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Oxaliplatin [OX]+/-biologics; IR+OX [IROX]+/-biologics; or biologics only) were selected with at least one primary CRC diagnosis and CRC treatment (5-fluorouracil (ranges (# days): 32-102 year 1, 49-165 year 2, 51-176 year 3). Use was high (25%-41% year 1, 15%-51% years 2-3). Trends in average number of groups having greater intensity of and variability in use among nearly all resource and medication use in commercially-insured patients, with the highest use in the third and fourth TL. Length of therapy for each TL ranged from 86 to 104 days. The incidence rate of death was similar between patients with one and two TL (19.66% per 100 patient years), and higher for patients with three (26.28) and four (22.41). CONCLUSIONS: SFU/UV was the most frequently prescribed first TL. Incidence of death was higher in patients with greater number of TLs. However, fourth TL is likely due to either the absence of proven therapies or the incidence of KRAS with tumors. However, multivariate analysis is needed to further confirm these findings.

RESEARCH PDocUMeNT PReSENTAtIONS - SEmIOn II

Research on Database Methods Studies

DB1

A COMPARISON OF REgRESSION AND STATISTICAL LINKAGE ESTIMATORS OF BIAS IN RETROSPECTIVE DATABASE STUDIES

Crowe PN, Zhang T, Olson M, Kahler K, Buzine P, Kjaer T, Bjerregaard K

Objective: To identify the risk of bias due to treatment selection, confounding, and misclassification bias in retrospective studies.

Methods: We conducted a systematic review of the literature and analyzed a large database of patients with cancer to identify potential sources of bias.

Results: We found that biases such as treatment selection, confounding, and misclassification bias can lead to biased estimates of treatment effects.

Conclusions: Our findings suggest that careful consideration of potential sources of bias is necessary when conducting retrospective studies.

DB2

CONDITIONS OF VALIDITY OF MEDICAL RECORDS FOR DRUG EXPOSURE ASSESSMENT IN PHARMACOEPIDEMOLOGICAL RESEARCH

Dondelinger R, Bouvier M, Aubrun E, Bensidhoum J, Aubrun E, LA-SER, Paris, France

Objective: To assess the validity of medical records for drug exposure assessment in pharmacoepidemiological research.

Methods: We conducted a systematic review of the literature and analyzed a large database of patients with cancer to identify potential sources of bias.

Results: We found that biases such as treatment selection, confounding, and misclassification bias can lead to biased estimates of treatment effects.

Conclusions: Our findings suggest that careful consideration of potential sources of bias is necessary when conducting retrospective studies.