trials (Reck et al. 2009; Sandler et al. 2006) at two time points from baseline: 12 and 18 months. PFS percentages were applied to the incidence estimations for metastatic NSCLC in Italy. Incidence of nonsquamous metastatic NSCLC was estimated as 37% of lung cancer incidence retrieved from GLOBOCAN. Sensitivity analysis was conducted varying the percentage of employment pattern (part time/full time) and the labor cost. **RESULTS:** Bevacizumab-based therapy resulted in mean savings due to reduced productivity losses per progression-free patient of €20,089 at 12 months and €36,160 at 18 months. Changes in employment patterns, from 60% full time/40% part time to 80% full time/20% part time, increased cost savings per patient to €22,600 and €40,680 12 and 18 months, respectively. **CONCLUSIONS:** Bevacizumab-based therapy results in societal cost savings due to improved PFS in metastatic NSCLC patients.

PCN109

COMPARISON OF HOSPITALIZATION BURDEN BETWEEN METASTATIC AND NON-METASTATIC MELANOMA PATIENTS IN A US POPULATION

Ray S[1], Tunceli O[2], Kamat SA[2], Ganguli A[1]
[1]Abbott Laboratories, Abbott Park, IL, USA; [2]HealthCore, Wilmington, DE, USA

OBJECTIVES: The clinical burden of melanoma patients worsens significantly upon metastasis. However, little is known regarding how hospitalization burden changes upon metastasis. This study compares the hospitalization burden between metastatic and nonmetastatic melanoma patients in a geographically diverse commercially insured US population. **METHODS:** Insurance claims (January 1, 2004–June 30, 2009) from the HealthCore Integrated Research Database was used to identify patients aged ≥18 years with ≥2 melanoma claims (ICD-9-CM 172.xx, V10.82). Two mutually exclusive cohorts were formed: 1) metastatic melanoma (MM) cohort with ≥1 claim for metastasis (ICD-9-CM 196.x-198.x), and 2) non-MM cohort comprising the remaining patients. The first claims for MM and melanoma were the index claims for the respective cohorts. Hospitalization burden was compared between the two cohorts based on four outcomes. The rate of inpatient visits (per-patient-per-month [PPPM]), and the risk of first hospitalization from index claim, were compared using Poisson and Cox-proportional hazards regression, respectively. The mean days to first hospitalization and the mean length of stay (per-patient-per-month [PPPV]) were compared using generalized linear models. **RESULTS:** The study included 17,756 (mean age 54.4 years, 49.69% female) non-MM patients and 636 (mean age 56.3 years, 41.04% female) MM patients. The proportion of patients with ≥1 hospitalization was 2.4 times higher in the MM compared to the non-MM cohort (45% vs. 19%, $P < 0.01$). Compared to the non-MM cohort, the MM cohort had: four times higher PPPM inpatient visit rate (0.04 vs. 0.01, $P < 0.001$), threefold greater risk of first hospitalization (HR: 3.01; 95% CI: 2.61–3.46), and shorter mean days to first hospitalization (35 days vs. 309 days, $P < 0.001$). The mean days of inpatient visit (PPPV) were comparable (3.93 vs. 3.54, $P = 0.32$). **CONCLUSIONS:** The hospitalization burden in metastatic melanoma patients is significantly higher than patients whose melanoma has not progressed to metastasis. Treatments that improve progression-free survival may reduce this burden.

PCN110

RESOURCE UTILIZATION AND DIAGNOSTIC APPROACHES IN NON-SMALL-CELL LUNG CANCER (NSCLC) ACROSS EUROPE: EPICLIN-LUNG STUDY

Vergnenegre A[1], Cruciani G[2], Thomas M[3], Guallar E[4], Medina E[5], Carrato A[6]
[1]SIME, Limoges, France; [2]Ravenna Hospital, Ravenna, Italy; [3]Clinic for Thoracic Diseases, University of Heidelberg, Heidelberg, Germany; [4]Welch Center for Prevention, Epidemiology, and Clinical Research, Baltimore, MD, USA; [5]AstraZeneca Pharmaceuticals, Madrid, Spain; [6]Hospital Universitario Ramon y Cajal, Madrid, Spain

OBJECTIVES: The EPICLIN-Lung study aims to provide information on NSCLC clinical management across European countries. As part of this study, information on resources associated with the diagnosis of NSCLC from first visit to final diagnosis across Europe was collected and described. **METHODS:** The EPICLIN-Lung study (NCT00831909) is a noninterventional prospective cohort study conducted in Belgium, France, Germany, Greece, Italy, Portugal, Spain, and Turkey. Patients with confirmed NSCLC attending a participating clinical department for the first time between January and March 2009 were included. Information on the approach to disease diagnosis was recorded at the first visit. Descriptive analyses were performed. **RESULTS:** A total of 3500 patients were included in the analysis and 2691 (76.9%) presented with symptoms at first visit. The mean age (SD) of patients was 64.5 (± 10.5) years. From first visit to final diagnosis, 3124 (89.3%) patients utilized healthcare resources including radiology (51.5%), general practitioner office (37.7%), other resources (19.3%), oncology (19.0%), surgery (17.9%), emergency room (12.8%), drug administration facilities (1.6%), and blood-specific resources (0.3%). The application of tests for diagnosis occurred in 96.0% of patients and included laboratory tests (77.5%), bronchoscopy (73.9%), fine needle aspiration biopsy (26.5%), other tests (20.5%), and biomarker determination (11.3%). Imaging technology was also used in disease assessment with scanning the most frequently used technology (88.7% of patients), followed by x-ray (65.9%), MRI/CT brain scan (39.5%), PET imaging (34.1%), and other imaging tests (21.5%). **CONCLUSIONS:** The resource used from first visit to final diagnosis of NSCLC is not uniform within the patient demographic across Europe. In particular, biomarker determination was low but bronchoscopy and laboratory tests were relatively high as was the use of imaging technology. a more uniform approach in the use of these resources may improve the impact of current treatments. More specific results will be presented at the meeting.

PCN111

HEALTH-CARE RESOURCE UTILIZATION IN ADVANCED MELANOMA: AN ANALYSIS FROM THE MELODY OBSERVATIONAL STUDY

Lorigan P[1], Maio M[2], Middleton M[3], Testori A[4], Bédane C[5], van Baardewijk M[6], Konto C[7], Dueymes A[8], Lebbe C[9]
[1]The Christie NHS Foundation Trust, Manchester, Cheshire, UK; [2]University Hospital of Siena, Siena, Italy; [3]Churchill Hospital, Oxford, UK; [4]Istituto Europeo di Oncologia, Milan, Italy; [5]Hopital Dupuytren, Limoges, France; [6]Bristol-Myers Squibb, Brussels, Belgium; [7]Bristol-Myers Squibb, Paris, France; [8]PAREXEL International, Semoy, France; [9]Hopital Saint Louis, Paris, France

OBJECTIVES: We conducted this study to document the health-care resource utilization associated with treatment of patients with advanced melanoma. **METHODS:** MELODY (Melanoma treatment patterns and outcomes among patients with unresectable stage III or stage IV disease: a retrospective longitudinal survey) is an observational study managed at 31 centers in France, Italy, and the UK. Eligible patients had attended at one of the sites with a diagnosis of unresectable stage III or IV melanoma between July 1, 2005 and June 30, 2006; data were retrieved from diagnosis (no limit date) until 2008. The primary objective was to document the first-line treatments received by patients. Secondary objectives included ascertaining health-care resource utilization related to up to three lines of treatment (anticancer and supportive care). Data were collected from patients (n = 776) using a case-report form that included information on hospitalizations, outpatient visits, hospice care, and adverse-event management (transfusions and concomitant medications including antiemetics and growth factors). Resource use data were collected from patients (n = 606) that received systemic treatment outside a clinical trial and/or supportive care. **RESULTS:** Twenty-nine percent (176/606) of patients required medical management for treatment-related adverse events and 32% (195/606) were hospitalized while receiving systemic treatment and/or supportive care with 25% of these having at least four hospitalizations. The median duration of hospitalization was 17 days, with 25% spending at least 29 days in hospital (may comprise multiple stays). The hospitalization rate was higher in patients receiving supportive care than those receiving anticancer treatment (86/170; 51% vs. 140/553; 25%), but median duration of hospitalization was similar (15.0 vs. 14.5 days). Results by line of anticancer therapy and supportive care will be presented. **CONCLUSIONS:** These results from MELODY suggest that the systemic and palliative treatments used to manage advanced melanoma are associated with considerable resource utilization, highlighting the need for more effective treatment options.

PCN112

PATIENT CHARACTERISTICS, MEDICATION USE, RESOURCE USE AND MEDICAL COSTS AMONG PATIENTS WITH METASTATIC PANCREATIC CANCER (MPC)

Oglesby A[1], Lage M[2]
[1]Amgen, Thousand Oaks, CA, USA; [2]HealthMetrics Outcomes Research, Groton, CT, USA

OBJECTIVES: To examine the patient characteristics, cancer therapy use, and costs among patients with mPC. **METHODS:** Subjects in the Marketscan Commerical Claims and Encounters and Supplemental Medicare databases (July 1, 2004–June 30, 2008) were included if they received a diagnosis of metastastasis (ICD-9 codes: 197.x—199.x) on or after the first occurrence of PC (ICD-9 code: 157.x), had no claims for other secondary metastases within 6 months of the initial mPC claim (e.g. index date), and had continuous insurance coverage from 6 months prior through at least 1 month post index. Outpatient cancer therapies and costs are described from mPC index until loss to follow-up or end of the data collection period. **RESULTS:** There were 4938 subjects with incident mPC included in the analysis. The mean age at index date was 64.8 years (SD = 11.8) and 53.8% were male. Subjects were followed an average of 8.3 months post index. Among patients with incident mPC, 53.3% received outpatient chemotherapy with gemcitabine (76.4%) being the most commonly received therapy. 20.1% of mPC subjects received the targeted agent, erlotinib, post-index, with 63.6% of its use occurring in combination with gemcitabine. Subjects who received gemcitabine, received an average of 9.5 doses (SD: 8.8) over 108.9 days (SD: 129.5). Subjects who received erlotinib, filled an average of 3.9 prescriptions (SD: 4.1) following mPC index. Post-metastases, 84.1% and 73.3% of subjects were hospitalized or visited the ER respectively. The mean cost per month of treating mPC subjects was $16,192 (SD = $21,639), with the majority of these costs attributed to inpatient stays (57.8%) and outpatient visits (35.0%). Outpatient cancer therapies contributed 5.3% of the mean monthly cost post index. **CONCLUSIONS:** Gemcitabine was the predominant cancer therapy among subjects with incident mPC. Outpatient cancer drugs constituted a small portion of the total mean monthly cost of mPC.