including the product indication registered at the Thai Food and Drug Administration. RESULTS: Disease awareness activities were found 47 times in various media, of which 48% were on the internet, 46.8% in magazines, and 4.3% in television programs. The main agents of information dissemination were government-affiliated organizations (36.7%), medical associations (19.1%), private hospitals (12.8%), and the pharmaceutical industry (10.7%), however, 14.9% was unidentifiable regarding its origin. The most common pattern of presentation was in review or editorial articles and the “fear appeal” was the most typical presentation (59.6%). Nevertheless, 10.6% of the presented data were scientific articles according to the evidence-based and claimed scientific websites, there was a connection between the sponsoring drug companies of the disease awareness activities through the branded logo, the theme color of the website, and the product packaging that matched with the specific number the HPV fragments for the hotline contacts. While the hotline contacts were approved by the pharmaceutical industry, were also available on the websites and magazines for consumers to learn more about cervical cancer. CONCLUSIONS: Disease awareness activities is commonly found in Thailand and may pose some due concern regarding the misleading claims in the mass media.

PCN147 NON-TRADITIONAL SCHEMES APPROACH FOR PUBLIC MARKET ACCESS OF END-OF-LIFE TREATMENTS IN MEXICAN HEALTH CARE SYSTEM
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OBJECTIVES: To estimate budget impact in public health care system in Mexico with the use of cabazitaxel in the treatment of metastatic castration-resistant prostate cancer (MCRPC) progressing after Docetaxel regimen. METHODS: A risk sharing model was used to simulate clinical performance of a hypothetical cohort of MCRPC patients treated with cabazitaxel was evaluated. The cut-off point was determined by median progression free survival <PFS> (according to RECIST parameters) reported in TROPIC study. An exponential distribution of patients was assumed in a 6 week period with a half-cycles model. Considering clinical outcomes for every 3 weeks, a matrix of probabilities of transition was created. Median FFS was reported to be 2.8, a cohort of 50 patients was evaluated and a length of 10 cycles was assessed. The model considered a reimbursement to the institutions when a patient does not reach FFS reported on TROPIC study. Direct cost and an institutional perspective were considered. No discount rate was included. RESULTS: Estimated budget impact for public institutions to reach cut-off point was estimated in 861,600 USD, with a total investment of 1.2 million USD for the estimated number of patients reaching 10 cycles. Reimbursement based on clinical performance was estimated in 310,200 USD. Concluded that a cohort of patients reach lag -FES; low value was 22 patients. Total annual expenditure for public health care institutions of cabazitaxel usage was evaluated in order to assess potential benefits for patients/institutions.

PCN148 INFLUENCE OF UROLOGISTS’ PRACTICE AFFILIATIONS WITH MEDICAL SCHOOLS ON THE USE OF GONADOTROPIN-RELEASING HORMONE AGONISTS FOR PROSTATE CANCER PATIENTS IN UNITED STATES
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OBJECTIVES: Physicians’ academic affiliations and changes in pharmacological reimbursement rates have been shown to influence physician practice patterns regardless of clinical guidelines, patient clinical or sociodemographic factors. We examined the association between urologists’ practice affiliations with medical schools and the utilization of gonadotropin-releasing hormone ( GnRH) agonists before and after reductions in GnRH agonist reimbursement rates resulting from the 2003 United States Medicare Modernization Act (MMA). METHODS: Using the Surveillance, Epidemiology and End Results-Medicare linked database and the American Medical Association Physician Masterfile, we conducted a retrospective cohort study of 10,301 patients aged 66 years or older who were diagnosed with prostate cancer in 2004 and 2005 with lag -FES; low value was 22 patients. Total annual expenditure for public health care institutions of cabazitaxel usage was estimated in order to assess potential benefits for patients/institutions.

RESULTS: Aggregate model based on clinical performance of a hypothetical cohort of MCRPC patients treated with cabazitaxel was evaluated. The cut-off point was determined by median progression free survival <PFS> (according to RECIST parameters) reported in TROPIC study. An exponential distribution of patients was assumed in a 6 week period with a half-cycles model. Considering clinical outcomes for every 3 weeks, a matrix of probabilities of transition was created. Median FFS was reported to be 2.8, a cohort of 50 patients was evaluated and a length of 10 cycles was assessed. The model considered a reimbursement to the institutions when a patient does not reach FFS reported on TROPIC study. Direct cost and an institutional perspective were considered. No discount rate was included. RESULTS: Estimated budget impact for public institutions to reach cut-off point was estimated in 861,600 USD, with a total investment of 1.2 million USD for the estimated number of patients reaching 10 cycles. Reimbursement based on clinical performance was estimated in 310,200 USD. Concluded that a cohort of patients reach lag -FES; low value was 22 patients. Total annual expenditure for public health care institutions of cabazitaxel usage was estimated in order to assess potential benefits for patients/institutions.

CONCLUSIONS: Disease awareness activities is commonly found in Thailand and may pose some due concern regarding the misleading claims in the mass media.

PCN151 FACTORS ASSOCIATED WITH GUIDELINE-COORDINATE ADJUVANT THERAPY FOR BREAST CANCER AMONG BREAST CANCER PATIENTS IN RURAL GEORGIA
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OBJECTIVES: To examine factors associated with the receipt of guideline concordant adjuvant chemotherapy, radiation therapy, and hormonal therapy among breast cancer patients. METHODS: The current study provides evidence that tx choice in AM is associated at least in part with pt characteristics.

RESULTS: Overall, 41% of women were guideline concordant for all three adjuvant therapies jointly. Guideline concordance ranged from 63%-81% for the individual therapies. After adjustment, higher socioeconomic status was associated with guideline concordance for all three adjuvant therapies jointly (odds ratio [OR], 3.13, 95% CI, 1.27-7.71), and chemotherapy (OR, 3.13, 95% CI, 1.04-9.42) and Medicaid insurance was associated with guideline concordant chemotheraphy (OR, 4.09, 95% CI, 1.50-11.20). Being unmarried was associated with nonguideline concordant chemotheraphy (OR, 0.44, 95% CI, 0.26-0.72) and radiation therapy (OR, 0.47, 95% CI, 0.26-0.83). Increased age predicted nonguideline concordance for all three adjuvant therapies jointly, chemotherapy, and radiation therapy. The results were consistent in the use of all three adjuvant therapies jointly and for each therapy alone. Socioeconomic status, marital status, insurance status, and geographic characteristics (urban versus rural) were associated with guideline concordance. Identifying and addressing modifiable factors that lead to non-guideline concordant treatment may reduce disparities in treatment and improve cancer outcomes.

PCN152 DETERMINANTS OF 2ND AND 3RD LINE CHEMOTHERAPY RECEIPT IN STAGE IV COLON CANCER MEDIcare BENEFICIARIES
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OBJECTIVES: This study examines clinical and demographic predictors of 2-line (Tx2) and subsequent-line (TxS) treatment among elderly Medicare beneficiaries diagnosed with metastatic colon cancer (mCC) and initiated therapy. METHODS: Using the SEER-Medicare dataset, beneficiaries diagnosed with mCC who initiated treatment from 2003-2007 were followed until death or censoring in 2007. Treatment lines were defined in combination with chemotherapy and biologics. Logistic regression was used to predict receipt of Tx2 and TxS. RESULTS: Among 3266 patients diagnosed with mCC and initiated therapy, 1440 patients were treated to Tx2 and 774 pts progressing to Tx2 were surgery was the primary tumor site (OR: 2.50, 95% CI: 2.16-2.88) and marital status (OR: 1.66, 95% CI: 1.46-1.90). Older beneficiaries (>80 years, OR: 0.20, 95% CI: 0.17-0.25) and those with 1-6 months of state buy-in (OR: 0.30, 95% CI: 0.18-0.49) were less likely to receive Tx2. Survival benefit (OR: 0.62, 95% CI: 0.49-0.79) was the strongest predictor ofTx2. When compared to the Connecticut registry area, all SEER-registry areas were