PCN95

CHANGE IN THE USE OF BREAST CONSERVING SURGERY BEFORE AND AFTER GUIDELINE PUBLICATION IN JAPAN
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OBJECTIVE: Using 12 years of administrative data, we assessed the trends in the use of breast conserving surgery (BCS) before and after the release of clinical guidelines on BCS in Japan (published in 1999 and updated in 2005). METHODS: We used a database from the Quality Improvement/Indicator Project that involved 40 teaching hospitals in Japan. Data on all discharged cases were collected from these hospitals from 1995. We then selected female operable breast cancer patients who were admitted to five of these hospitals from January 1996 through September 2007 (n = 1971). A multiple regression analysis was performed to examine whether the proportion of the use of BCS after publication of guidelines was higher than that before publication, after adjusted for the effects of patient’s age, comorbidity status (Charlson Comorbidity Index), hospital, and time period of admission. The Hosmer-Lemeshow test was conducted to assess the goodness-of-fit of the model. RESULTS: The proportion of BCS use increased from 16.1% in 1996 to 62.2% in 2007. Multiple logistic regression analysis revealed that patients who were <50 years old (P < 0.001) and had no comorbidity (P < 0.001) were significantly more likely to receive BCS. The proportion of BCS use has been substantially higher since 2001, two years after the BCS guidelines were published in Japan. Significant practice variations of BCS use were also confirmed among hospitals. CONCLUSION: This study confirmed the lag time between guideline publication and change in practice of BCS use. We further need to examine the potential barriers to guideline adoption related to physicians’ knowledge and attitudes as well as external barriers including patient-, guideline-, and environment-related factors, to explain the reasons of change in the use of BCS over ten years.

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REAL WORLD TREATMENT PATTERNS IN HIGH RISK OR METASTATIC MELANOMA: EVIDENCE FROM THE SEER-MEDICARE LINKED DATABASE
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OBJECTIVE: To document real-world treatment patterns in elderly patients with high-risk (stage IIIB/C, IIIA/B, IIC) or metastatic (stage IV) melanoma. METHODS: Data was taken from the Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database combining clinical information on incident cancer cases in the US between 1991 and 2002 with longitudinal (1991–2005) Medicare claims. Subjects ≥65 years with ≥1 stage IIB or higher melanoma diagnosis and ≥6 months of subsequent benefits coverage were selected. We documented utilization patterns of four major therapies (surgery, radiation, chemotherapy, immunotherapy) following the diagnosis. RESULTS: A total of 6470 subjects met all criteria. Stage distribution was: IIB/C (38%); IIIA/B (46%); IIC (1%); IV (15%). Median follow-up was 36, 39, 16, and 6 months, respectively. Surgery (primarily tumor excision) was the predominant 1st line treatment, received by >85% of subjects with stage IIB/C, IIIA/B, or IIC melanoma and 60% of stage IV cases, but was a rare 2nd line approach. Radiation was 1st line treatment in only 2%, 5%, and 15% of stage IIB/C, IIIA/B, and IIC cases, respectively, but was more common as a 2nd line approach in these subjects (15%, 24%, and 41%, respectively). Radiation was equally prevalent (~30% of cases) as 1st or 2nd line treatment in stage IV. Chemotherapy was uncommon as 1st line treatment (≤4% of all cases), but prevalent as 2nd line therapy (by respective stage, 14%, 20%, 41%, and 22% of cases). Immunotherapy was rare, except as 2nd line treatment in stage IIC (26% of cases). CONCLUSION: Beyond surgery as a 1st line approach, relatively few patients received other types of treatment as either 1st or 2nd line therapy. These findings demonstrate an unmet need in high risk and metastatic melanoma. Additional analyses of administrative data characterizing real-world treatment patterns in melanoma are needed to help inform the direction of future clinical trials.

GASTROINTESTINAL DISORDERS—Clinical Outcomes Studies

HETEROGENEITY ACROSS RANDOMIZED CONTROLLED TRIALS OF PROTON-PUMP INHIBITORS IN NIGHTTIME GERD: A SYSTEMATIC REVIEW
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OBJECTIVE: Numerous randomized controlled trials (RCTs) have evaluated efficacy of proton-pump inhibitors (PPIs) in controlling nighttime symptoms of gastroesophageal reflux disease (GERD). Quantitative synthesis of the effect of PPIs on nighttime symptoms is lacking, thus the validity of performing a meta-analysis was assessed. METHODS: MEDLINE and EMBASE
HOSPITALIZATIONS FOR GASTROINTESTINAL EVENTS AMONG USERS OF COX 2 INHIBITORS COMPARED WITH TRADITIONAL NON-STEROIDAL ANTI-INFLAMMATORY DRUGS WITH PROTON-PUMP INHIBITORS

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OBJECTIVE: To compare the rate of hospitalizations for serious upper and lower GI events in patients with increased GI risk taking a Traditional NSAID (tNSAID)+Proton Pump Inhibitor (PPI) or a COX-2 selective inhibitor (Coxib), chronic and acute.

METHODS: From the PHARMO Record Linkage System, including among others linked drug-dispensing and hospital records of approximately three million individuals in The Netherlands, we selected new users of Coxibs or tNSAIDs between January 1, 2000 and December 31, 2004. Eligible patients had ≥1 year history before the 1st NSAID dispensing and ≥1 year follow-up which ended at first hospitalization for serious GI event (the outcome), the last dispensing, or the end of the study period. Chronic users were defined as patients who used any NSAIDs for ≥60 days during the first year of follow-up (n = 58770); other NSAID users were acute users (n = 538,420). Multivariate analysis by Poisson regression adjusted for sex, age, duration of follow-up, tNSAID and coxib dose, adherence to NSAIDs or PPIs, gastroprotection, antiocoagulants, acetaminophen, corticosteroids, and cardiovascular disease. RESULTS: The cohort included 52,953 new tNSAIDs+PPI users and 80,736 new Coxib users, with main characteristics: mean (±SD) age 58.1 ± 15.5 vs. 56.7 ± 17.5; female 55.3% vs. 62.2%; mean duration of treatment (days): 137 ± 217 vs. 138 ± 179, respectively. Among acute users, adjusted hazard ratios (95% Confidence Interval) of hospitalizations were 0.21 (0.14–0.32) for upper and 0.26 (0.16–0.42) for lower GI events, for Coxib versus tNSAIDs+PPI users. Among chronic users, adjusted hazard ratios were 0.35 (0.22–0.55) for upper GI and 0.43 (0.25–0.75) for lower GI events, for Coxib versus tNSAIDs+PPI users. CONCLUSION: Acute and chronic Coxib users had a statistically significantly lower rate of hospitalizations for upper and lower GI events compared to tNSAIDs+PPI users. Future research is needed to explain these findings, possibly due to prescribing for non-preventive reasons.