of lifetime direct medical costs for first-ever stroke patients can have implication in public health policy planning and clinical decision making.

**RESEARCH ON METHODS – Databases & Management Methods**

**PRM49**

**COMPARISON OF COMORBIDITY MEASURES TO PREDICT ECONOMIC OUTCOMES IN A LARGE UK PRIMARY CARE DATABASE**

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**OBJECTIVES:** Several indices have been developed to adjust for the effects of comorbid conditions in observational studies. This study aimed to determine which among selected indices provides the optimal covariate in cost analyses assessing resource utilisation between different treatment strategies using a UK primary care database. **METHODS:** A retrospective analysis of UK patients continuously registered with a single general medical practice between 01/01/2007 and 01/01/2011 was conducted. A database of primary care electronic health records (GOLD) was searched exhaustively from qualifying studies and HTAs. **RESULTS:** So far, data are available for 15 cancers, including 80 agents in 467 studies. The MaxExcel® tool can be used to study any selected cancer, including conduct meta-analyses, generate summaries and reports of clinical PRO and HTA data. The registry provides functionality for a user to make desired assessments via multiple variables, such as line of treatment, tumor-stage, molecule, grade of adenovirus mutation and so on. **CONCLUSIONS:** OncolitBank provides up-to-date data and a robust platform that can be easily used for systematic reviews, to conduct direct and indirect comparisons, to inform local formularies and value assessments. **PRM49**

**Comparing the Colombian Comorbidity Index, Original Version (CCI) and 2008 Adaptation (CCI-2008), and the Quality Outcomes Framework (QOF), in 4,694,610 Patients from 2007 to 2011: A Retrospective Analysis of United Kingdom Patients Continuously Registered with a Primary Care Practice**

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**OBJECTIVES:** Multiple sclerosis (MS) is a degenerative neurologic disease that seriously affects patients’ quality of life. Fingolimod is a sphingosine-1-phosphate modulator that traps lymphocytes in lymph nodes with neuroprotective effects. Our objective was to review the available evidence regarding its efficacy in disease progression, relapse rate and brain atrophy and link it to possible pharmacoeconomic effects. **METHODS:** A systematic review of literature was performed in MEDLINE and Scopus. We included primary studies comparing fingolimod to placebo or other drugs in disease progression, relapse rate and brain atrophy. **RESULTS:** Conclusions: We identified 30,338 women diagnosed with BC. All chemotherapies and hormonal therapies were named as well as anti-nausea, pain (opioid and non-opioid), anti-infectives, and blood products for supportive drug. Outputs include number of patients with at least one treatment or supportive drug being utilized and total costs. Preliminary results for the 20,076 BC cases prescribed a drug in ODBF totalled $69.5 million in which $37.5 million was treatment-specific. **CONCLUSIONS:** We have generated preliminary ODBF costs for oncology drugs in BC and costs for the NDFP and ALR databases will be determined next. These costing algorithms will allow for the calculation of oncology treatment and supportive drug costs in different cancer cohorts.

**PRM50**

**EFFECT OF FINGOLIMOD ON DISEASE PROGRESSIONS, RELAPSE RATE AND BRAIN ATROPHY IN MULTIPLE SCLEROSIS PATIENTS: A SYSTEMATIC REVIEW OF LITERATURE AND PHARMACOECONOMIC CONSIDERATIONS**

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**OBJECTIVES:** To generate costs and costing algorithms for treatment and supportive drug oncology using provincial (Ontario) administrative databases. **METHODS:** A cohort of women diagnosed with breast cancer (BC) (ICD-9 174.x) was identified from the Ontario Cancer Registry (2007–2010). Firstly, the Ontario Drug Benefit Formulary (ODB), New Drug Benefit Formulary (NDB), and the Alberta Drug Reporting (ALR) databases was used in which BC-specific treatments (chemotherapies and hormonal therapies) and supportive drugs were identified. Secondly, unit costs were applied to calculate the overall and per drug costs in each database. Lastly, costing algorithms were generated to conduct the costing analyses. **RESULTS:** We identified 30,338 women diagnosed with BC. All chemotherapies and hormonal therapies were named as well as anti-nausea, pain (opioid and non-opioid), anti-infectives, and blood products for supportive drug. Outputs include number of patients with at least one treatment or supportive drug being utilized and total costs. Preliminary results for the 20,076 BC cases prescribed a drug in ODBF totalled $69.5 million in which $37.5 million was treatment-specific. **CONCLUSIONS:** We have generated preliminary ODBF costs for oncology drugs in BC and costs for the NDFP and ALR databases will be determined next. These costing algorithms will allow for the calculation of oncology treatment and supportive drug costs in different cancer cohorts.

**PRM53**

**“BIG DATA” IN ALZHEIMER’S DISEASE RESEARCH: AN ENVIRONMENTAL SCAN**

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**OBJECTIVES:** Repositories of “big data” have the potential to play a pivotal role in advancing Alzheimer’s research. Given Alzheimer’s disease’s complexity and the high costs associated with being generated and aggregated into research databases. An environmental scan was conducted to identify worldwide AD-specific databases and types of data being aggregated and used for AD research. **RESULTS:** A 309 AD databases was used in which BC-specific treatments (chemotherapies and hormonal therapies) and supportive drugs were identified. Secondly, unit costs were applied to calculate the overall and per drug costs in each database. Lastly, costing algorithms were generated to conduct the costing analyses. **RESULTS:** We identified 30,338 women diagnosed with BC. All chemotherapies and hormonal therapies were named as well as anti-nausea, pain (opioid and non-opioid), anti-infectives, and blood products for supportive drug. Outputs include number of patients with at least one treatment or supportive drug being utilized and total costs. Preliminary results for the 20,076 BC cases prescribed a drug in ODBF totalled $69.5 million in which $37.5 million was treatment-specific. **CONCLUSIONS:** We have generated preliminary ODBF costs for oncology drugs in BC and costs for the NDFP and ALR databases will be determined next. These costing algorithms will allow for the calculation of oncology treatment and supportive drug costs in different cancer cohorts.

**PRM54**

**ONCOLOGY LITERATURE BANK FOR CANCERS AND THERAPIES FOR HEOR: CONCEPT AND UTILIZATION OF ONCOLITBANK**

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**OBJECTIVES:** We created OncolitBank, to capture data from clinical trials, patient reported outcomes (PRO) studies, and Health Technology Assessments (HTAs) in oncology. OncolitBank is a registry designed to provide detailed analyses of databases for the evolving landscape of chemotherapy agents. **METHODS:** A systematic literature search was conducted on PubMed for chemotherapy compounds by cancer indications that were either FDA approved or National Comprehensive Cancer Network (NCCN) recommended. The search was limited to studies published between 1960 and 2015 in English language. Phase II, III or IV clinical trials with at least 15 cancer patients assessing main or interest were included. Review of studies was not limited to RCTs reporting quality-of-life (QoL) data for these compounds were included. Additionally, information was extracted from product package inserts of molecules within FDA indication. Archives of 27 HTA bodies were searched for qualitative analysis of these compounds. Funding sources, study endpoints, quality, and reimbursement decisions were extracted exhaustively from qualifying studies and HTAs. **RESULTS:** So far, data are available for 15 cancers, including 80 agents in 467 studies. The MaxExcel® tool can be used to study any selected cancer, including conduct meta-analyses, generate summaries and reports of clinical PRO and HTA data. The registry provides functionality for a user to make desired assessments via multiple variables, such as line of treatment, tumor-stage, molecule, grade of adenovirus mutation and so on. **CONCLUSIONS:** OncolitBank provides up-to-date data and a robust platform that can be easily used for systematic reviews, to conduct direct and indirect comparisons, to inform local formularies and value assessments. **PRM54**

**PHARMAECUTICAL PRODUCTS AND VACCINES DISCUSSED IN SOCIAL MEDIA: WHICH ONES ARE PATIENTS TALKING ABOUT?**

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**OBJECTIVES:** Social Listening through digital media may offer a unique opportunity to advancing Alzheimer’s disease (AD) research. Globally, AD-specific data are being collected, and social media analysis can be used to generate insights that could be used to drive research in this area. **RESULTS:** Conclusions: We have generated preliminary ODBF costs for oncology drugs in BC and costs for the NDFP and ALR databases will be determined next. These costing algorithms will allow for the calculation of oncology treatment and supportive drug costs in different cancer cohorts.