Blacks (IRR = 1.15, 95% CI: 1.13-1.17) and 4% longer for Hispanics (IRR = 0.94, 95% CI:1.00-0.98) compared to non-teaching urban (IRR = 1.12, 95% CI: 1.10-1.14) and 5% longer for teaching urban (IRR = 1.15, 95% CI: 1.13-1.17). CONCLUSIONS: We found significant differences in prediction of LOS included race/ethnicity (compared to whites, 15% longer for blacks) and geographic location (compared to non-teaching urban, 12% longer for teaching urban) in all four cancer types included in the current treatment include surgery and palliative chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a recent improvement in 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.

PCN57 THE EFFECT OF METFORMIN USE ON MORTALITY AMONG THOSE WITH PANCREATIC CANCER AND TYPE 2 DIABETES MELLITUS: FINDINGS FROM A NATIONWIDE POPULATION RETROSPECTIVE COHORT STUDY
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OBJECTIVES: To examine the effect of metformin use on survival in pancreatic cancer patients with curative resection and type 2 diabetes mellitus (T2DM). METHODS: A total of 28,862 were initially identified from Korea Center Cancer Registry (KCCR) who had diagnostic code for pancreatic carcinoma between 1 January 2005 and 31 December 2011. Among them, those with curative resection or T2DM and aged over 40 years were included. Subjects were classified as metformin user if they were prescribed metformin around the time of diagnosis. Results: The possession rates of metformin were 37.5% (95% CI: 0.50 to 0.84). Adjusted risk for pancreatic cancer specific mortality of metformin user was significantly lower than that of metformin non-user (hazard ratio, 0.73, 95% CI, 0.61 to 0.87; P < 0.001). The adjusted risk for mortality was also significantly lower (hazard ratio of 0.69, 95% CI, 0.67 to 0.99, P = 0.04). Following the statins use, risk of non-hodgkin’s lymphoma (HR = 0.87, 95% CI = 0.79 to 0.97, P = 0.03) was reduced. There was no significant association between statins use and risk of prostate cancer (HR = 0.91, 95% CI, 0.87 to 1.0, P = 0.09). There was no significant association between statins use and risk of prostate (HR = 0.93, 95% CI, 0.87 to 1.0, P = 0.09). There was no significant association between statins use and risk of colorectal cancer (HR = 0.98, 95% CI, 0.93 to 1.03, P = 0.09). Some studies have reported that metformin may have tumor suppressor genes that may have chemo-preventive potential against variety of cancers. We performed a detailed meta-analysis of observation studies to quantify the association between statins and prostate, breast, lung, and colorectal cancers. The meta-analysis was performed with fixed effects model. The adjusted risk for mortality was also significantly lower (hazard ratio of 0.69, 95% CI, 0.67 to 0.99, P < 0.001). In addition, similar results were found from a serial analysis of metformin use in diabetic patients with pancreatic cancer was associated with improved survival. This may provide a rationale for further prospective study of the use of metformin as an adjunct to the standard of care in the treatment of pancreatic cancer.

PCN58 STATINS USE AND THE RISK OF HEMATOLOGICAL AND NON-HEMATOLOGICAL MALIGNANCIES: A META-ANALYSIS OF 53 OBSERVATIONAL STUDIES
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OBJECTIVES: Statins are frequently prescribed drugs worldwide, used for the management and prevention of coronary artery diseases. In contrast to early concerns, with carcinogenicity in carcinogen-screening tests, recent evidences suggest that statins may have chemo-preventive potential against variety of cancers. We performed a detailed meta-analysis of observation studies to quantify the association between statins and hematological and non-hematological cancers (prostate, breast, lung, and colorectal). The meta-analysis was performed with random effects model. The adjusted risk for mortality was also significantly lower (hazard ratio of 0.69, 95% CI, 0.67 to 0.99, P < 0.001). In addition, similar results were found from a serial analysis of metformin use in diabetic patients with pancreatic cancer was associated with improved survival. This may provide a rationale for further prospective study of the use of metformin as an adjunct to the standard of care in the treatment of pancreatic cancer.

PCN59 ADJUSTING FOR CROSS-OVER IN ONCOLOGY TRIALS: APPROACHES TAKEN TO SUPPORT DRUG REIMBURSEMENT IN AUSTRALIA
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OBJECTIVES: Trials of new oncology treatments often allow patients to crossover from control to experimental treatment either due at disease progression or a specific time point. When progression, progression free survival is unaffected; however overall survival (OS) is confounded in the control arm. Patients switching treatments often have different prognoses, resulting in a biased estimated OS difference. Advanced statistical methods to adjust for crossover include Rank Reserving Structural Failure Time (RSPST) models. Significant of Probabilistic of Censoring

Pancreatic cancer is considered one of the toughest cancers to treat, with extremely poor prognosis. The objective of this study was to conduct a systematic review of epidemiology and the burden of pancreatic cancer. METHODS: A systematic literature search for epidemiology and the burden of disease studies was undertaken for the databases Pubmed, Embase, Biota, Google Scholar and Cochrane. Data was collected using free text search terms, country and key findings. Extracted study included pancreatic cancer incidence, complications, mortality, available treatment options, as well as healthcare utilization and medical costs associated with pancreatic cancer. Critical the type of study quality and data gaps were analyzed at the country level. RESULTS: A total of 328 studies were identified based on the key words. Of these, 32 studies met the inclusion criteria. Studies indicate that 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 clinical attention with metastatic disease. Treatment with locoregional therapy is not adequate; current treatment include surgery and palliative chemotherapy such as gemcitabine and gemcitabine/erlotinib combination. Recently nab-paclitaxel was approved based on a recent improvement in 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.