age with mechanical stapling – which has potential to improve patient outcomes, lower re-operation rates and lower costs.

PCN2
A META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS (RCTS) ON EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) INHIBITORS (EGFR-TKIs) FOR ADVANCED NON-SMALL-CELL LUNG CANCER (NSCLC)
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OBJECTIVES: Lung cancer is the first cause of cancer death in both men and women worldwide and 85% are NSCLC. As a targeted therapy for NSCLC, EGFR-TKIs has been compared with traditional chemotherapy in various trials in different countries, but there is a lack of comprehensive literature review of these RCTs especially from Health-Related Quality of Life (HRQoL) perspective. We compared the efﬁcacy, safety and HRQoL outcomes between EGFR-TKIs ( Gefitinib) and chemotherapy for advanced NSCLC patients with largest magnitude. METHODS: Two authors independently searched published RCTs comparing EGFR-TKIs vs chemotherapy for advanced NSCLC between Jan 1, 1966 and July 31, 2013 in Pubmed, Cochrane Library, EMBASE, the conference proceedings of ASCO and ESMO. We conducted a meta-analysis by Revman 5.0 using either random or fixed effects inverse variance weighted method, determined by heterogeneity levels. RESULTS: Twenty-two eligible studies and 6728 patients were included. Comparing to chemotherapy, EGFR-TKIs were superior in objective response rate (OR=1.90, 95% CI=1.32-2.57, P<0.00001) and progression free survival (HR=0.78, 95%CI= 0.66-0.91, P=0.00001). However, no signiﬁcant differences were observed on disease control rate (OR=1.24, 95%CI=0.96-1.59, P=0.08), overall survival (OS) (HR=1.09, 95% CI=0.86-1.37, P=0.47) and 1-yr survival rate (OR=0.96, 95% CI = 0.82-1.13). EGFR-TKIs demonstrated less adverse events in neutropenia (OR=0.01, 95% CI=0.01-0.29), anemia (OR=0.3, 95% CI=0.14-0.63), fatigue (OR=1.18, 95% CI=0.20-3.29) and nausea (OR=0.35, 95% CI=0.21-0.60) and less grade 3 or 4 adverse events (OR=0.29, 95%CI=0.26-0.33). However, chemotherapy had less rash (OR=7.18, 95% CI=4.67-11.05) and diarrhea (OR=2.10, 95% CI=1.32-3.30). We found that EGFR-TKIs demonstrated signiﬁcantly better safety and HRQoL outcomes than chemotherapy.

PCN3
THE IMPACT OF PRE-EXISTING CHRONIC CONDITIONS ON CANCER DIAGNOSIS, RECEIPT OF TREATMENT AND SURVIVAL AMONG MEDICARE BENEFICIARIES WITH COLORECTAL CANCER IN A RURAL POPULATION
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OBJECTIVES: To determine the comorbidity burden and the association of speciﬁc pre-existing chronic conditions with colorectal cancer (CRC) stage-at-diagnosis, treatment, and survival among elderly Medicare beneﬁciaries from a rural population. METHODS: This population-based retrospective cohort study used data on 6,551 Medicare beneﬁciaries diagnosed with CRC and conﬁrmed to have incident CRC between 2003-2006, identiﬁed from the West Virginia Cancer Registry (WVCR). Medicare linked database (n=2,119). Beneﬁciaries were classiﬁed in speciﬁc chronic conditions, CRC stage-at-diagnosis, treatment received from beneﬁciaries from Medicare claims by following them for 12-months from their CRC-diagnosis date or until death. Receipt of minimally-appropriate CRC treatment (MAC) as deﬁned by National Comprehensive Cancer Network (NCCN) guidelines for surgery, chemotherapy, and radiation was examined. All-cause and CRC-speciﬁc mortality in the 36-month period following the CRC-diagnosis were examined, after accounting for selection bias using inverse probability treatment weights and adjusting for various sociodemographic, cancer site and stage-at-diagnosis, receipt of MAC, and pre-existing conditions. RESULTS: The WVCR-Medicare linked database had a higher proportion of beneﬁciaries as compared to those from national data across almost all the condition clusters including previous-malignancy, COPD, depression, gastrointestinal conditions, heart-conditions, hypertension, liver-conditions, and renal-conditions. Beneﬁciaries from the WVCR-Medicare linked database with most chronic-conditions were generally not likely to be diagnosed at distant-stage CRC, and possibly not as aggressively treated for CRC as reported by some other studies. Only a few conditions were negatively associated with CRC-speciﬁc mortality including depression (adjusted hazards ratio [AHR]=1.25, 95%CI –1.08, 1.46), and liver-conditions (AHR=1.38, 95%CI=1.19, 1.60). However, almost all chronic-conditions were negatively associated with all-cause mortality in this study. CONCLUSIONS: This study highlights the need to focus on cancer-care that is better integrated with co-management of chronic-conditions, especially among those from rural-areas who are likely to have a high comorbidity burden.

PCN4
OBESEITY & CANCER ARE INDEPENDENTLY ASSOCIATED WITH INCREASED COMORBID RISK IN DISTINCT 2013 DATA SOURCES: CLALIT ISRAEL EMR & UNITED STATES NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2011-2012
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OBJECTIVES: The WVCR-Medicare linked data-base with most chronic-conditions were generally not likely to be diagnosed at distant-stage CRC, and possibly not as aggressively treated for CRC as reported by some other studies. Only a few conditions were negatively associated with CRC-specific mortality including depression (adjusted hazards ratio [AHR]=1.25, 95%CI –1.08, 1.46), and liver-conditions (AHR=1.38, 95%CI=1.19, 1.60). However, almost all chronic-conditions were negatively associated with all-cause mortality in this study. CONCLUSIONS: This study highlights the need to focus on cancer-care that is better integrated with co-management of chronic-conditions, especially among those from rural-areas who are likely to have a high comorbidity burden.