mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with pancreatic cancer. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 328 studies were identified based on the keywords. Of these, 32 studies met the inclusion criteria. Studies indicate that pancreatic cancer has an extremely poor prognosis; for all stages, median survival is 4–5 years, and 3-year survival is 15%–20% respectively. Pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States and the eighth worldwide. More than 50% of patients come to diagnosis with metastatic disease, and this is an additional 30%–40% pre-

resent with locally advanced tumors. Current treatments include surgery and pallia-
tive chemotherapy such as gemcitabine and gancitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a 1.8 month improvement in the overall survival. CONCLUSIONS: This systematic review shows that patients with pancreatic cancer have a very low survival rate. There is an urgent need for new treatments for these patients.

PCN54
SYSTEMATIC REVIEW OF EPIDEMIOLOGY AND BURDEN OF CUTANEOUS T-CELL Lymphoma
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OBJECTIVES: Cutaneous T-Cell Lymphoma (CTCL) is a rare and serious cancer with significant deterioration in patient quality of life. The objective of this research was to conduct a systematic review of epidemiology and the burden of CTCL. METHODS: A systematic literature search for epidemiology and the burden of disease studies was undertaken for the databases Pubmed, Embase, Biosis, Google Scholar and Cochrane. Data was collated for the studies, methods, country level. Extracted study data included: CTCL incidence, complications, mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with CTCL. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 50 studies were identified based on the keywords. Of these, 14 studies met the inclusion criteria. Studies indicate that CTCL is a group of disorders characterized by localized T cell lymphoproliferation to the skin. Annual overall incidence of CTCL was 6.4 per million persons between 1973 and 2002. CTCLs accounted for 71%, with Mycosis fungoides (MF) and Sézary syndrome (SS) representing the most common sub-types (54 % of all CTCLs). CTCL is associated with a significant symptom burden. Pruritus appears to be one of the most prominent and disturbing symptoms. All aspects of QoL are affected in CTCL. Two new treatments were approved for CTCL during 2009-2012 (US), however, the unmet need remains high. CONCLUSIONS: This systematic review shows that patients with CTCL have a very poor prognosis and serious deterioration in quality of life. There is an urgent need for new treatments for these patients.

PCN55
RATES, TIMING, AND COSTS OF SHORT-TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD) IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED MELANOMA
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OBJECTIVES: Data on the association of disability with advanced melanoma is limited. This exploratory retrospective cohort study determined rates, timing, and costs of disability in patients with advanced melanoma during the first 12 months following a diagnosis of advanced melanoma (Truven Health MarketScan®). Disability costs were adjusted to 70% of an estimated $30/hour replaced wage. RESULTS: Between April 1, 2011, and December 31, 2012, 1,027 patients were identified from the US administrative claims database (Evidencias- Kantar Health database). Patterns of care were evaluated and compared before and after introduction of law 12880/2013. The cost of illness was calculated by a bottom-up approach. Exams, fees, and associated drugs reported were also considered for costing and values were derived from Tables Simpro and CBHMP. Exchange rate used was 1.00USD = 2.20BRL. RESULTS: We studied 110 patients with first-line NSCLC and found 19 different chemotherapy regimens. We observed no changes in the patterns of care: carboplatin with pemetrexed is still the most used (32%), followed now by carboplatin with paclitaxel (19,1%) and bevacizumab containing regimen (16,4%). Oral chemotherapy represented 9,1% of the regimens used. Costs of scheme ranged from 4.637,75USD to 53,747,55USD and the calculated average cost of management of one patient is 23,756,78USD. Additionally, there was a significant increase in the number PT CR required, from 28% in 2013 to 48% in 2014. CONCLUSIONS: We observed a low impact of oral chemotherapy incor-
poration in the patterns of care and cost of illness of first-line NSCLC treatment.

PCN58
HEALTHCARE UTILIZATION AND COSTS ASSOCIATED WITH MULTIPLE SWITCHING OF TYROSINE KINASE INHIBITOR THERAPY IN PATIENTS WITH CHRONIC MYELOID LEUKEMIA
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OBJECTIVES: Tyrosine kinase inhibitors (TKIs) represent the standard therapy to manage Chronic Myeloid Leukemia (CML) and have resulted in a greatly reduced mortality rate. However, up to 40% of patients experience first-line failure, with many patients experiencing second-line. This analysis examined healthcare uti-
lization and costs of patients who switched TKIs in a real-world analysis of a large

study of Chronic Myeloid Leukemia (CML) patients treated with first- and second-line TKI therapy. METHODS: Patients with a CML diagnos-

osis between 1/1/2010-7/31/2014 and a subsequent claim data for a first-, second-, and third-line TKI were identified from the Truven Health MarketScan® Research Databases. Inclusion criteria: >18 years, continuous enrollment from 3 months prior to 6 months post first TKI treatment, no stem cell transplant, and switched to second- and third-line TKIs. Healthcare utilization and costs were calculated on a per-month basis between (1) initiation of first-line TKI until the switch to second-line TKI and (2) between second-line TKI initiation until the switch to third-line TKI. Nonparametric tests were used to test for differences. RESULTS: 137 patients were identified (male=53%, female=46.8%, mean age=57-34 years). Average duration of first-line TKI therapy was 301.62 days and 269.3.6 days for second-line. Although there were large differences among patients, overall, the number of monthly outpatient visits was higher (p<0.5) during second-line therapy (mean=10.51; SD=12.32) relative to first-line therapy (mean=9.48; SD=11.37) there was no significant dif-
f erences in monthly emergency room visits or hospitalizations. Healthcare costs were higher (p<0.5) during second-line therapy than first-line therapy averaging $19,764 vs. $13,383 respectively. CONCLUSIONS: Experienced treatment failure and switching to a second- and third-line TKI represents disruption in therapy and was associated with substantial healthcare utilization and economic burden for patients with CML. This was especially more costly and burdensome for patients who failed the second-line TKI therapy. From the Truven Health MarketScan® Research Databases, 76.9% of patients were associated with a greater number of outpatient visits and higher healthcare costs.

PCN59
DIRECT MEDICAL COSTS OF HER2 POSITIVE BREAST CANCER MANAGEMENT IN IRAN: A CLAIMS DATABASE AND DATA MINING ANALYSIS
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OBJECTIVES: HER2 positive breast cancer management can be costly when a mono-
clonal antibody treatment like trastuzumab is used. This is particularly problematic in middle-income countries with a national health insurance system , which have