demographics, comorbidities, therapy type, treatment initiator, and concomitant medications were 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%), set 56 years (70%), and had chem-o-radiation (91%). Compared to patients across countries, except COPD (5%, whereas Spain was 19%) and Cardiac Dysfunction (4%, whereas Germany was 21%). Except 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, temo- zolomide was used for 65% of front-line patients and was initiated by a radiologist 90% of the time. Surgical procedures including Excision of Lesion, Cranotomy, 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 being initiated by a radiologist (58%) or medical oncologist (23%). In the UK, temo- 

PCN535

**BONE PAIN AND BONE TARGETING AGENT (BTA) TREATMENT PATTERNS IN PATIENTS WITH BONE METASTASIS (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 questionnaire (PR) for 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 1336 patients with BC from 46 centers were identified. At the time of survey (an average of 13.1 months from 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=378) patients treated with strong opioids (e.g. morphine, oxycodone etc.). Of the 1336 patients, 25% of patients (n=328) still had experienced moderate/severe bone pain. Among the patients with BMs, 88% (n=1120) were treated with a BTA. Of them, 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 main symptom encountered by patients with BMs from BC. Most of these patients treated with strong opioids still had experienced moderate/severe bone pain. The majority of patients with BMs received BTAs; primary treatment goals were reductions of bone pain and associated bone pain. **PCN537**

**SCREENING GUIDELINES AND CANCER STAGE: EARLY FINDINGS FROM MEDICARE**

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**OBJECTIVES:** Clinical guidelines for breast cancer screening are now commonly used in many settings, though the impact of these guidelines on real world practice remains less clear. The USPSTF recently dropped recommendations for breast cancer screening among women aged 75 years. Prior studies using survey data suggest that the guideline revision may have no effect on screening behavior. Using registry and claims data, we assessed changes in screening patterns, and stage at diagnosis, among female Medicare beneficiaries aged 75-years compared with 65-74 years. **METHODS:** We analyzed USPSTF breast cancer screening Medicare fee-for-service claims (20% random sample), and linked SEER registry-Medicare claims databases. Using linear regression models with a patient-level fixed effect, we estimated the change in proportion of subjects receiving screening mammography among subjects aged 75 vs. younger subjects, i.e., a difference-in-difference design. **RESULTS:** We find a decrease in screening rate among women aged 75 years after the revision (2011 vs. 2003-2008, and the difference in changes compared with younger women was 13.2% (95%CI:13.1-13.3%). Similarly, we find a relative decrease in the population rate of incidence of earlier-stage cancer (0.12%, 95%CI:0.07-0.17), increases in later-stage cancer. **CONCLUSIONS:** With the guideline revision, there were relative decreases in screenings and stage among women aged 75 years, compared with younger women. There also was a breast cancer stage shift, with more later-stage cancers and fewer earlier-stage cancers detected. Future evaluations on survival are needed. Moreover, as health insurance plans increasing link benefit designs with guidelines, the likelihood that guidelines will impact practice patterns could grow.

**PCN538**

**A COMPARATIVE STUDY TO EVALUATE TREATMENT PATTERNS AND RESULTING UTILITY IN PATIENTS OF HEAD & NECK CANCERS UNDER PRIVATE PAYMENT SCHEME AND GOVERNMENT SCHEME**

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**OBJECTIVES:** To compare the treatment patterns and resulting quality adjusted life (QALY) in patients of Head & Neck cancers under private payment scheme (PPS) and government scheme (GS). **METHODS:** In a prospective study treatment pattern and the disease was managed under PPS and GS. Patients were interviewed for six treatment cycles to assess treatment patterns in an oncology hospital having dedicated wards for patients under GS. Direct medical cost, indirect medical cost and non-medical costs associated with treatment, were calculated for patients under PPS and GS and were compared. EQ-5D-5L instrument was administered to assess patient utility with treatment during each cycle. **RESULTS:** A total of 104 patients (n=49 under PFS, n=55 under GS) were enrolled in the study after obtaining their informed consent. Majority of the patients under PPS were on Paclitaxel based regimen (63%) followed by primary protocol (Docetaxel+ Cyclophosphamide+ Fluorouracil, 8%). Most of the patients under GS was treated with Radiation therapy (83%) and none of the eligible patients under GS had privilege of treatment with primary protocol due to limited budget. Treatment compliance to NCCN guidelines for patients under PFS (4G) was 89% and 58% (3G) under GS. Common adverse events reported in patients under GS were constipation, neuropathy, fatigue and myalgia were higher in patients under GS than PPS. Average cost of treatment for PFS and GS per cycle was US $125 and US $30 respectively. QALY gained by patients under PFS and GS after six cycles was 0.024 and 0.017 respectively. The difference was found to be statistically significant (p<0.05). **CONCLUSIONS:** Treatment patterns in patients under PPS were well compliant to NCCN guidelines. Limited budget of government scheme in a developing country does not allow clinicians to prescribe required anti-cancer medicines and supportive care. Patients under GS can be benefited with more utility with additional increment in the budget.

**RESPIRATORY-RELATED DISORDERS – Clinical Outcomes Studies**

**PRS1**

**TORSADE DE POINTES AND QT PROLONGATION COULD RESULT FROM DESLORATADINE ALLERGY-TREATMENT**

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**OBJECTIVES:** This signal detection pharmacovigilance activity aims to determine any association between the use of desloratadine and torsades de pointes (TdP) and TQ prolongation. The study was conducted using the Adelphi Prostate Cancer Disease Specific Programme (DSP) 2015 database, a multicountry cross-sectional survey of 385 oncologists from 6 European countries (UK, Germany, France, Italy, Spain, and Belgium). Each physician completed a questionnaire (PR) for 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 1336 patients with BC from 46 centers were identified. At the time of survey (an average of 13.1 months from 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=378) patients treated with strong opioids (e.g. morphine, oxycodone etc.). Of the 1336 patients, 25% of patients (n=328) still had experienced moderate/severe bone pain. Among the patients with BMs, 88% (n=1120) were treated with a BTA. Of them, 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 main symptom encountered by patients with BMs from BC. Most of these patients treated with strong opioids still had experienced moderate/severe bone pain. The majority of patients with BMs received BTAs; primary treatment goals were reductions of bone pain and risk of bone complications.