by dermatologists were more likely to receive surgery subsequently (p = 0.002). Older age and female gender were associated with a lower likelihood to receive surgery related to chemotherapeutic exposure. CONCLUSIONS: Sites of metastases and treating physician might influence treatments for patients with metastatic melanoma.

PCN138 GEOGRAPHIC VARIATION AND SOCIO-DEMOGRAPHIC DISPARITY IN THE UTILIZATION OF OXALIPLATIN-CONTAINING CHEMOTHERAPY IN PATIENTS WITH STAGE-III COLON CANCER

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OBJECTIVES: To examine geographic variation and socio-demographic disparities in the utilization of chemotherapy in patients with stage-III colon cancer, focusing specifically on Oxaliplatin. METHODS: A retrospective cohort of 7654 Medicare patients was identified from the Surveillance, Epidemiology and End Results – Medicare linked database. RESULTS: Oxaliplatin chemotherapy was utilized in various geographical regions, among different age and racial groups. Multiple logistic regression was performed to examine the relationship between receipt of Oxaliplatin-containing chemotherapy and geographic region while adjusting for other socio-demographic and tumor characteristics. The primary outcome of this study was the receipt of Oxaliplatin chemotherapy within three to six month of colon-cancer specific surgery. RESULTS: Overall, only 51% of the stage-III patients received adjuvant chemotherapy within 3 to 6 months of colon-cancer specific surgery and it was evident that more patients in big metro and metro regions used chemotherapy than patients in less urban and rural regions. Younger patients aged 66-70 years were more likely to receive chemotherapy, than those aged 80 years and above; similarly, white patients were more likely to receive chemotherapy compared to African-American population. The association between receipt of the chemotherapy and socio-demographic and tumor characteristics was not significant in univariate analysis; however, after controlling for the confounding variables, it became statistically significant. Patients in the rural regions were approximately 30% less likely to receive Oxaliplatin chemotherapy than those residing in the big metro region (OR: 0.69, p = 0.033). CONCLUSIONS: Chemotherapy use varies across geographic regions, especially for new chemotherapy drugs like Oxaliplatin which in combination with 5-FU/LV is considered as standard adjuvant chemotherapy for use in patients with resected stage-III patients. Further research is required to explore the factors behind geographic disparity and find the ways to eliminate it in order to provide high-quality cancer care to all patients.

PCN139 BLOOD TRANSFUSION UTILIZATION IN CHEMOTHERAPY-INDUCED ANEMIA—AN ANALYSIS OF HOSPITAL INPATIENT AND OUTPATIENT RECORDS IN THE UNITED STATES

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OBJECTIVES: This retrospective analysis of US hospital inpatient and outpatient electronic records aimed to describe current blood transfusion utilization in a population with chemotherapy-induced anemia (CIA). METHODS: The Premier Hospital Database (2006-2010) was used to identify records for cancer patients aged 18 years or older who had received chemotherapy and a diagnosis of anemia (ICD9 codes 287.0-287.1). Excluded were those who received renal dialysis or who had a diagnosis of chronic kidney disease, myelodysplastic syndrome, or anemia due to chronic illnesses. The study population was then categorized into three subgroups based on ICD-9 procedure codes, CPT codes, and billing code descriptions in the database within the same month as or two months after the anemia diagnosis: 1) The Blood Transfusion group had either ICD-9 codes, CPT codes, or a select subset of billing code descriptions specific to blood transfusion; 2) The Other/unknown Transfusion group had only billing code descriptions that appeared to be transfusion-related but were non-specific; and 3) The No Transfusion group had no transfusion-related ICD-9 codes, CPT codes, or billing code descriptions. RESULTS: During the 5 years of data, there were 2980-7094 CIA occurrences in a given year. Average age for the CIA population ranged from 60-62 years and 52%-55% were female. During the years observed, the Blood Transfusion group comprised 44%-51% of the total CIA study population. When other transfusion codes were considered (Blood Transfusion population plus Other/unknown Transfusion population), this number increased to 56%-61% of the total CIA study population. CONCLUSIONS: The results of this study illustrate the importance of hospital inpatient and outpatient records in monitoring and assessing the transfusion rates. The results suggest that there is a large portion of CIA patients that may be receiving blood transfusions. Further research to better understand the characteristics of CIA patients receiving blood transfusions and blood utilization in this population is warranted.

PCN140 MANAGING THE RISK OF EXPOSURE TO LOW-IONIZING RADIATION IN PATIENTS WITH MULTIPLE MYELOMA WITH INSURANCE COVERAGE

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OBJECTIVES: This analysis evaluated whether health-related quality of life (HRQOL) of patients newly diagnosed with active, symptomatic multiple myeloma is affected by insurance coverage. METHODS: The recently published non-linear, deterministic compartmental model of HPV (6, 11, 16, and 18) transmission was extended to include HPV 31, 33, 45, 52, and 58. We calibrated the model to US epidemiological data, attributing 20% of cervical cancer and 20% to HPV 16 and 20% to HPV 31, 33, 45, 52, and 58. Other inputs were from published literature. RESULTS: It is currently unavailable, vaccine efficacy against 5 additional HPV types was assumed to be similar to that of the quadrivalent vaccine (HPV4) against HPV 16. We assessed the impact of 9-valent HPV vaccination (HPV9) relative to current US HPV4 recommendations, with routine vaccination for 11-12 year olds and a permanent catch-up program for 13-26 year olds and females 13-18 year olds, and coverage of 80% for females and 48% for males, with 50% of vaccinates receiving all doses of the vaccine. RESULTS: We project that HPV9 vaccination of males and females will reduce the incidence of cervical cancer by 63% over 100 years, relative to 52% for HPV4. HPV9 vaccination relative to HPV4 vaccination prevents an additional 872,000 cases of CIN1 (Cervical Intraepithelial Neoplasia, 1), 1,881,000 cases of CIN2/3, and 80,000 cases of cervical cancer in the US population, cumulative over 100 years. CONCLUSIONS: Protecting the population against HPV infection with an HPV9 vaccination program relative to an HPV4 vaccination program can have significant public health benefits.

PCN142 ASSOCIATION OF HEALTH-RELATED QUALITY OF LIFE AMONG PATIENTS WITH MULTIPLE MYELOMA WITH INSURANCE COVERAGE

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OBJECTIVES: This cross-sectional study examined whether health-related quality of life (HRQOL) of patients newly diagnosed with active, symptomatic multiple myeloma (MM) in the United States varies by their insurance coverage as they initiate treatment. METHODS: Baseline data were collected in Connect® MM, a prospective observational registry initiated in 2009. Clinicians provided data on patient demographic and clinical characteristics. Patients reported HRQOL in the clinic at enrollment within two months of diagnosis, by completing the Brief Pain Inventory (BPI), EQ-SD, and Functional Assessment of Cancer Therapy-Multiple Myeloma (FACT-MM). Patients were characterized by source of coverage: Medicare, Medicaid, Commercial-HMO/PP0, Other Commercial. The Medicare cohort included those with supplemental coverage; the Medicaid cohort included dual Medicare-Medicaid beneficiaries. Mean BPI, EQ-SD and FACT-MM scores were analyzed by insurance coverage. Statistical significance was ascertained by ANOVA (F test). RESULTS: 9940 total MM patients were included, with 1074 patients (11%) in the Medicaid group. Patients were predominantly male (57%) and white (83%) with mean age 67 (standard deviation 11) years. BPI data (on a scale of 0 to 10 [no pain] to 10 [worst pain]) indicate that average pain was less among HMO/PP0 patients and worst among Medicaid patients. BPI scores (F(2, 9918) = 10.990, p < 0.0001) and HRQOL scores (F(2, 9918) = 10.990, p < 0.0001) were better for the EQ-SD domains of pain and physical function than other cohorts (p < 0.0085), but no other statistically significant differences were observed on EQ-SD scores (on a scale of 1 [no problem] to 2 [some problems] to 3 [incapacity]). FACT-G results indicate that Medicaid insurance is associated with worse baseline HRQOL compared to other groups (p = 0.0229). CONCLUSIONS: Results from the Connect® MM Registry suggest that certain HRQOL domains at treatment initiation may be worse among Medicaid patients and better among HMO/