non-small-cell lung cancer (NSCLC) using gefitinib or docetaxel. Probability distributions for adverse events and life expectancy were obtained from the INTEREST study. We used a docetaxel chemotherapy cost study at SSSSTE and for gefitinib we used the drug's institutional price. Health state utility values for calculating QALYs. RESULTS: Life expectancy of patients treated with gefitinib was 25.16 (95% CI, 22.55 – 27.77) years and with docetaxel patients were 23.03 (95% CI, 20.38 – 25.68) years. The incidence of grade 3 or 4 adverse events was 75.1% for gefitinib and 49.1% for docetaxel. CONCLUSIONS: Huang et al. have shown that docetaxel is associated with a higher incidence of adverse events than gefitinib. However, the incremental cost-effectiveness ratio (ICER) was $31,642 per QALY gained, which is well above the commonly accepted threshold of $50,000 per QALY gained. This suggests that gefitinib may be a more cost-effective option for patients with NSCLC than docetaxel.

**Abstracts**

**PCN37**

**THE IMPACT OF NEUROPUNCTURAL COMPLICATIONS ON SHORT-TERM DISABILITY IN PATIENTS WITH CANCER RECEIVING CHEMOTHERAPY**

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OBJECTIVES: Patients receiving myelosuppressive chemotherapy are at risk for chemotherapy-induced neurotoxic complications (CINC). The study objective was to examine the impact of CINC, defined as neuropathy with fever or infection, on short-term disability (STD) among cancer patients receiving chemotherapy. METHODS: Patients with cancer undergoing chemotherapy were extracted from Thomson Reuters MarketScan® Commercial Database and Health and Productivity Management Database. Patients were required to have at least 6 months continuous enrollment before the index date (first chemotherapy claim) and at least 30 days continuous enrollment post-index date, full-time employment and eligibility for STD. Patients with ICD-9 codes for neuropenia and fever or infection and that had evidence of chemotherapy within 30 days prior were defined as having CINC. Propensity score (PS) matching was conducted for “CINC” and “no-CINC” patients based on demographic and clinical characteristics, including chemotherapy class and use of highly myelosuppressive chemotherapeutic agents. Subsequent multivariate regressions were conducted on PS-matched cohorts to estimate the marginal impact of CINC: an Ordinary Least Squares Model on STD days, a generalized linear model on indirect cost associated with STD, and a logistic regression model on whether a patient used any STD during a month. RESULTS: A total of 280 CINC and 280 non-CINC patients were PS-matched. Compared with matched non-CINC patients, CINC patients on average had 0.9 more STD days (1.2 vs. 2.1, p = 0.046) which led to $156 more in indirect costs ($549 vs. $394, p = 0.050) per month. After multivariate adjustment, CINC patients were 35% (p = 0.121) more likely to experience at least one STD day, experienced 1.0 more STD day (p = 0.029) and incurred $200 more in indirect cost ($746 vs. $546) per month. CONCLUSIONS: Patients with CINC experience significantly greater STD days than patients with no neuropenic complications from cancer chemotherapy. Efforts that may prevent CINC may potentially have a beneficial impact on work absenteeism.

**PCN76**

**REVISITING CHERNOBYL THE LONG-TERM IMPACT OF THE NUCLEAR ACCIDENT ON LABOR MARKET OUTCOMES**

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OBJECTIVES: The accident at the Chernobyl nuclear power plant in 1986 released an enormous amount of radioactive materials which spread over the territories of Ukraine, Belarus, Russia and other Eastern countries. The damage caused to the environment, economy and, most importantly, to human health has been challenging to estimate. In fact, there is no scientific agreement on the severity of the Chernobyl aftermath. The purpose of our paper is to investigate the long-term impact of the tragedy on the labor market outcomes of the Ukrainian population. METHODS: Specifically, using data from 2003 household survey and a household panel well-being, we estimate the impact of the Chernobyl accident on individual earnings. In addition, we identify a substantial gender wage gap existing in the Ukrainian labor markets. We use the Oaxaca decomposition technique to examine the wage gap in more detail. RESULTS: We find that those individuals whose health has suffered as a result of the accident receive on average 5% lower wages, after controlling for other characteristics. CONCLUSIONS: We find that a large portion of the wage gap is “unexplained” and may be attributed to discrimination against women; in addition, the health effects of the Chernobyl accident explain a significant portion of the gender wage inequality.

**PCN77**

**HEALTH CARE RESOURCE UTILIZATION ASSOCIATED WITH ESCALATING IMATINIB VERSUS SWITCHING TO DASATINIB IN PATIENTS WITH CHRONIC MYELOGENOUS LEUKEMIA**


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OBJECTIVES: After initial therapy with imatinib, chronic myelogenous leukemia (CML) patients who do not completely respond may require dose escalation or switching to another BCRABL kinase inhibitor to achieve the desired response. This study compared health care resource utilization associated with either escalation of imatinib dose or switching to dasatinib. METHODS: Two large administrative claims databases were combined (MarketScan and Ingenix Impact, January 1999-March 2008) to identify patients diagnosed with CML (ICD-9 code: 205.1). Patients initiated with imatinib who were continuously enrolled 6 months prior to and at least one month following their first dose increase or switch to dasatinib were selected. Patients who switched to dasatinib before reaching imatinib 800 mg/day (switchers) and the non-