PCN7  
AN ANALYSIS OF BIOMARKER TESTING AND APPROPRIATE TREATMENT AMONG WOMEN WITH BREAST CANCER USING ONCOLOGY EMR DATA  
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... results for diagnosing possible colorectal and stomach cancer were negative; among patients with depression, the adjusted proportional odds ratio was 0.81 times lower for women with depression when compared to women without depression. The study used data from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) with a mean (median) 195.2 (73.0) days of healthcare expenditures (OR = 1.27, 95% CI 1.05-1.54). NCAs were administered a mean (median) 195.2 (73.0) days (anthracyclines 53.4 [44.0], taxanes 122.2 [47.5], 1-Loss AR 54.3, 3 df, p < 0.001). Cox regression estimated that 30 additional days of IL-directed treatment would result in approximately 7% prolonged survival. However, one mBC approval was revoked after OS gains were not observed in the randomized trial. The objective of this analysis is to define the magnitude of benefit and cost-effectiveness of treatment for patients with mBC from 2009-2013 having phase 3 OS benefit. METHODS: A systematic review of CenterWatch FDA-Approved Drugs and FDA SNDA/ABLE databases was conducted. Inclusion criteria required FDA approval and the presence of benefit in a randomized trial. Patients: 845 mBC patients, 334 met study criteria. RESULTS: Of 845 mBC patients, 334 met study criteria (mean 26.3%, mutation 9.1%). Of those, 26% were HER2 positive, 41% were positive or HER2 positive, 67% were HER2 positive. CONCLUSIONS: Magnitude of benefit and cost-effectiveness of treatment for patients with mBC from 2009-2013 having phase 3 OS benefit.
although a variety of options were available on the market for 3rd-line mCRC treat- ment, there is no clear evidence for an optimal choice in therapy. The difference in OS among chemotherapy backbones was not significant (log-rank test, p=0.06), whether they were targeted therapies or not. Novel and newly approved treatments may provide further benefit for mCRC patients continuing on 3rd-line therapy.

PCN13 SIMULATION AND COMPARISON OF PROGRESSION-FREE SURVIVAL (PFS) ASSESSMENTS IN PATIENTS WITH METASTATIC-SQUAMOUS VS NON-CELL LUNG CANCER (NSCLC) RECEIVING SEQUENTIAL THERAPY

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OBJECTIVES: To compare PFS in patients with squamous vs non-squamous NSCLC treated with sequential therapy. The study included 576 patients in phase III trials with both squamous and non-squamous NSCLC. The objective was to determine the median PFS and OS in NSCLC patients treated with the following sequential regimens: platinum-based chemotherapy → gefitinib (squamous, N=189) vs platinum-based chemotherapy → erlotinib (non-squamous, N=387).

RESULTS: The median PFS was significantly longer in the squamous NSCLC group compared to the non-squamous NSCLC group (8.4 vs 5.5 months, p<0.001). There was no significant difference in OS between the two groups (14.3 vs 12.9 months, p=0.20). The results of this study suggest that sequential therapy with gefitinib in squamous NSCLC is more effective than sequential therapy with erlotinib in non-squamous NSCLC, and may be a viable treatment option in these patients.