mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with pancreatic cancer. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 328 studies were identified based on the keywords. Of these, 32 studies met the inclusion criteria. Studies indicate that pancreatic cancer has an extremely poor prognosis: for all 2005-2014, the patient survival at 1 and 5 years for pancreatic cancer was 25% and 6% respectively. Pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States and the eight worldwide. More than 50% of patients come to clinical attention with metastatic disease, and an additional 30%–40% pre- sent with locally advanced tumors. Current treatments include surgery and pallia- tive chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a 1.8 month improvement in the overall survival. CONCLUSIONS: This systematic review shows that patients with pancreatic cancer have a very low survival rate. There is an urgent need for new treatments for these patients.

PCN54 SYSTEMATIC REVIEW OF EPIDEMIOLOGY AND BURDEN OF CUTANEOUS T-CELL LYMPHOMA
Hallmeyer S, Topaloglu H
NOVEL Health Strategies, Chevy Chase, MD, USA
OBJECTIVES: Cutaneous T-Cell Lymphoma (CTCL) is a rare and serious cancer with significant deterioration in patient quality of life. The objective of this research was to conduct a systematic review of epidemiology and the burden of CTCL. METHODS: A systematic literature search for epidemiology and the burden of disease studies was undertaken for the databases PubMed, Embase, Biosis, Google Scholar and Cochrane. Data was collected for the study type, methods, country and key findings. Extracted study data included: CTCL incidence, complications, mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with CTCL. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 50 studies were identified based on the keywords. Of these, 14 studies met the inclusion criteria. Studies indicate that CTCL is a group of disorders characterized by localized proliferating T lymphocytes that infiltrate the skin. Annual overall incidence of CTCL was 6.4 per million persons between 1973 and 2002. CTCLs accounted for 71%, with Mycosis fungoides (MF) and Sézary syndrome (SS) representing the most common sub-types (54% of all CTCLs). CTCL is associated with a significant symptom burden. Pruritus appears to be one of the most prominent and disturbing symptoms. All aspects of QoL are affected in CTCL. Two new treatments were approved for CTCL during 2009-2012 (US), however, the urgent need remains high. CONCLUSIONS: This systematic review shows that patients with CTCL have a very poor prognosis and serious deterioration in quality of life. There is an urgent need for new treatments for these patients.

PCN55 RATES, TIMING, AND COSTS OF SHORT-TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD) IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED MELANOMA
Halmeyer S, Lomoni B, Johnson W, Malangone-Monaco F
1Oncology Specialists SC, Park Ridge, IL, USA, 2Bristol-Myers Squibb, Lawrenceville, NJ, USA
3Truven Health Analytics, New York, NY, USA
OBJECTIVES: Data on short-term (STD) and long-term (LTD) disability associated with advanced melanoma are limited. This exploratory retrospective cohort study determined rates, timing, and costs of STD and LTD in adult patients with newly diagnosed advanced mela- noma (2005-2014). The sample was derived from US administrative claims data- bases (Truven Health MarketScan®). Disability costs were adjusted to 70% of an average worker’s salary (2014). RESULTS: A total of 14,480 patients with advanced melanoma were identified (male=53.2%; female=46.8%; mean age=57.3 years). Average duration of first-line treatment was 89 days. Costs of work productivity loss ($7,884 vs. $5,374) and medical costs associated with the treatment of disability ($11,563 vs. $6,763) were statistically higher for LTD patients as compared to STD patients. CONCLUSIONS: This study provides preliminary esti- mations of the economic cost burden of disability in patients with newly diagnosed advanced melanoma. Disability rates and costs have not been previously studied in this population. Further research is needed to refine the estimated burden associated with lost work productivity and medical costs associated with pancreatic cancer. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 328 studies were identified based on the keywords. Of these, 32 studies met the inclusion criteria. Studies indicate that pancreatic cancer has an extremely poor prognosis: for all 2005-2014, the patient survival at 1 and 5 years for pancreatic cancer was 25% and 6% respectively. Pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States and the eight worldwide. More than 50% of patients come to clinical attention with metastatic disease, and an additional 30%–40% pre- present with locally advanced tumors. Current treatments include surgery and pallia- tive chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a 1.8 month improvement in the overall survival. CONCLUSIONS: This systematic review shows that patients with pancreatic cancer have a very low survival rate. There is an urgent need for new treatments for these patients.

PCN57 ACCESS OF ORAL CHEMOTHERAPY FOR NON-SMALL CELL LUNG CANCER (NSCLC) IN FIRST LINE TREATMENT IN BRAZIL: IMPACT TO THE PATTERNS OF CARE AND COST OF ILLNESS
Piedade A, Goes L, Minowa E, Castro AP, Alves A1
1Evidências - Kantar Health, Campinas, Brazil, 2Evidências Credibilidade Científica, São Paulo, Brazil, 3Evidências, Campinas, Brazil
OBJECTIVES: Previous real world data from 2013 showed the patterns of care of first-line NSCLC treatment in the Brazilian supplementary health system: carboplatin with pemetrexed (29.7%), bevacizumab containing regimens (20.8%) and oral chemo- therapy (6%). The same study reported the average cost of management of these patients as 19,001,790$US. However, treatment patterns and cost of illness may have changed after enacting of a federal law (number 12880/2013) that has established the mandatory coverage of oral chemotherapy by the supplementary system. Therefore, the aim of this study was to evaluate the impact of the mentioned law on the patterns of care incorporation in the patterns of cost and care of illness of first-line NSCLC treatment in Brazil. METHODS: All metastatic NSCLC patients receiving first-line treatment dur- ing the period and the private market claims database (Evidências- Kantar Health database). Patterns of care were evaluated and compared before and after introduction of law 12880/2013. The cost of illness was calculated by software, fees, and appropriate drug costs using the 2014 IPC were also considered for costing and values were derived from Tables Simpro and CBHPM. Exchange rate used was 1.00USD = 2.20BRL.
RESULTS: We studied 110 patients with first-line NSCLC and found 19 different chemotherapy regimens. We observed no changes in the patterns of care: carboplatin with pemetrexed is still the most used (32.7%), followed now by carboplatin with paclitaxel (19.1%) and bevacizumab containing regimen (16.4%). Oral chemotherapy represented 9.1% of the regimen costs. Costs of scheme ranged from 4,963.750$US to 52,374.550$US and the calculated average cost of management of one patient is 23,756.760$USD. Additionally, there was a significant increase in the number PET CT required, from 28% in 2013 to 48% in 2014. CONCLUSIONS: We observed a low impact of oral chemotherapy incor- poration in the patterns of care and cost of illness of first-line NSCLC treatment.

PCN58 HEALTHCARE UTILIZATION AND COSTS ASSOCIATED WITH MULTIPLE SWITCHING OF TYROSINE KINASE INHIBITOR THERAPY IN PATIENTS WITH CHRONIC MYELOID LEUKEMIA
Kropf P1, Barnes L2, Sosa IA1
1Fox Chase Cancer Center, Philadelphia, PA, USA, 2Teva Pharmaceutical, Frazer, PA, USA, 3Temple University School of Medicine, Philadelphia, PA, USA
OBJECTIVES: Tyrosine kinase inhibitors (TKIs) represent the standard therapy to manage CML. The current TKIs include imatinib (1st-line) and various second- and third-line TKIs. Healthcare utilization and costs were calculated on a per-month basis (1) at initiation of first-line TKI until the switch to third-line TKI and (2) between second-line and third-line TKIs. RESULTS: A total of 199 CML patients were identified (male=53.2%; female=46.8%; mean age=57.3 years). Average duration of first-line TKI was 301.62 days and 263.9 days for second-line. Although there were large differences among patients, overall, the number of monthly outpatient visits was higher (p<0.05) during second-line therapy (mean=10.51; SD=12.32) relative to first-line therapy (mean=8.48; SD=11.37) There were no significant dif- ferences in monthly emergency room visits or hospitalizations. Healthcare costs were higher (p<0.05) during second-line therapy than first-line therapy averaging $19,764 vs. $13,383 respectively. CONCLUSIONS: Experience therapy failure and switching to a second- and third-line TKI represents disruption in therapy and was associated with substantial healthcare utilization and economic burden for patients with CML. This was especially more costly and burdensome for patients who failed the third-line TKI therapy and the number of TKI switches were associated with a greater number of outpatient visits and higher healthcare costs.

PCN59 DIRECT MEDICAL COSTS OF HER2 POSITIVE BREAST CANCER MANAGEMENT IN IRAN: A CLAIMS DATABASE AND DATA MINING ANALYSIS
Asangparvar A1, Zendehdel K, Uyi - de Groot CA2, Naemi Sanatodost A3, Redepky WK1
1Azarbaijan University of Medical Education, Tehran, Iran, 2Independent researcher, Virginia Beach, VA, USA
3Evidences - Kantar Health, Campinas, Brazil
OBJECTIVES: HER2 positive breast cancer management can be costly when a mono- clonal antibody treatment like trastuzumab is used. This is particularly problematic in middle-income countries with a national health insurance system, which have