observed in 36% of the patients. CONCLUSIONS: Worsened renal function was observed among patients with ST and BM. Given the use of bone targeting agents in this patient population, future analysis is needed to understand the impact of those agents, such as zoledronic acid, on renal function.

PCN55 EPIDEMIOLOGY AND TREATMENT OF SOFT TISSUE SARCOMA IN THE EUS
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OBJECTIVES: To explore the epidemiology and treatment of soft tissue sarcoma (STS) in EUS.

METHODS: Epidemiology of STS was derived from the Kantar Health (KH) Cancer Information Program, a population-based cancer registry that gathers information from cancer patients' medical records, published scientific studies and proprietary physician surveys conducted in March 2015 comprising 76 doctors seeing an average of 3,210 STS patients per month in the United States (US). Age and gender matched controls were used in population data to determine number of newly diagnosed STS patients. Annual non-metastatic and metastatic progression rates and annual non-metastatic and metastatic mortality rates were calculated to determine the number of surviving patients up to 10 years after diagnosis. Treatment data were determined from the physicians' surveys and was country specific.

RESULTS: Incidence of STS ranged from 3.1 – 4.1 per 100K. Among all incident STS patients, 74% were non metastatic and 26% were metastatic. Survival at 5, 10 and 15 years were respectively 43%/37%11% in France, 52%/42%/22% in Germany, 49%/31%/27% in Italy, 41%/34%/29% in Spain and 45%/28%/27% in the US. Among metastatic patients, 41% to 44% received a first line drug. There was wide variation in the % of first line that received second line (range 35% - 58%) and second line who received third (17% - 30%). Among first line drug treated doxorubicin plus ifosfamide was the preferred regimen in France, Germany and Spain whereas doxorubicin monotherapy was preferred in US. Trabectedin and pazopanib were used relatively frequently as second or third line treatment. CONCLUSIONS: This study confirms the rarity of soft tissue sarcoma in EUS. Doxorubicin plus ifosfamide is the most commonly used treatment in first line across EUS, trabectedin and pazopanib tend to be the most utilized treatments in second and third line. Variance in the trend is apparent in France and Spain second line and in France and UK third line.

PCN56 SYSTEMATIC REVIEW OF BURDEN OF PANCREATIC CANCER
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OBJECTIVES: Pancreatic cancer is considered one of the toughest cancers to treat, with extremely poor prognosis. The objective of this review was to conduct a systematic review of epidemiology and the burden of pancreatic cancer.

METHODS: A systematic literature search for epidemiology and the burden of disease studies was undertaken for the databases PubMed, Embase, BIOSIS, Google Scholar and Cochrane. Data was collected for the following methods, country and key findings. Extracted study data included pancreatic cancer incidence, complications, mortality, available treatment options, as well as healthcare utilization and medical costs associated with pancreatic cancer. Critical features of study quality and data gaps were analyzed at the country level.

RESULTS: A total of 328 studies were identified based on the key words. Of these, 32 studies met the inclusion criteria. Studies indicate that pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States and the eighth worldwide. More than 50% of patients come to clinical attention with metastatic disease – the most treatable stage of cancer. Current treatments include surgery and palliative chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a marginal improvement in overall survival. The adjusted risk for mortality pancreatic cancer has an extremely poor prognosis: for all stages combined, the 1- and 5-year survival rates are 25% and 6%, respectively. Pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States and the eighth worldwide. More than 50% of patients come to clinical attention with metastatic disease – the most treatable stage of cancer. Current treatments include surgery and palliative chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a marginal improvement in overall survival. The adjusted risk for mortality.

PCN57 THE EFFECT OF METFORMIN USE ON SURVIVAL IN PANCREATIC CANCER PATIENTS WITH CURATIVE RESECTION AND TYPE 2 DIABETES MELLITUS: FINDINGS FROM A NATIONWIDE POPULATION RETROSPECTIVE COHORT STUDY
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OBJECTIVES: This study aimed to investigate the effect of metformin use on survival in pancreatic cancer patients with curative resection and type 2 diabetes mellitus (T2DM).

METHODS: A total of 28,862 were initially identified from Korea Center Cancer Registry (KCCR) who had diagnostic code for pancreatic carcinoma between 1 January 2005 and 31 December 2011. Among them, with those with curative resection or T2DM and aged over 40 years were included. Subjects were classified as metformin user group if they were prescribed metformin around the time of diagnosis. The adjusted HR for overall survival (OS) of metformin use was compared between T2DM and non-T2DM. The adjusted HR was considered statistically significant if the 95% CI did not include 1.0. Kaplan-Meier survival analysis was performed to examine the effect of immortal time bias, and confounding variables. RESULTS: The study included 764 subjects with T2DM and pancreatic cancer with 126 metformin users. Metformin users were associated with improved survival. This may provide a rationale for further prospective study of the use of metformin as an adjunct to the standard of care in the treatment of pancreatic cancer.

PCN58 STATINS USE AND THE RISK OF HEMATOLOGICAL AND NON-HEMATOLOGICAL MALIGNANCIES: A META-ANALYSIS OF 53 OBSERVATIONAL STUDIES
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OBJECTIVES: Statins are frequently prescribed drugs worldwide, used for the management and prevention of coronary artery diseases. In contrast to early concerns over carcinogenic risk, recent evidences suggest that statins may have chemo-preventive potential against variety of cancers. We performed a detailed meta-analysis of observation studies to quantify the association between statins use and risk of hematological and non-hematological cancers (prostate, breast, lung, and colorectal). The study was conducted as an updated meta-analysis of previous studies.

RESULTS: A total of 4500 retrieved articles, 53 observational studies (27 case control and 26 cohort) contributed to analysis. The study identified 26 studies with that of MRF of less than 85% (HR, 0.60, 95% CI: 0.47-0.76, p-value<0.001). In addition, similar results were found from a series of sensitivity analysis. CONCLUSIONS: Metformin use in diabetic patients with pancreatic cancer has an associated with improved survival. This may provide a rationale for further prospective study of the use of metformin as an adjunct to the standard of care in the treatment of pancreatic cancer.

PCN59 ADJUSTING FOR CROSS-OVER IN ONCOLOGY TRIALS: APPROACHES TAKEN TO SUPPORT DRUG REIMBURSEMENT IN AUSTRALIA
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OBJECTIVES: Trials of new oncology treatments often allow patients to crossover from control to experimental treatment either at disease progression or a specific time point. Disease progression, progression-free survival is usually unaffected; however overall survival (OS) is confounded in the control arm. Patients switching treatments often have different prognoses, resulting in a biased estimated OS difference. Advanced statistical methods to adjust for crossover include Rank Preserving Structural Failure Time (RPSFT) models, Bayes Probability ofCensoring