Abstracts

**PCN101**

**INPATIENT RESOURCE UTILIZATION IN BRONCHIAL AND LUNG CANCER: ANALYSIS OF 2007 HEALTH CARE UTILIZATION AND PROJECT (HCUP) DATA**

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**OBJECTIVES:** To assess overall inpatient resource utilization; and to identify patient- and hospital-related predictors of inpatient length of stay (LOS), total charges, and inpatient mortality in bronchial and lung cancer. **METHODS:** A retrospective database analysis was conducted using the 2007 Nationwide Inpatient Sample (NIS) database of the Health Care Cost and Utilization Project (HCUP). Patient- (sex, age, payer) and hospital-related (private, teaching, region) characteristics were included in the analysis. **RESULTS:** The discharge hospitals for bronchial and lung cancer in 2007 NIS were 153,017 (52.38% male, 57.59% in age group 65–84). Mean LOS was 7.3 ± 1.0 days, mean charges were $45,473 ± 1.079, and inpatient mortality was 11.42%. **CONCLUSIONS:** The highest LOS and charges were observed in hospitals located in metropolitan areas. Most hospitalizations (76.45%) were in private, not-for-profit hospitals. Medicare was the most common payer for the hospitalizations. Total charges were highest for hospitals identified in the Western region ($65,655) and in private, for profit hospitals ($59,233). Inpatient mortality was highest among hospitalizations in non-metropolitan areas (16.06%). **CONCLUSIONS:** Bronchial and lung cancer is the leading cause of death in United States and thus, it is important to characterize resource utilization and important predictors for the disease. Patient- and hospital-related characteristics identified from this study will be useful in stratifying high-risk individuals and those with high inpatient resource utilization. Disease management programs such as smoking cessation programs can be implemented in high-risk population which can improve patient well-being, reduce hospitalizations, and promote cost savings.

**CANCER – Patient-Reported Outcomes Studies**

**PCN102**

**EFFECTS OF VA ONCWATCH INTERVENTION ON COLORECTAL CANCER SCREENING ADHERENCE**

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**OBJECTIVES:** To assess overall inpatient resource utilization; and to identify patient- and hospital-related predictors of inpatient length of stay (LOS), total charges, and inpatient mortality in bronchial and lung cancer. **METHODS:** A prospective database analysis was conducted using the 2007 Nationwide Inpatient Sample (NIS) database of the Health Care Cost and Utilization Project (HCUP). Patient- (sex, age, payer) and hospital-related (private, teaching, region) characteristics were included in the analysis. **RESULTS:** The discharge hospitals for bronchial and lung cancer in 2007 NIS were 153,017 (52.38% male, 57.59% in age group 65–84). Mean LOS was 7.3 ± 1.0 days, mean charges were $45,473 ± 1.079, and inpatient mortality was 11.42%. **CONCLUSIONS:** The highest LOS and charges were observed in hospitals located in metropolitan areas. Most hospitalizations (76.45%) were in private, not-for-profit hospitals. Medicare was the most common payer for the hospitalizations. Total charges were highest for hospitals identified in the Western region ($65,655) and in private, for profit hospitals ($59,233). Inpatient mortality was highest among hospitalizations in non-metropolitan areas (16.06%). **CONCLUSIONS:** Bronchial and lung cancer is the leading cause of death in United States and thus, it is important to characterize resource utilization and important predictors for the disease. Patient- and hospital-related characteristics identified from this study will be useful in stratifying high-risk individuals and those with high inpatient resource utilization. Disease management programs such as smoking cessation programs can be implemented in high-risk population which can improve patient well-being, reduce hospitalizations, and promote cost savings.

**PCN103**

**A REVIEW AND META-ANALYSIS OF COLORECTAL CANCER UTILITIES**

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**OBJECTIVES:** To assess overall inpatient resource utilization; and to identify patient- and hospital-related predictors of inpatient length of stay (LOS), total charges, and inpatient mortality in bronchial and lung cancer. **METHODS:** A prospective database analysis was conducted using the 2007 Nationwide Inpatient Sample (NIS) database of the Health Care Cost and Utilization Project (HCUP). Patient- (sex, age, payer) and hospital-related (private, teaching, region) characteristics were included in the analysis. **RESULTS:** The discharge hospitals for bronchial and lung cancer in 2007 NIS were 153,017 (52.38% male, 57.59% in age group 65–84). Mean LOS was 7.3 ± 1.0 days, mean charges were $45,473 ± 1.079, and inpatient mortality was 11.42%. **CONCLUSIONS:** The highest LOS and charges were observed in hospitals located in metropolitan areas. Most hospitalizations (76.45%) were in private, not-for-profit hospitals. Medicare was the most common payer for the hospitalizations. Total charges were highest for hospitals identified in the Western region ($65,655) and in private, for profit hospitals ($59,233). Inpatient mortality was highest among hospitalizations in non-metropolitan areas (16.06%). **CONCLUSIONS:** Bronchial and lung cancer is the leading cause of death in United States and thus, it is important to characterize resource utilization and important predictors for the disease. Patient- and hospital-related characteristics identified from this study will be useful in stratifying high-risk individuals and those with high inpatient resource utilization. Disease management programs such as smoking cessation programs can be implemented in high-risk population which can improve patient well-being, reduce hospitalizations, and promote cost savings.

**PCN104**

**ESTIMATION AND COMPARISON OF EQ-5D HEALTH STATES’ UTILITY WEIGHTS FOR PNEUMOCOCCAL AND HUMAN PAPILLOMAVIRUS DISEASES IN ARGENTINA, CHILE AND THE UNITED KINGDOM**

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**OBJECTIVES:** EQ-5D is a widely used generic health measure. One concern is the comparability of EQ5D derived weights of selected health states across different countries. Our objective was to estimate and compare EQ-5D health states’ weights for pneumococcal and human papillomavirus (HPV) diseases in three different countries (Argentina, Chile and United Kingdom). **METHODS:** A review and study design as independent variables. Effects of study purpose might cause high level uncertainty in the cost-effectiveness analyses results. Pre- and post-operative health states and time to operation health intervention are important factors that influence QoL. Utilities appear sensitive to factors such as cancer type, time to/from initial care and utility instruments.

**PCN105**

**PATIENT PREFERENCES BASED ON UTILITY WEIGHTS FROM THE FUNCTIONAL ASSESSMENT OF CANCER THERAPY-GENERAL (FACT-G) IN WOMEN WITH HORMONE RECEPTOR POSITIVE METASTATIC BREAST CANCER RECEIVING LETRIZOLE PLUS LAPATINIB OR LETRIZOLE ALONE**

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**OBJECTIVES:** The EGF30008 trial demonstrated that first-line therapy with the combination of the anti-HER2 tyrosine kinase inhibitor lapatinib plus the aromatase inhibitor letrozole improves progression-free survival vs. letrozole plus placebo among post-menopausal women with HER2+ and HR metastatic breast cancer (MBC). **RESULTS:** Results of analyses of the impact of lapatinib on patient health-related quality of life (QoL) based on FACT-G (Breast) questionnaire suggest that QoL was better across treatment groups over 48 weeks. **METHODS:** These analyses estimated patient utility weights for the treatment arms of EGF30008 using the FACT-G. Time-trade off (TTO) utility values were estimated using responses to 4 items from the FACT-G (Physical Well Being [PWB]-lack of energy, emotional well-being [EWB]-feeling stuck in work, and FWB-able to enjoy life) and a published algorithm derived from 1433 cancer patients (Dobrez 2007). For each patient in the EGF30008 trial, mean utility values were calculated for assessments before vs. on after progression. Pre- and post-progression utility values were averaged across patients for each treatment group, assuming patient level utilities by the numbers of assessments per patient. **RESULTS:** Among HER2+ patients, mean TTO utility values at baseline were 0.86 (0.10) for letrozole and lapatinib (N = 84) and 0.86 (0.09) for letrozole-placebo (N = 73). Mean (SD) pre-progression utility values were 0.86 (0.13) for letrozole-lapatinib (N = 102) and 0.80 (0.13) for letrozole-placebo (N = 87). Utility values post-progression were based largely on a single assessment at disease progression for each patient and were 0.82 (0.12) for letrozole-lapatinib (N = 63) and 0.82 (0.10) for letrozole-placebo (N = 57).