about 1.7-times more than at 3 months before death. **CONCLUSIONS:** If pain of cancer patients can be appropriately controlled according to the need, unnecessary hospitalization and ER visits will be reduced, resulting in improved quality of life of patients and efficient use of medical expenses; however, a number of obstacles exist for cancer pain control in real practice.

PCN48

**CHANGES IN GLUCOSE LOWERING DRUG USE BEFORE AND AFTER A CANCER DIAGNOSIS: STUDIES WITH THE DIABETES REGISTERS IN REGIONS WITH A HIGHER INCIDENCE OF CANCER**

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**OBJECTIVES:** The objective of this systematic review was to assess changes in GLD use associated with cancer development and treatment among diabetic individual.

**METHODS:** New GLDs users (1998-2011) living in the ECR-PHARMO catchment area were selected (n=52,228). Those with a primary cancer diagnosis were con- simed. GLD treatment options, as well as healthcare resource utilization and medical costs 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.

PCN51

**EVOLUTION OF THE NUMBER OF PATIENTS TREATED FOR METASTATIC TREATMENT BETWEEN 2003 AND 2013 IN FRANCE**

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**OBJECTIVES:** In France, cancer incidence and mortality rates are readily available. However, less well known is the number of patients with an active disease. Existing prevalence data, often coming from probabilistic models, aggregate both currently treated patients and those who have received treatment at some time in their disease history with a metastatic disease. Since the latter represent the essentials of current treatment needs, their recognition is necessary to evaluate crucial treatment resources.

**METHODS:** Conducted in France every 2 years, the ‘Cancérologie’ study is a population-based survey on the current status and treatment of their next 15 patients (12 until 2009) seen with any solid or liquid cancer in the active phase. Thus, 4,430 patients were reported during the 2013 study (as opposed to 2,260 in 2003). Data collected were extrapolated to the whole of France, using activity data from hospitals as projection coefficients.

**RESULTS:** Between 2003 and 2013, the total number of patients treated for an active disease in French healthcare facilities rose from 394,000 to 521,000, showing an average annual increase of 2.8% which is above the estimated annual increase in incidence over the same period (1.7%). Meanwhile, among all patients, the distribution of solid tumors versus liquid tumors has remained almost identi- cal (ratio between 1.7-1.2:1). However, the number of patients treated for a metastatic tumor has risen by 71% from 157,000 patients in 2003 to 269,000 in 2013 (from 39% to 60% of total patients). Prostate, colorectal and breast cancers have been the main contributors to this increase. Cancer deaths in the number of patients treated for a metastatic disease is undoubtedly the most significant occurrence of these past ten years in oncology. The monitoring of this trend, overall and by indication, is a priority.

PCN52

**PREVALENCE AND RISK FACTORS OF SKIN CANCER IN MEXICO: AN OBSERVATIONAL STUDY**

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**OBJECTIVES:** The incidence of malignant melanoma has increased in the recent years. The distribution of melanoma (IV) in the disease process is well established. Indeed, epidemiological data supported that sun exposure and, more particularly sunburns during childhood are associated with a higher risk of developing melanoma. The present study aims at evaluating the prevalence of skin cancer and other skin disorders in the Mexican population and at determining the risk factors associated with these conditions.

**METHODS:** A total of 400 dermatologists practicing in the 11 most important cities of Mexico have been selected to participate in the study. Over a period of one week, each year from 2011 to 2014, they submitted questionnaires to every consulting patient. These questionnaires comprised two sections: one completed by the patient to gather data on risk factors and the other by the dermatologist to collect data on the clinical characteristics. **RESULTS:** A total of 11,841 questionnaires were completed. The mean age of the study popula- tion was 49.3 years and respondents were predominantly women (sex ratio 2:1). The phototype II is the most frequently reported by study participants (about 36%) how- ever, phototype I and IV are also the most preferred, by approximately 20% of individuals.

Most study participants did not report any severe sunburns during childhood and almost 40% of them spent more than one hour a day in the sun. Very few patients have personal or family history of melanoma and less than 15% have suffered from non-melanoma skin cancer. At the time of the clinical examination, melanoma was rarely suspected (about 2% of cases). The most frequent disorder appeared to be basal cell carcinoma with 7% of individuals presenting this disease.

**RESULTS FROM THIS OBSERVATIONAL STUDY CONFIRMED VARIATIONS IN THE PREDOMINANCE OF THE VARIOUS TYPES OF SKIN CANCER.**

PCN53

**PATIENT CHARACTERISTICS AND HEALTHCARE BURDEN OF CANCER HOSPITALIZATIONS IN THE UNITED STATES**

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**OBJECTIVES:** We assessed the patient characteristics and burden of cancer hos- pitalizations amongst the most prevalent cancers in the United States.

**METHODS:** We conducted a cross-sectional study of the 2012 National Inpatient Sample. Utilizing ICD-9 codes, we identified cancers with the highest mortality rates in males and females, and calculated all-cause hospitalization burden. Risk coefficients were calculated using bivariate statistics. Multivariable analyses were used to test the associations with cancer hospitalizations while adjusting for potential confounders. In order to determine the association between cancer hospitalization burden and age, we used a generalized linear model for charges and a negative binomial model for differences in length of stay (LOS).

**RESULTS:** We estimated the incidence of cancer hospitalizations at 471,755 cases. Lung cancers accounted for the greatest proportion of cancer hospitalizations (27.46%), while liver cancers accounted for the highest incidence (23.3%). Median hospital stay: 6 days [Interquartile Range (IQR): 4-10] and pancreatic (median: 6 days [IQR: 3-10]) cancers were associated with the longest LOS. The overall median charges for hospitalization were highest for colorectal cancer ($56,764 [IQR: $31,952-$83,353]), however, the median charges per day were highest for prostate cancer ($23,589

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Predictors of LOS included race/ethnicity (compared to whites, 15% longer for blacks [IRR=1.15, 95% CI: 1.13-1.17] and 4% longer for Hispanics [IRR=1.04, 95% CI: 1.02-1.06]), and geographic location (compared to non-teaching urban [IRR=1.12, 95% CI: 1.10-1.14] and 15% longer for teaching urban [IRR=1.15, 95% CI: 1.13-1.17]). CONCLUSIONS: We found significant differences in proportions of non-adherence, LOS, and changes in renal function among different cancer types, influenced by patient and facility characteristics. Of the cancer sites considered, liver cancers had the lowest incidence of hospitalization, shortest LOS, and lowest total charges.

PCN54 ASSESSMENT OF RENAL FUNCTION AMONG PATIENTS WITH BONE METASTASIS FROM SOLID TUMORS Qian Y1, Bharwani N2, Kung SF2, Colman S3
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OBJECTIVES: To examine the change in renal function among patients with bone metastasis from solid tumors (STs).
METHODS: A retrospective cohort study was conducted using OSCER (Oncology Services Comprehensive Electronic Records) database, containing electronic medical records from >50 outpatient oncology/ hematology practice groups in the US. The study sample included adults (age >18 years) diagnosed with a single ST and BM between 01/01/2012 through 09/30/2013. Changes in renal function from baseline (6 months prior to the BM diagnosis) over the follow-up period were assessed. The outcomes of interest include clinically-meaningful increase in serum creatinine (sCr) [defined as ≥0.5 mg/dL increase in patients with normal baseline levels (<1.4 mg/dL) and 1.0 mg/dL increase in those with elevated baseline levels (≥1.4 mg/dL)], estimated glomerular filtration rate (eGFR) (≥30% change), and chronic kidney disease (CKD) stage (eGFR <90 to ≤60 eGFR:15). Descriptive analysis was conducted to examine baseline patient characteristics and change in renal function. RESULTS: A total of 6,380 patients met the eligibility criteria with an average age of 66.6 years (SD: 12), mean sCr of 1.0 (SD: 0.5), and mean eGFR of 77 (SD: 23) at baseline. During a median follow-up of 191 days after BM diagnosis, an average 11-point (SD: 17) reduction (relative reduction: 13%) in eGFR from baseline was observed. A mean of 14% (SD: 12) of the patients overall, and around 7% more than those with ≥2 patients, were classified as CKD stage ≥3 ≥18% of the patients overall, and around 7% more than those with ≥2 patients, were observed. (SD: 18.8) in the patients of interest, and 7.2% of all patients were observed. CONCLUSIONS: Worsened renal function was observed among patients with ST and BM. Given the use of bone targeting agents in this patient population, future analysis is needed to understand the impact of those agents, such as zoledronic acid, on renal function.