conditions were more frequent in parents with NEs related to work or friends. CONCLUSIONS: FHW with one NE were more likely to report other NEs. FHW/parent with NEs reported greater social worker involvement and treatment, compared with no NE conditions. Further studies are needed to assess temporal relationships between NEs and HTCs visits/advice, and support the relevance of timely social work and psychological counselling in comprehensive care.

**PSY88**

**BURDEN OF DISEASE OF PAIN IN RUSSIA: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)**

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OBJECTIVES: Pain is not a disease, but might be a symptom of a disease, the effect of a disease or an accident. It pervades a person’s daily life activities, social interaction and productive hours. It has powerful psychological and social consequences. In Russia, there are no solid estimates of the magnitude of this study. This is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and resource utilization in Russian urban adults with pain. METHODS: Patient self-reported data were collected from 2011 National Health and Wellness Survey (NHWS). Survey represented major urban areas in Russia. QOL was measured by the physical (PCS) and mental (MCS) component summary scores of the SF-12v2. Loss of work/productivity was measured by the Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, ambulance request and hospitalization in the past 6 months. RESULTS: Of the 10,039 adult respondents, 2,670 (28%) reported to experience pain over the past month (17% mild, 54% moderate and 28% severe) – 35% not receiving medication at all. Average age of patients experiencing pain was 41.5 years. Pain group reported more co-morbidities (headaches 77%, sleep difficulties 54%, insomnia 47%, heartburn 45%, depression 39%, and anxiety 38%) than those without pain (56% vs. 47.8) and MCS (40.0 vs. 45.0), more patients visited health care providers (83% vs. 67%), and a higher percentage were hospitalized (13% vs. 8%) over the past 6 months compared to no experiences pain group. Furthermore, pain group reported 35.9% impairment in daily activity compared to 23.0% in no experiencing pain group. All mentioned differences were statistically significant (p < 0.05) and all percentiles or means were projectable values. CONCLUSIONS: From Russian NHWS results, patients experiencing pain suffer from increased QOL, work/productivity loss and more co-morbidities. Findings indicate there is still unmet medical need in Russian patients with pain.

**PSY9**

**TREATMENT OPTIONS IN OBESITY: IS CLINICAL DEVELOPMENT KEEPING UP WITH AN EXPANDING POPULATION?**

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OBJECTIVES: The occurrence of obesity in the UK is rapidly increasing, and is associated with significant health problems and economic costs. Despite this, there is currently only one drug recommended by NICE for the treatment of obesity. The purpose of the study was to examine whether the clinical development of obesity treatments is keeping up with the increasing obese population in the UK. METHODS: Adult obesity prevalence data for England were obtained from the Health and Social Care Information Centre's health and drug cost database. A search was conducted on ClinicalTrials.gov for the number of clinical trials investigating drug and device interventions to treat obesity initiated yearly from the database inception to January 2013. Results were reviewed to exclude trials investigating dietary codes and medication information. The three patient categories were (1) on-label (ONS, conditions approved by the FDA), (2) off-label supported (OFU, low/no evidence supporting use in unapproved indications); and (3) off-label unsupported (OFU, low/no evidence supporting use in unapproved indications). The likelihood of receiving ESAs was assessed using a generalized estimating equation (GEE) with a binomial regression model for each of the four study sites, hospitals, and controlling for potential confounders. RESULTS: We identified 730,421 patients with ONS conditions (33,004 users, 4.5%), 505, 658 with OFS conditions (843,460 users, 1.0%), and 558,917 patients with OFU conditions (1,840,491 users, 0.8%). Black box warning and REMS had no impact on the odds of receiving ESAs. There was a significant decline in all three use categories the month following NCD. ONS patients were 13% less likely to receive ESAs (OR 0.867, 95% CI 0.846, p = 0.0299). OFS patients were 20% less likely (OR 0.799, 95% CI 0.716, 0.891, p < 0.0001) and OFU patients were 38% less likely to receive ESAs (OR 0.622, 95% CI 0.474, 0.817, p = 0.0006). Age, gender, race, source of payment, admission type, clinical complexity, discharge disposition, and hospital size were significantly associated with on-label and off-label use. CONCLUSIONS: We demonstrated the relative impact of three safety interventions on on-label and off-label use in the hospital settings. Reimbursement change may have unintentionally reduced the likelihood of receiving ESAs in patients who could have otherwise benefited.

**PSY92**

**AMBULATORY TREATMENT AND DIAGNOSIS OF NON-MALIGNANT PAIN IN THE UNITED STATES, 2000-2010**

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OBJECTIVES: Escalating rates of prescription opioid use and abuse have occurred in the context of efforts to improve the identification and management of non-malignant pain. To characterize the diagnosis and management of non-malignant pain based on ambulatory care setting outpatient claims data. METHODS: Serial cross-sectional and multivariate regression analyses of the National Ambulatory Medical Care Survey (NAMCS), a nationally representative audit of office-based physician visits. The main outcome measures were 1) Annual volume of visits among adults with a primary symptom or diagnosis of pain, and 2) prescription opioid and non-opioid pharmacologic therapy in visits limited to new musculoskeletal pain. RESULTS: Non-opioid and non-opioid pharmacotherapies decreased from 38% of visits (2000) to 29% of visits (2010). After adjusting for potentially confounding covariates, few patient, physician or practice characteristics were associated with the use of non-opioid rather than opioid analgesia. CONCLUSIONS: Increased opioid use during the past decade has not been accompanied by similar increases in non-opioid analgesics. Clinical alternatives to prescription opioids may be underutilized as a means of treating ambulatory non-malignant pain.

**RESEARCH POSTER PRESENTATIONS – SESSION III DISEASE-SPECIFIC STUDIES**

**CANCER – Clinical Outcomes Studies**

**PCN1**

**META-ANALYSIS OF NEPHROTOXICITY IN PATIENTS WITH SOLID TUMORS TREATED WITH CISPLATIN AND NON-CISPLATIN REGIMENS WITH SUB-GROUP ANALYSES BASED ON RENAL ELIGIBILITY CRITERIA**

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OBJECTIVES: Gliomular filtration rate (GFR) is known to better estimate renal function than serum creatinine (Scr), but Scr is commonly used when screening patients for inclusion into clinical trials of the nephrotoxic drug cisplatin. The objective of this meta-analysis was to indirectly compare incidence of nephrotoxicity in trials including cisplatin when renal function was assessed using either Scr or GFR for eligibility criteria. METHODS: A PubMed literature search identified randomized trials comparing cisplatin to non-cisplatin regimens with sub-group analyses of studies using Scr, GFR, and either Scr or GFR for screening. RESULTS: A total of 2,359 studies were identified from the literature search and 29 studies met all inclusion and exclusion criteria (N=1,466 patients). Of these, 18 studies used Scr (N=1,141) and 13 used GFR (N=318). The overall RR for developing nephropathy with cisplatin versus non-cisplatin treatment was 2.09 (95%CI 1.33-3.27, p<0.001). In sub-group analyses, the RR was 2.47 (95%CI 1.24-4.94, p=0.011) for Scr, 1.84 (95%CI 0.96-3.54, p=0.067) for GFR, and 1.88 (95%CI 0.49-7.26, p=0.359) for either Scr or GFR. Results did not vary between 14.9% to 28.8% (2011). This has been associated with an estimated increase in total costs to the UK of £2.6 billion (1998) to £15.8 billion (2007). Since 2000, 46 trials have been initiated investigating treatments for obesity. The number of clinical trials initiated yearly has increased since 2000, however recent years have seen a decline. 1 trial was initiated in 2000, generally increasing until 2010 when 8 trials were initiated. 2011 and 2012 both saw a dip in the number of initiated trials, with only 3 trials started in 2012. CONCLUSIONS: The prevalence and excessive burden of obesity has increased dramatically in the UK over the past 18 years. The rate of clinical development has also increased; however, this rate is low in relation to the significance of this health problem and the increase in the obesity population. These results highlight the need for further clinical development in treating obesity.