risk of the therapeutic class overall. METHODS: A population-based case control study was performed by the HealthCare Integrated Research Database (HIRD), a US commercial insurance claims database. Incident cases of CC were defined as patients ≥18 years at diagnosis, with 1st CC diagnostic claim between Jan 1, 2001 to Jan 30, 2011. Each case was matched to 1 eligible control based on: no diagnosis of CC during study period, age, gender, and claims history (at least 1 year of follow-up) between index date and diagnosis date. Data was adjusted for length of pre-index enrollment (same or greater), gender & age. Exposure to CV drug was defined as at least 1 claim during risk period. Conditional logistic regression was used to calculate odds ratios (ORs) and sensitivity analysis was conducted where minimum CV drug exposure (12 months) was required. RESULTS: 36,376 cases of CC were identified in the HIRD™1 successfully matched to controls. Mean age was 60 years (about 30% were 50-60 years old). Sodium valproate, labetalol, cholestyramine, diltiazem & verapamil (ORs range 1.07-2.05) were positively associated with CC while atorvastatin, pravastatin & simvastatin (ORs range 0.68-0.94) were negatively associated with CC. In the sensitivity analyses, positive associations remained for cholestyramine & diltiazem, but verapamil had a higher p-value for association & simvasta- tin. CONCLUSIONS: These results are consistent with a beneficial impact of statins on CC risk. Prolonged use of a small number of CV agents was associated with CC. Cholestyramine & diltiazem are associated with increased risk of CC because of the inhibitors of P-gp. Verapamil was not consistent with that therapeutic class as a whole. This suggests that cancer risk is sometimes drug specific. Grouping drugs into therapeutic classes for studies of cancer risk may include a bias such that the predominant drug drives the results.

PCN30 ASSOCIATION BETWEEN PIOGLIPIAZONE AND BLADDER CANCER AMONG PATIENTS WITH TYPE 2 DIABETES: A PROPENSITY SCORE MATCHED COHORT STUDY

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OBJECTIVES: This study was conducted using HealthCore Integrated Research Database (HIRD™) to determine the risk of developing bladder cancer in 2,287,599 type 2 diabetes patients in Taiwan by population-based data without financial support from any institution.

METHODS: We analyzed 8 years cohort (2003-2010) in Taiwan by using National Health Insurance Database. Approximately 2 million randomly sampled representative beneficiaries from the National Health Insurance database were used as the data source for analysis. Totally 4,765 patients used pioglitazone were followed and compared with 4,765 control cases selected by propensity score matching approach.

RESULTS: We found that risk of bladder cancer increases with age, a greater risk for men than women. The risk of bladder cancer increased higher for men than women, with a hazard ratio of 1.8. With PCN31 hazard of pioglitazone might be overestimated.

CONCLUSIONS: While most patients with advanced stages of melanoma generally continue antineoplastic therapy for 2 months after surgery, there was a greater risk of death when time interval between surgery and chemotherapy was prolonged. This delay for the starting time of chemotherapy will impact without a doubt in the health systems' economy, generating more expenses for attention.

CANCER – Cost Studies

PCN35 THE UTILIZATION OF VIDEO-ASSISTED THORACIC SURGERY (VATS) VERSUS OPEN THORACOTOMY FOR STAGE 1 AND STAGE 2 NON-SMALL CELL LUNG CANCER IN CANADIAN HOSPITALS: A BUDGET IMPACT ANALYSIS

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OBJECTIVES: To determine if the starting time of chemotherapy influences on illness-free survival and general survival in a cohort of Mexican patients with breast cancer continuing crizotinib. METHODS: A prospective cohort study including patients with breast cancer from the National Medical Centre “La Raza” of the Mexican Institute of Social Security (IMSS) with the following characteristics: stages I-III and positive for anaplastic lymphoma receptor tyrosine kinase (ALK) gene. The time range for the chemotherapy administration was from 0 to 2, 3 and >4 months. The analysis was performed regarding chemotherapy administration time interval using a Kaplan-Meier estimator. The Cox model was adjusted to see the relationships between the global survival and the restricted cubic progestosterone receptor variables and HER2/NEU as well as their basal characteristics. RESULTS: For both IFS and GS there was a significantly statistical difference on the survival distributions related to starting time of chemother- apy. In reverse, the ratio of other variables did not have a higher impact on survival results compared to their baseline characteristics.

CONCLUSIONS: The probability of survival for IFS and GS improve when chemotherapy is administered earlier. The median survival time was 180 days for the Cox model with basal characteristics, age, pathological state and time interval between surgery and chemotherapy influenced significantly on GS (p-value <0.05). The Cox model was used to calculate the median survival time interval for the final model. The median survival time interval was 180 days for the Cox model with basal characteristics, age, pathological state and time interval between surgery and chemotherapy influenced significantly on GS (p-value <0.05).

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