high-risk (stage IIB/C, III) and metastatic (stage IV) melanoma.

METHODS: Data were acquired from Convergence CT, a company that links longitudinal electronic medical records and claims data from large physician practices, clinics, ambulatory centers, and hospitals in the US. Subjects with ≥1 diagnosis of malignant melanoma (ICD-9 172.xx, 173.xx, V10.82) from July 1, 2003 November 30, 2006 and pathology-confirmed disease stage of IIB/C, III, or IV were selected. Additional stage IV patients were identified based on evidence of a subsequent ICD-9 code (197.xx, 198.xx) for secondary metastases. Post-diagnosis prevalence of the key treatments was analyzed descriptively.

Logistic regression was used to assess predictors of therapeutic choice. RESULTS: A total of 268 subjects were identified. Stage distribution was: IIB/C (18%); III (21%); IV (61%). 58% were ≥65 years of age and 62% were male. Surgery was the predominant treatment in stage IIB/C and III (received by >80% of subjects), but was seen in only 38% of stage IV patients. Across all stages, radiation, chemotherapy, and immunotherapy were less common (23%, 27%, and 10%, respectively). The odds ratio (OR) for receiving a specific treatment was significantly increased. Elder age (OR = 7.31 [2.38–22.39]) was associated with a significantly increased likelihood of receiving no active treatment. Older age (65+), higher co-morbidity burden, and having stage IV disease were associated with a decreased probability of surgery [OR = 0.30–0.99], [OR = 0.92 (0.86–0.99)], [OR = 0.08 (0.03–0.22)], respectively. Receiving radiation was reduced by older age, but increased by having stage IV disease [OR = 2.38 (0.91–6.22)]. Significant predictors of chemotherapy were stage IV disease [OR = 2.65 (1.01–6.93)] and higher co-morbidity burden [OR = 1.08 (1.01–1.17)]. Finally, increasing age substantially reduced the likelihood of receiving immunotherapy [OR = 0.24 (0.10–0.60)]. CONCLUSION: Factors influencing practice patterns and treatment choice in a population with high risk or metastatic melanoma. Across therapeutic choices, age and disease stage were the significant predictors.

PCN95
CHANGE IN THE USE OF BREAST CONSERVING SURGERY BEFORE AND AFTER GUIDELINE PUBLICATION IN JAPAN
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OBJECTIVE: Using 12 years of administrative data, we assessed the trends in the use of breast conserving surgery (BCS) before and after the release of clinical guidelines on BCS in Japan (published in 1999 and updated in 2005.) METHODS: We used a database from the Quality Improvement/Indicator Project that involved 40 teaching hospitals in Japan. Data on all discharged cases were collected from these hospitals from 1995. We then selected female operable breast cancer patients who were admitted to five of these hospitals from January 1996 through September 2007 (n = 1971). A multiple regression analysis was performed to examine whether the proportion of the use of BCS after publication of guidelines was higher than that before publication, adjusted for the effects of patient’s age, comorbidity status (Charlson Comorbidity Index), hospital, and time period of admission. The Hosmer-Lemeshow test was conducted to assess the goodness-of-fit of the model. RESULTS: The proportion of BCS use increased from 16.1% in 1996 to 62.2% in 2007. Multiple logistic regression analysis revealed that patients who were <50 years old (P < 0.001) and had no comorbidity (P < 0.001) were significantly more likely to receive BCS. The proportion of BCS use has been substantially higher since 2001, two years after the BCS guidelines were published in Japan. Significant practice variations of BCS use were also confirmed among hospitals. CONCLUSION: This study confirmed the lag time between guideline publication and change in practice of BCS use. We further need to examine the potential barriers to guideline adoption related to physicians’ knowledge and attitudes as well as external barriers including patient-, guideline-, and environment-related factors, to explain the reasons of change in the use of BCS over ten years.

PCN96
REAL WORLD TREATMENT PATTERNS IN HIGH RISK OR METASTATIC MELANOMA: EVIDENCE FROM THE SEER-MEDICARE LINKED DATABASE
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OBJECTIVE: To document real-world treatment patterns in elderly patients with high-risk (stage IIB/C, IIIA/B, IIIC) or metastatic (stage IV) melanoma. METHODS: Data was taken from the Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database combining clinical information on incident cancer cases in the US between 1991 and 2002 with longitudinal (1991–2005) Medicare claims. Subjects ≥65 years of age with ≥1 stage IIB or higher melanoma diagnosis and ≥6 months of subsequent benefits coverage were selected. We documented utilization patterns of four major therapies (surgery, radiation, chemotherapy, immunotherapy) following the diagnosis.

RESULTS: A total of 6470 subjects met all criteria. Stage distribution was: IIB/C (38%); IIIA/B (46%); IIIC (1%); IV (15%). Median follow-up was 36, 39, 16, and 6 months, respectively. Surgery (primarily tumor excision) was the predominant 1st line treatment, received by >85% of subjects with stage IIB/C, IIIA/B, or IIIC melanoma and 60% of stage IV cases, but was a rare 2nd line approach. Radiation was 1st line treatment in only 2%, 5%, and 15% of stage IIB/C, IIIA/B, and IIIC cases, respectively, but was more common as a 2nd line approach in these subjects (15%, 24%, and 41%, respectively). Radiation was equally prevalent (~30% of cases) as 1st or 2nd line treatment in stage IV. Chemotherapy was uncommon as 1st line treatment (<4% of all cases), but prevalent as 2nd line therapy (by respective stage, 14%, 20%, 41%, and 22% of cases). Immunotherapy was rare, except as 2nd line treatment in stage IIIC (26% of cases). CONCLUSION: Beyond surgery as a 1st line approach, relatively few patients received other types of treatment as either 1st or 2nd line therapy. These findings demonstrate an unmet need in high risk and metastatic melanoma. Additional analyses of administrative data characterizing real-world treatment patterns in melanoma are needed to help inform the direction of future clinical trials.

GASTROINTESTINAL DISORDERS—Clinical Outcomes Studies
PGII
HETEROGENEITY ACROSS RANDOMIZED CONTROLLED TRIALS OF PROTON-PUMP INHIBITORS IN NIGHTTIME GERD: A SYSTEMATIC REVIEW
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OBJECTIVE: Numerous randomized controlled trials (RCTs) have evaluated efficacy of proton-pump inhibitors (PPIs) in controlling nighttime symptoms of gastroesophageal reflux disease (GERD). Quantitative synthesis of the effect of PPIs on nighttime symptoms is lacking, thus the validity of performing a meta-analysis was assessed. METHODS: MEDLINE and EMBASE