March 2012 (n=424). Patients were assigned line of therapy for each treatment regi-
men received during their entire MBC treatment history. Distribution of patients by payer type (Medicare, Medicaid, Commercial) was also evaluated. Data was analyzed using Pearson chi-square. RESULTS: An analysis of patient distribution revealed the share of eribulin treated patients that received treatment in first or second line increased from 20% in the study cohort (42.8%) to 28% in the cohort reported in the 2012 cohort (32.8%) (p<0.001). The share of Medicare patients among the first and second line treatment group increased from 2012 (32.5%) to 2015 (44.5%) (p<0.004). CONCLUSIONS: Eribulin mesylate utilization in earlier lines of treatment has increased over time possibly due to greater familiarity among MBC treating providers. In addition, this increase in earlier use of eribulin mesylate has come to a greater degree among Medicare patients, possibly high-
lighting more stringent controls among commercial payers.

PCN281

PRIORITY ISSUES AND RECOMMENDATION SELECTION IN CANCER PAIN MANAGEMENT

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OBJECTIVES: Pain is one of the most common and painful symptoms in the can-
cer patients. This study aimed to provide the rationale for policy setting by the
focus group interview of representative experts. METHODS: Priority issues and
recommendation selection were conducted two times with 18 experts who are
recommended from 12 academic associations to identify problems and resolu-
tion measures for cancer pain and narcotic analgesics management in clinical settings. During the 1st priority issues and recommendation selection, answered open-ended questions on obstacles and recommendation selection. After questionnaires were completed, then the top 3 key issues were selected based on their response rate in each category, and its recommendations were selected. The top 3 key priority issues and their recommendations were this survey were: Basic Priority Rating System (hereafter BPRS) and PEARL, basic priority selection tools, were used to set priority of recommendations and policy practicality was evaluated. These 2 surveys were conducted in the first selected by 3 groups of recommendation selection in a total of 12 respondents was the lack of systemic education and interests in cancer pain management by the medical profession-
als and pharmacists. Based only on BPRS scores, †implementation and obligatory requirement of systemic and continuous cancer pain management education for medical professionals and pharmacists’ was highly placed. The second key issue was the lack of understanding of patients and guardians in cancer pain manage-
ment including narcotic analgesics. The highest ranked recommendation was education of patients and guardians on cancer pain management by dedicated personnel for patient education. The third key issue was the necessity of cancer pain management system improvement. CONCLUSIONS: We derived three priority
issues and 21 recommendation for the cancer pain management using experts
concensus meeting.

PCN282

CHEMOTHERAPY EXPOSURE AND OUTCOMES AMONG PATIENTS DIAGNOSED WITH CHRONIC LYMPHOMIC LEUKEMIA

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OBJECTIVE: To describe chemotherapy exposure, healthcare utilization, overall survival (OS) and progression-free survival (PFS) among patients diagnosed with chronic lymphoid leukemia (CLL). METHODS: Newly diagnosed CLL patients who received chemotherapy were selected from the Eindhoven Cancer Registry between the 1998-2011, linked on a patient-level to the PHARMO Database Network including data on in- and outpatient drug dispensations, hospitalizations and clinical labora-
tory measurements. Chemotherapy was classified in regimes of use based on chemotherapy combinations. OS and PFS were determined after diagnosis and after chemotherapy. Healthcare utilization was assessed in the year before diagnosis and in the year after chemotherapy. RESULTS: 125 CLL patients received chemo-
therapy: 52 patients (42%) started chemotherapy within 6 months and 73 patients (58%) started chemotherapy more than 6 months after diagnosis. Mean (sd) age was 67±10 years and 68% was male. About 50% had one treatment line and about 25% two lines of treatment. Chlorambucil was the most common first line chemotherapy (37 (71%) of patients starting chemotherapy within 6 months and 55 (75%) of patients starting chemotherapy more than 6 months after diagnosis). Among patients receiving chlorambucil as first line, 39% were hospitalized for any cause and 93% had at least one drug dispensation before diagnosis. After chlorambucil chemotherapy, all patients had at least one dispensing and 49% were hospital-
ized. One-year survival rate was 96% after diagnosis and 74% after chlorambucil chemotherapy five-year survival rate after diagnosis was 75%. Median PFS after first line chlorambucil was 19 months for patients starting within 6 months and 21 months for patients starting more than 6 months after diagnosis. CONCLUSIONS: Most CLL patients receiving chemotherapy were treated with chlorambucil. Among those who received chemotherapy other than chlorambucil, 50% were treated with Fludarabine mesylate or chlorambucil. Chlorambucil chemotherapy ranged from 19 to 21 months, depending on the timing of chemotherapy.

PCN283

DESCRIPTIVE EVALUATION OF PATIENT CHARACTERISTICS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS DIAGNOSED WITH BREAST CANCER

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OBJECTIVES: The objective of this study is to assess characteristics and health care resource utilization of patients diagnosed with breast cancer. METHODS: A large
US administrative retrospective claims database was used to identify patients diag-
nosed with breast cancer and were taking treatment in the USA from January 2001 to December 2013 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan at least for a year. Descriptive statistics and chi-square tests were performed on the data. RESULTS: There were a total of 23,774 patients that met the study inclusion criteria. Of these, 16,745 (70.6%) were patients < 65 years of age (adult) and 7,029 (29.30%) were ≥ 65 years of age (geriatric). There was a significant difference (p<0.01) in the mean ages of two groups (74.73±7.32 vs 70.04±4.03) in the mean length of stay between the groups (1.09±3.21 vs 1.04±1.18 days). There were more patients in adult group in the East (20.4% vs 19.4%). MidWest (29.5% vs 23.8%) and South (36.2% vs 35.7%) regions with a significant difference (p<0.05) between the geographic average, patients were continuously enrolled in the health plan for 60.1±31.18 ± 63.09±32.71 months and submitted 645.5±484.99 claims with a significant difference (p<0.05) between the two groups. Patients on average were charged by the provider $518.48±1831.55 vs $456.26±1507.02 and the paid amount by the health plan was $248.97±606.85 vs $208.44±1015.06 and the actual paid amount by the health plan was $227.68±580.93 vs $105.53±478.76 with a signif-
icant difference between the groups (p<0.05). CONCLUSIONS: The majority of patients were adults and were charged higher amount by the provider for the treatment of breast cancer.