(RR=2.68); BV had higher proteinuria (RR=0.64; p<0.01). GI perforation incidence rates increased higher (p<0.05) with BV (LOT1:0.02 vs 0; LOT2:0.001 vs 0). BV patients had lower per-patient-per-month (PFPM) total costs (LOT1 adj. difference: $-4,202; p<0.01; LOT2: $3,776, p<0.01; and PFPM AE medical costs (LOT1: $-5,851, p<0.01; LOT2: $-4,243, p<0.02). CONCLUSIONS: BV during first or second line mCRC treat- ment was associated with lower AE rates and cost burdens in the post 365-day interval beginning at the earlier of the surgery date or start of chemotherapy as their primary treatment, chemotherapy costs accounted for 25.0% and other medications (e.g., analgesics, sedatives, anti-emetics, antidepressants) accounted for 26.0% of total costs. None of the prostate cancer studies identified met the research inclusion criteria. CONCLUSIONS: Studies on drug treatment costs are limited and results vary substantially depending on patient clinical characteristics, cancer stage, and disease progression. Existing studies suggest that although med- ical costs are high overall, cancer drug treatment costs only contribute 1.8-13.9% of total cancer costs, and 2.4-37.0% in breast cancer. PCN79 LITERATURE REVIEW ON TOTAL MEDICAL COSTS AND COST COMPONENTS OF ONCOLOGY CARE IN THE UNITED STATES Song X1, Brouillette M2, Gatta F3, Cristina J4, Arelano J5, Qian Y2

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OBJECTIVES: To understand the proportion of total medical costs attributed to cancer drug treatment in oncology patients, with a focus on breast and prostate cancer. METHODS: Literature review conducted using PubMed, Medscape and Google to identify and retrieve studies in cancer patients reporting total medical costs and cost components, particularly cancer drug treatment costs. All studies reporting data on US American patients published in English language between 2009 and 2013 were included. RESULTS: Studies were reviewed, 14 of which were relevant and included. Total medical costs and cost components varied substantially by tumor type and location, cancer stage, phase of care, study design, payers and the disease area. Studies of breast cancer patients reported that chemotherapy costs accounted for 34.8-50.4% of total medical costs, with the highest proportion occurring in newly diagnosed and the highest in metastatic patients, respectively. Outpatient visits were the primary cost driver, accounting for 64.0-82.0% of total costs. Among patients receiving chemotherapy as their primary treatment, chemotherapy costs accounted for 25.0% and other medications (e.g., analgesics, sedatives, anti-emetics, antidepressants) accounted for 26.0% of total costs. None of the prostate cancer studies identified met the research inclusion criteria. CONCLUSIONS: Studies on drug treatment costs are limited and results vary substantially depending on patient clinical characteristics, cancer stage, and disease progression. Existing studies suggest that although medical costs are high overall, cancer drug treatment costs only contribute 1.8-13.9% of total cancer costs, and 2.4-37.0% in breast cancer.

PCN80 TRENDS IN APPROVALS AND PRICES OF ONCOLOGY DRUGS IN THE UNITED STATES (1990-2013) Greene N1, Durkanski FA2, Seoane-Vazquez E3, Rodrigue-Morgui K4

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OBJECTIVES: The FDA approved 165 approved oncology therapeutic drugs (44 biologics and 121 chemical entities) in the period of analysis. The FDA approved 31 products (18% of total) before the 1980s, 11 (6.7%) in the 1980s, 50 (30.3%) in the 1990s, 49 (29.1%) in the 2000s, and 25 (15.2%) in 2010-2013. There were 45 (27.3%) products with at least one FDA approved orphan indication. There were 10 products (6.1% of approvals) discontinued. There were 45 products with complete price history from approval to January 1, 2014, and 2 had generic competition. The CPI adjusted average annual AWP price increases was 10.2%/year (95%CI; 8.2%-12.1%), with an average 9.1%/year in the market. The average annual AWP increase was higher for products approved in the 1990s (20.9%/year) than for those approved in the 2000s (9.5%/year) and 2000-2013 (6.3%/year). Chemical entities and drugs with orphan indications had higher AWP price increases than biologics and non-orphan drugs, respectively. CONCLUSIONS: Manufacturer listed prices of oncology products approved in the period 1990-2013 grew faster than the inflation. Price increases were higher for orphan drugs and chemical entities.

PCN81 TREATMENT PATTERNS AND COST OF CARE FOR PATIENTS WITH GASTROINTESTINAL STROMAL TUMOR (GIST) TREATED WITH IMATINIB Seil SE1, Xia F2, Stafkey-Mailey D1, Asche C3, Zagadaslav E4, Eddy M4

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OBJECTIVES: Since approval of imatinib, systemic therapy (ST) for gastrointestinal stromal tumors (GIST) has changed considerably. This study evaluated treatment pat- terns and costs across 3 large retrospective databases among GIST patients receiv-