QALY, which indicated thatNilotinib is an advantageous treatment for CML patients in terms of regard to treatment efficacy and cost effectiveness. One-way sensitivity analyses indicated the results to be robust. CONCLUSIONS: Based on a willingness-to-pay threshold of $120–$150,000/QALY, Nilotinib treatment in CML patients who were resistant or intolerant to Imatinib is a cost-effective treatment. The results, however, may be less applicable to high-risk patients, the elderly, and those eligible for bone marrow transplantation.

PCN14  SYSTEMATIC REVIEW OF CLINICAL EFFICACY AND SAFETY OUTCOMES OF ANTI-VEGF THERAPIES FOR METASTATIC COLON CANCER
Aggarwal S
Neristem, Bethesda, MD, USA
OBJECTIVES: Anti-angiogenic therapy has become an integral component of treat- ment for metastatic colorectal cancer patients. During last 10 years several studies were conducted to test the safety and efficacy of anti-angiogenic therapies in mCRC patients. The purpose of this research was to reevaluate the results of randomized controlled trials published in peer-reviewed journals. METHODS: We searched the MEDLINE, and abstracts from Ecco, ESMO and ASCO until May 2011. Studies were selected for randomized controlled trials on targeted anti-angiogenic drugs in mCRC. Primary endpoints reviewed were progression-free (PFS) and overall survival (OS). Response rates, toxicity and secondary resectability were secondary endpoints. Aggregated data were further analyzed to understand comparative safety and efficacy. RESULTS: Until May 2011, eligible mCRC randomized clinical trials for this review were available for bevacizumab (5 trials including 3101 patients) and vatalanib (2 trials including 504 patients). Compared with placebo, bevacizumab showed significant efficacy and PFS benefit versus comparators. The median OS and PFS benefit for regimens containing bevacizumab were 3 and 3.15 months, versus background chemotherapy. The median OS and PFS benefit for vatalanib containing regimens were statistically significant versus background chemotherapy. CONCLUSIONS: Anti-angiogenic therapy with Bevacizumab or vatalanib shows significant OS and PFS benefit versus comparators.

PCN15  A LONGITUDINAL REVIEW OF TREATMENT PATTERNS IN PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) FROM COMMUNITY PRACTICE IN THE UNITED STATES
Chaugule S1, Sullivan SD2, Ramsey S3, Krellick C4, Foltz-Boklage S5, Haslip S3, Sarna S3, Asche C6, Seal B6
1University of Southern California, Los Angeles, CA, USA, 2University of Washington, Seattle, WA, USA, 3Fred Hutchinson Cancer Research Center, University of Washington, Seattle, WA, USA, 4Bayer HealthCare, Wayne, NJ, USA, 5Georgia Cancer Specialists, Atlanta, GA, USA, 6Independent Consultant, Wilmington, NC, USA, 7University of Illinois, Peoria, IL, USA, 8Bayer HealthCare Pharmaceuticals, Inc., Pine Brook, NJ, USA
OBJECTIVES: The main objective of this study was to analyze the treatment patterns in patients with advanced NSCLC treatment in a regional community setting: The Georgia Cancer Specialists Network. METHODS: Patients were included in the study if they were newly diagnosed with NSCLC as of the first practice visit and diagnosed with stage III or stage IV disease between January 1, 2005 and June 2010. Patients treated with chemotherapy were followed from initial NSCLC diagnosis until death, end of study period or lost to follow up. The network’s Electronic Medical Record (EMR) was used to identify chemotherapy agents and sequencing of therapy. RESULTS: A total of 291 patients were identified with advanced NSCLC (Stage IIIb or IV). Patients ranged in the age of 40 to 85 years with 125 females and 166 males. 97% of patients received one or more chemotherapy regimens. Of these, 11 patients (3.8%), Docetaxel with 10 patients (3.4%), Gemcitabine with 4 patients (1.4%) and Vinorelbine with 3 patients (1%). CONCLUSIONS: Of these patients with advanced NSCLC, 13.7% received third line therapy after previous treatment with first and second line therapies. The majority of the agents prescribed followed NCCN guidelines. In the third line the wide variation suggests a lack of standard of care. Additional rigorous clinical effectiveness trials of drugs in third line treatment are warranted to understand the benefit in NSCLC patients.

PCN16  DESIGN AND RATIONALE OF THE MULTIPLE MYELOMA PREEMBLE STUDY: A PROSPECTIVE, NON-INTERVENTIONAL, MULTI-CENTER COHORT STUDY
Zhang B1, Cella D2, Durie B3, Kuter D4, Moreau P5, Bartlett B6, Kroog G6, Wagner S7
1Brustt-Myers Squibb Company, Plainview, NY, USA, 2Northeastern University, Chicago, IL, USA, 3Department of Medicine (IM) and Center for Comprehensive Cancer Care, Los Angeles, CA, USA, 4Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA, 5University Hospital Holtz-Dieu, Nantes, France, 6Bristol-Myers Squibb Company, Princeton, NJ, USA
BACKGROUND: Multiple myeloma (MM) is a B cell malignancy, of fully differenti- ated plasma cells, and is the second most prevalent hematological malignancy (10%) after non-Hodgkin’s lymphoma. Despite recent advances in the treatment options, the myeloma remains incurable and the vast majority of patients will relapse or become refractory to treatment. To date there is little information on real world treatment outcomes for many of existing regimens. OBJECTIVES: The objective of this multi-center observational study is to assess treatment outcomes of patients with relapsed or refractory MM receiving either single or combination novel therapies in real-world clinical practice. METHODS: This is a prospective, non-interventional, cohort study that includes patients with relapsed or refractory MM who will receive treatment for MM between 2012 and 2018 in North America and Europe. In order to reflect real-world clinical practice patterns, patients current- ly enrolled in clinical trials will not be followed for up to three years, until death, enrollment in an investigational trial, or withdrawal of consent, whichever comes first. The primary endpoints of this real world study include disease progression/response, progression-free survival (PFS), overall survival (OS), secondary malignancy, and adverse events. Data on patient demographics, clinical characteristics, treatment patterns, health care resources utilization, and patient-reported outcomes (e.g., EQ-5D) will also be collected by using electronic case report throughout the study. The potential asso- ciation between PFS and OS in this patient population will be also assessed. The anticipated study population across multiple geographic regions is approximately 1000 patients. RESULTS: Findings from this prospective, non-interventional, mul- tiregional study will contribute to the knowledge of treatment patterns for relapsed or refractory MM in real-world clinical practice.

PCN17  CHEMOTHERAPY TREATMENT AND IMPACT OF SECOND LINE CHEMOTHERAPY ON PROSTATE CANCER (CRPC) IN SOUTHEASTERN ONCOLOGY COMMUNITY PRACTICE
Seal B1, Sullivan SD2, Ramsey S3, Krellick C4, Foltz-Boklage S5, Haslip S6, Sarna S3, Asche C6, Seal B6
1University Hospital Hôtel-Dieu, Nantes, France, 2University of Illinois, Peoria, IL, USA, 3Independent Consultant, Wilmington, NC, USA, 4Sun Stat Consulting, Lutherville Timonium, MD, USA
OBJECTIVES: To assess the real-world treatment outcomes for many of existing regimens. METHODS: This is a prospective, non-interventional, mul- tiregional study that includes patients with relapsed or refractory MM receiving either single or combination novel therapies in real-world clinical practice. CONCLUSIONS: This study described 1st-line and 2nd-line CT and investigated OS benefits of 2nd-line CT using a real-world data. METHODS: The Georgia Cancer Specialist Database containing CT medical uses pharmacoinformation, and tab results for patients (PTs) with prostate cancer (2005–2011) was used. RESULTS: A total of 901 patients with 11 patients (3.8%), Docetaxel with 10 patients (3.4%), Gemcitabine with 4 patients (1.4%) and Vinorelbine with 3 patients (1%). CONCLUSIONS: The study suggested that second-line CT was associated with prolonged OS in metastatic CRPC.

PCN18  ASSESSING THE CLINICAL AND ECONOMIC BURDEN OF VETERAN BREAST CANCER PATIENTS IN THE UNITED STATES
Wang L1, Li L1, Huang A1, Bass D2
1STATinMED Research, Dallas, TX, USA, 2STATinMED Research/The University of Michigan, Ann Arbor, MI, USA
OBJECTIVES: To assess the clinical and economic burden of breast cancer patients in the US veteran population. METHODS: A retrospective study of patients diagnosed with breast cancer between October 1, 2005 and September 30, 2010 was conducted using the Veterans Health Affairs Medical SAS Datasets. Health care resource utilization and costs were assessed in the 12-month follow-up period. Patient demographics, clinical and discharge statuses were compared using Chi- square testing and standardized differences. Mortality and survival rates were calculated using the Kaplan and Meier method and the FROC LIFETEST procedure. RESULTS: In patients identified with breast cancer (n = 11,719), the total mortality rates in the 12-month follow-up period were 17.0% (n = 1,993), with 26.07% (n = 3,034) for patients aged 65 and over, 10.64% for age 40 to 64, and 7.09% (n = 990) for patients under age 39. The medications most commonly prescribed 1 year after breast cancer diagnosis were sodium chloride (2.43%), anastrozole (1.61%), tamoxifen (1.23%), dextrone (1.15%) and hydrocortisone (1.07%). The most commonly prescribed laboratory tests were for glucose quant (3.99%), sodium (3.88%), potassium (3.81%), creatinine (3.75%), and chloride (3.73%). The percentage of pa- tients who had follow-up inpatient visits was 19.00%, which translated into $22,220 in inpatient costs per patient, while the percentage of patients who had follow-up emergency room (ER) visits was 18.79%, which translated into $140.53 ER costs per patient. CONCLUSIONS: The risk of developing breast cancer increases with age. The mortality rate is relatively low for US veteran breast cancer patients between the ages of 40 and 64, but more than doubles for patients over age 65.