groups. The GLM-based estimate of the increase in post-event costs over 30 days among patients with evidence of any adverse event was $9,807 (95% CI: $4,386–$16,247). For all types of adverse events examined, the estimated difference in costs between evented and non-evented patients was positive; the 95% CI did not include zero for all of the adverse events considered except hypertension and proteinuria.

**CONCLUSIONS:** Costs associated with AEs of first-line targeted therapies are substantial in patients with mRCC. Efforts to prevent and/or better manage these events may reduce overall healthcare costs.

**PCN42 HEALTH CARE UTILIZATION AND COSTS AMONG LUNG CANCER PATIENTS IN CHINA**

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**OBJECTIVES:** To describe patient characteristics and evaluate inpatient utilization and costs among patients with lung cancer in Tianjin, China. **METHODS:** Retrospective analyses were conducted using Urban Employee Basic Medical Insurance (UEBMI) claims database from Tianjin from 2003 to 2007, which included a 30% random sample of UEBMI enrollees in Tianjin. Patients with $\geq$1 lung cancer diagnosis and continuous eligibility 6 months before and 12 months after the first diagnosis were selected. Inpatient utilization and costs during the 12-month study period were estimated. Costs were valued in 2007 US dollars using the corresponding inflation rate and exchange rate. **RESULTS:** A total of 2,351 lung cancer patients were included with mean age of 66.5 years, 34.9% female, and 86.9% retired. Approximately 50.0% had metastases at the first diagnosis. Among them, 46.9% had cardiovascular disease, 27.6% had COPD, and 23.3% had hypertension. The mean number of admissions was 2.44 during the 12 months, with 53.3% of patients having $\geq$1 admission. About 84.8% hospitalizations occurred in a tier-3 hospital. The maximum length of stay was 25.9 and 24.2 days, respectively, for first and subsequent admissions. Anti-neoplastic medications were used in 66.1% hospitalizations. The mean cost per hospitalization was $2,473 and $2,260 for first and subsequent admissions, respectively. The total 12-month inpatient costs were $5,551 per patient. 70.9% were covered by payers and the rest by patients. Approximately 54.2% of the total inpatient costs were attributed to medication costs. Examinations, medical consumables, and bed accounted for 13.4%, 6.3% and 5.0% of the total inpatient costs, respectively. **CONCLUSIONS:** The majority of lung cancer patients is metastatic and treated in tier-3 hospitals. Lung cancer poses substantial economic burden to payers and patients. The majority of the costs were attributed to medications.

**PCN49 EPIDEMIOLOGY, TREATMENT PATTERNS AND COSTS IN PATIENTS WITH STAGE III/IV MELANOMA**

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**OBJECTIVES:** Melanoma is the most serious type of skin cancer that starts in melanocytes. New treatment methods may offer significant benefits in treating patients with advanced melanoma, but in order to assess their cost-effectiveness via pharmacoeconomic modelling data on epidemiology, current treatment patterns, health care resource utilization and costs among patients diagnosed with melanoma (SII-SIV). Resources costs and standard of care data for melanoma patients were divided into three therapy lines, and information such as disease course, drug cost and performed diagnostic procedures were collected. **RESULTS:** The preliminary results coming from one center are available at this stage. Melanoma incidence and mortality rate (per 100,000) are equal respectively to 8.8 and 3.7 (data for year 2010). The continuation of existing trends will cause an increase of morbidity in the next years and the number of incidence cases can even double in 10 years time. The most common form of treatment in metastatic patients is chemotherapy. The results demonstrate that costs of consecutive lines of therapy decrease, and total yearly cost of 1st, 2nd and 3rd line treatment is estimated to be 1.2mln PLN (1 Euro=4.4 PLN). Adverse events total cost amount sums to 77,000 PLN. **CONCLUSIONS:** Melanoma is one of the most malignant human cancers in Poland with an increasing incidence rate. In connection with several treatment patterns that are not yet defined, the described study is valuable for future patients in phar-maco-economic modelling in health technology assessment process.

**PCN46 A DISCRIPTIVE ANALYSIS OF OVARIAN CANCER IN VETERAN PATIENTS IN THE UNITED STATES**

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**OBJECTIVES:** To assess the clinical and economic impact of ovarian cancer in the US veteran population. **METHODS:** A retrospective study (October 01, 2005 to September 30, 2010) was conducted using the Veterans Health Affairs Medical SAS Database. **RESULTS:** The cost associated with hospitalization was $66,340 per patient. Health care resource utilization and costs were assessed for ovarian cancer patients in the 12-month follow-up period. Patients’ demographic, clinical and discharge statuses were compared using Chi-square testing and standardized differences. Patient t-tests were used for the means of continuous variables. Mortality and survival rates were also calculated using the Kaplan and Meier method and the PROC LIFETEST procedure. **CONCLUSIONS:** Among the selected ovarian cancer patients (n=1,148), the total mortality rate in the 12-month follow-up period was 20.84% (n=239). The most commonly prescribed medications were sodium chloride (3.14%), dextrose (1.83%), potassium chloride (1.58%), and warfarin (1.02%). The average charges for an emergency room visit were $11,952. **RESULTS:** Among the selected ovarian cancer patients (n=1,148), the total mortality rate in the 12-month follow-up period was 20.84% (n=239). The most commonly prescribed medications were sodium chloride (3.14%), dextrose (1.83%), potassium chloride (1.58%), and warfarin (1.02%).