OBJECTIVES: To compare adherence rates to oral versus intravenous (IV) chemotherapy regimens to treat metastatic colorectal cancer (CRC). METHODS: A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with metastatic CRC between January 1, 2012 and December 31, 2010, who were insured by a commercial health plan were included. Adherence was assessed using the medication possession ratio (MPR), calculated as the proportion of days a patient was covered by their chemotherapy regimen, as the proportion of days a patient was covered by their chemotherapy regimen, excluding IV regimens (77%) achieved an MPR of 0.80 versus capcitabine oral regimens (mean MPR = 0.80, p<0.001). Additionally, a significantly higher proportion of patients receiving IV regimens (87%) achieved an MPR of 0.80 versus patients receiving capcitabine chemotherapy (53%, p<0.001). These differences persisted when stratifying by line of chemotherapy, age, and disease severity (measured using the weighted Charlson index). In multivariate logistic regression, oral chemotherapy regimens were associated with an odds ratio (OR) of 0.33 regarding achieving an MPR of >0.8. Similarly, in multivariate linear regression capcitabine oral chemotherapy regimens were associated with a significant decrement in MPR (beta coefficient = -0.08, p<0.001). CONCLUSIONS: Capcitabine oral chemotherapy regimens were associated with a significantly lower adherence rate compared with IV regimens in metastatic CRC patients. The clinical impact of the observed differences is unknown.

THE ASSOCIATION BETWEEN NON-ADHERENCE AND QUALITY OF LIFE AMONG WOMEN WITH METASTATIC BREAST CANCER

BACKGROUND: Non-adherence to oral chemotherapy agents, has elevated the importance of adherence. This study sought to address the relationship between non-adherence and quality of life among women with mBC. METHODS: A cross-sectional internet survey was administered to 181 women diagnosed with mBC who had prior experience with taxanes, lapatinib, or dactinomycin. Descriptive, Demographic, Health history, treatment history (e.g., current use of chemotherapy [oral or IV], radiation therapy, or hormone therapy) and quality of life in the past 7 days (using the FACT-B) infor- mation was collected. Patients were asked whether they had any non-adherent behaviors, the reason for the decision (e.g., tolerability of side effects, reduce cost). The number of different non-adherence reasons was used to predict FACT-B scores using regression modeling, controlling for demographics and health history. Subgroup analysis was conducted among those using oral chemotherapy agents, separated by race. RESULTS: The mean age was 52.2 years and 93.9% were non-Hispanic white. 42.0% and 24.3% of respondents were currently using an IV and oral chemotherapy agent, respectively. Among all treatments, 34% of respondents reported engaging in non-adherent behavior. Aside from hormone therapy (43.0%), non-adherence was highest among patients who were using oral chemotherapy agents (34.1%). The number of non-adherent behaviors was significantly correlated with a decrease in functional well-being (FWB, β=−1.40), FACT-G total score (β=−0.30), FACT-B total score (β=−3.92), and FACT trial outcome index (FACT-TOI; β=−2.98) (all p<0.05). These relationships were stronger when focusing on respondents who were using an oral chemotherapy agent (n=467, β=−1.67, 6.11, −8.63, −7.37, -6.11, −8.63 for FWB, FACT-G, FACT-B, and FACT-TOI, respectively). CONCLUSIONS: Approximately a third reported engaging in non-adherent behavior. These behaviors were associated with significant decre- ments in health status, suggesting improvements in adherence could correspond to quality of life benefits to the patient.

A192

PCN137
TREATMENT PATTERNS AND PERSISTENCE AMONG PATIENTS TREATED WITH STIVARGA

OBJECTIVES: Examine baseline treatment patterns and persistence among patients diagnosed with metastatic colorectal cancer (mCRC) or Gastrointestinal stromal tumor (GIST) and treated with Stivarga® (regorafenib). METHODS: Adult patients treated with Stivarga from 9/27/12-7/31/13 were identified from a large national US claims database. Patients were retained if they were continuously enrolled in the health plan for ≥6 months before the initial (index) fill (baseline period) and ≥1 month after the index fill (follow-up period). Patients were required to be diagnosed with mCRC or GIST, be ≥18 years old, and have non-missing demographic information. Follow-up persistence with Stivarga was identified using persistence of therapy of at least 30 days. The use of chemotherapy in the baseline, the last regimen received before initiating Stivarga, and the amount of time between receipt of last chemotherapy and Stivarga initiation was identified. RESULTS: 283 patients were treated with Stivarga from 9/27/12-7/31/13. Mean age was 61.6 years, 66.4% were female, and 38.7% were Medicare Advantage patients. Mean baseline length was 4.2 years (median: 3.3 years). Mean follow-up length was 4.5 months. Baseline chemotherapy use was observed in 97.5% of patients; 89.5%, 72.3%, and 79.9% of patients received irinotecan, oxaliplatin or bevacizumab, respectively. The most common regimens prior to Stivarga were FOLFOX (12.7%), FOLFOX+BEV (10.0%), and irinotecan+Capecitabine (8.7%). On average, patients had a gap of 85 days from receipt of last chemotherapy to the start of Stivarga. 50% initiated within 30 days and 25% initiated after more than 84 days. Patients received 2.5 fills of Stivarga and were persistent for 69.5 days, on average. 57.5% of patients were persistent through the 1st fill of their regimen (b) RESULTS: Most Stivarga-treated mCRC or GIST patients received chemotherapy in the 3 months prior to initiating Stivarga. At least half of patients were persistent for at least 8 weeks.

PCN138
COMPARISON OF ADHERENCE RATES BETWEEN ORALCAPEITABINE AND INTRAVENOUS CHEMOTHERAPY REGIMENTS TO TREAT METASTATIC COLORECTAL CANCER

OBJECTIVES: To compare adherence rates to oral versus intravenous (IV) chemotherapy regimens to treat metastatic colorectal cancer (CRC). METHODS: A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with metastatic CRC between January 1, 2012 and December 31, 2010, who were insured by a commercial health plan were included. Adherence was assessed using the medication possession ratio (MPR), calculated as the proportion of days a patient was covered by their chemotherapy regimen, according to NCCN guidelines, from the first to the last cycle/prescription of that regimen. Comparisons of MPR between the groups were performed by multivariate logistic regression, using the threshold of MPR=0.8 to define high adherence, by multivariate linear regression treating MPR as a continuous variable. RESULTS: A total of 9,964 chemotherapy regimens in cycles in 3,367 patients were analyzed. The most common regimens were IV FOLFOX (n=1,710), oral capcitabine (n=1,328), and IV Capecitabine (n=1,100). Overall, patients with IV regimens (mean MPR = 0.88) versus capcitabine oral regimens (mean MPR = 0.80, p<0.001). Additionally, a significantly higher proportion of patients receiving IV regimens (87%) achieved an MPR of 0.80 versus patients receiving capcitabine chemotherapy (53%, p<0.001). These differences persisted when stratifying by line of chemotherapy, age, and disease severity (measured using the weighted Charlson index). In multivariate logistic regression, oral chemotherapy regimens were associated with an odds ratio (OR) of 0.33 regarding achieving an MPR of >0.8. Similarly, in multivariate linear regression capcitabine oral chemotherapy regimens were associated with a significant decrement in MPR (beta coefficient = −0.08, p<0.001). CONCLUSIONS: Capcitabine oral chemotherapy regimens were associated with a significantly lower adherence rate compared with IV regimens in metastatic CRC patients. The clinical impact of the observed differences is unknown.

PCN141
A SYSTEMATIC REVIEW OF HEALTH-STATE UTILITY VALUES IN ADVANCED GASTRIC, OESOPHAGEAL, OR GASTRO-OESOPHAGEAL JUNCTION ADENOCARCINOMA

The mean age was 52.2 years and 93.9% were non-Hispanic white. 

OBJECTIVES: Health-state utility values (HSUVs) are an essential component for cost-utility analysis (CUA). The aim of this review was to systematically identify utility weights associated with advanced gastric (GC), oesophageal (OC), or gastro-oesophageal junction (GOJ) cancers. METHODS: A systematic database search of Cochrane databases (accessed September 2013) were interrogated for relevant studies using a predefined search strategy: Studies eligible for inclusion included those assessing HSUVs of gastric, oesophageal or GC/OC/GEJ (post-chemotherapy in GC patients, 0.606 and 0.685, respectively). In two studies utility values were valued each health state using the TTO methodology. These can be captured using the time trade-off (TTO) methodology. The increasing availability of treatment options for metastatic breast cancer (mBC) has been associated with a decrease in functional well-being (FWB), beta = −1.40, FACT-G total score (beta = −0.30), FACT-B total score (beta = −3.92), and FACT trial outcome index (FACT-TOI; beta = −2.98) (all p < 0.05). These relationships were stronger when focusing on respondents who were using an oral chemotherapy agent (n = 467, beta = −1.67, 6.11, −8.63, −7.37, −6.11, −8.63 for FWB, FACT-G, FACT-B, and FACT-TOI, respectively). CONCLUSIONS: Approximately a third reported engaging in non-adherent behavior. These behaviors were associated with significant decrements in health status, suggesting improvements in adherence could correspond to quality of life benefits to the patient. 

PCN140
HEALTH STATE UTILITIES FOR CHRONIC LYMPHOCYTIC LEUKEMIA

OBJECTIVES: Utility values used in economic evaluations of new products reflect the strength of preference for the health related quality of life (HRQL) of a given health state. These can be captured using the time trade-off (TTO) methodology. 

METHODS: Nine health states were developed following a literature review, interviews with patients (n=6) and clinicians (n=5), and a public (n=5) piloting. Five health states were: progression free survival (PFS) on initial intravenous (IV) therapy. 

PFS on initial oral therapy; PFS on initial therapy with increased hospital visits; PFS without therapy; progression after 1st line therapy; PFS on 2nd line therapy; PFS without 2nd line therapy; new or not current treatment; further progression (disease progression after 2 lines of treatment); and relapsed lines of treatment (≥3 lines of treatment). One hundred members of the UK general public valued each health state with the TTO methodology. The mean value of PFS on initial IV therapy (0.71), PFS on initial IV therapy with increased hospital visits (0.67), PFS on 2nd line therapy (0.66) and for PFS without 2nd line therapy was 0.71; further progression (0.59), PFS on 2nd line therapy (0.55), and relapsed lines of treatment (0.42) had greater reductions. CONCLUSIONS: The results show the weights that the general public assigns on CUA states, underpinning the value in maintaining PFS for as long as possible. Findings also highlight the extent to which HRQL declines following first line progression. These findings can support the estimation of quality adjusted life years associated with treatments for CLL.