decreasing trend in average CNI dose by year: at the end of the first year, the mean dose of TAC was 9.3 ± 5.4 mg/day and 282 ± 118.3 mg/day for CYS, decreasing to 5.2 ± 3.6 and 158.7 ± 57.8 mg/day in the third year, and 4.8 ± 7.3 and 144.2 ± 58.4 mg/day in the fifth year. At the end of the first year (n=455) and second year (n=408) post-transplant, the most common IS regimens were TAC/prednisone/mycophenolate mofetil (MMF) (19.1% in both years), TAC/prednisone/azathioprine (15.6% at first year and 14.7% at second year) and CyC/prednisone/azathioprine (13.2% at first year and 14.0% at second year). By the end of the fifth year (n=141), however, the most common IS regimen was TAC/30.5 indicating a population at high risk for developing CkD, d) participants reported missing on average 10.5 hours/week due to their CkD; and e) baseline total healthcare expenditures were $19,776 per member per year indicating a high cost population as well. CONCLUSIONS: CKD is a high-cost disease for GPC. Resources invested in creating novel CKD management programs to identify, raise awareness, and manage CkD are a worthwhile investment for employers.

PUK21 PATIENT CHARACTERISTICS ASSOCIATED WITH INITIATION OF OVERACTIVE BLADDER (OAB) DISCUSSION WITH A PHYSICIAN

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OBJECTIVES: Many patients with OAB attempt self-management and are reluctant to initiate an OAB discussion with a physician. Initiating such discussions is thought to identify patient characteristics associated with patient initiation of an OAB discussion with a physician.

METHODS: Of 24,866 respondents of the 2009 National Health & Wellness Survey, an internet-based questionnaire on healthcare attitudes, behaviors, and outcomes, 27,500 respondents qualified for the survey and completed a 6-month mark survey. Of these, 2,589 employees were screened, 638 (25%) met program criteria for participation on OAB symptoms and treatments. It is important for help seeking behavior; and there is a need for early patient education on the relationship between surgery and radiation modalities. We sought to identify patient characteristics associated with an OAB discussion with a physician. These respondents (mean age 52 y) had an OAB Awareness Total score of 2750 recontacted respondents qualified for and completed a longitudinal survey.

RESULTS: 1325 of 2750 (48%) OAB patients reported initiating an OAB discussion with a physician. These respondents (mean age 52 y) had an OAB Awareness Total score of 2750 recontacted respondents qualified for and completed a longitudinal survey. Exclusion criteria included cur-