OBJECTIVES: To describe patients with metastatic melanoma being treated with monotherapy, dacarbazine (DTIC) or granulocyte-macrophage colony-stimulating factor (GM-CSF). METHODS: Using a large US medical claims database, patients were identified between 2005 and 2010 using ≥2 melanoma diagnoses (ICD-9-CM: 172.xx, V10.82) and ≥2 diagnoses for metastasis (ICD-9-CM: 197.xx, 198.xx). Patients who received mono-therapy with DTIC or GM-CSF as the first documented drug for metastatic melanoma were included. Patient demographic and clinical characteristics and treatment duration were compared between patients treated with DTIC and those who received GM-CSF. Furthermore, comparisons were also made between the two treatment groups after 1-to-1 matching on age, gender, and baseline comorbidities. RESULTS: A total of 81 patients with metastatic melanoma receiving first-line DTIC or GM-CSF were included in this analysis. On average, DTIC patients were 8.5 years older (p = 0.009) and had higher baseline Charlson Comorbidity Index scores (D0.43, p = 0.005) than GM-CSF patients. The mean duration of first-line treatment for DTIC patients was 11.9 months on DTIC and 12.3 months on GM-CSF. The mean length of follow-up from the start of first line was 257 days on DTIC and 451 days on GM-CSF. After each GM-CSF patient was matched with a DTIC patient on age, gender, and baseline Charlson Comorbidity Index score, the mean duration of first-line treatment was 79 days on matched DTIC and 135 days on GM-CSF, and the mean length of follow-up from the start of first line was 317 days on matched DTIC and 451 days on GM-CSF. CONCLUSIONS: Patients with metastatic melanoma who received DTIC treatment were older and had higher comorbidity index scores but shorter treatment duration than those who received GM-CSF; the difference in treatment duration remained after DTIC patients were matched with GM-CSF patients on age, gender, and comorbidity index scores.

PCN123 RETROSPECTIVE STUDY OF HEALTH CARE UTILIZATION AND COSTS IN WOMEN WITH METASTATIC BREAST CANCER (MBC) RECEIVING LAPATINIB AFTER TREATMENT WITH TRASTUZUMAB

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OBJECTIVES: To describe the characteristics of women with metastatic breast cancer treated with trastuzumab and/or capecitabine in combination with lapatinib in a real-world setting. METHODS: This was a retrospective cohort study conducted in the US using claims databases from managed care organizations between 1/2000-3/2010. The primary endpoint was the percentage of women receiving lapatinib with and without chemotherapy in combination with trastuzumab and/or capecitabine. RESULTS: Of 340 patients who received an initial diagnosis of MBC, 244 women were identified as receiving lapatinib with/without chemotherapy. Of these, 130 women received chemotherapy in combination with lapatinib. The majority of patients (n = 94) received trastuzumab alone. In combination with lapatinib, 63% of patients received capecitabine and 22% received trastuzumab. The mean(SD) number of chemotherapy doses was 27.1(22.0). The mean(SD) number of patients receiving any chemotherapy was 60.95(40.7). The mean(SD) number of patients who received lapatinib with chemotherapy was 36.77(25.1). The mean(SD) number of patients who received lapatinib with chemotherapy was 36.77(25.1). Conclusions: In this sample of women receiving lapatinib in combination with chemotherapy, the majority of patients received lapatinib with capecitabine and/ or trastuzumab in combination with chemotherapy. The majority of patients received lapatinib with chemotherapy. The majority of patients received lapatinib with chemotherapy.

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