chronic pulmonary disease. The sunitinib cohort had less time between diagnosis and index prescription than the pazopanib cohort (p < 0.0001). Twenty-three cancers, 11 carcinomas, 8 sarcomas, and 4 melanomas were NS different. Before imputation, adjusted mean [SD] daily medication costs during persistence were higher for sunitinib ($218.19 [37.4] vs. $177.07 [45.76]; p < 0.0001), but NS among untreated patients (sunitinib vs. pazopanib at least [95% CI] 4.0 [2.6] to 5.4 [0.121]. Twelve-month adjusted RCC-related medical costs were significantly lower for sunitinib than pazopanib before imputation ($36,638.96 [$26,543.89] vs. $45,629.95 [$35,226.83], p < 0.005). The RCC-related prescription costs were NS different between the two drugs before and after imputation.

CONCLUSIONS: Treatment patterns and persistence with sunitinib or pazopanib were NS different. Sunitinib daily cost was NS different from pazopanib after imputation. Further analysis is needed regarding dosing schedule, days supply, and related calculations.

PCN43 A COST COMPARISON OF SPLIT-DOSE REDUCED- VOLUME ORAL SALT SOLUTION (OSS) AND POLYETHYLENE GLYCOL WITH ELECTROLYTES SOLUTION (PEG-ELS)

Chen M1, Yermakov S2, Davis M3, Campbell B2, Huhly L2, Farraye F3, Yeni-kosman M4
1BrainTree Laboratories, BrainTree, MA, USA, 2Analysis Group Inc., Boston, MA, USA, 3Boston Medical Center, Boston University School of Medicine, Boston, MA, USA
OBJECTIVES: The study aimed to (1) develop a cost model for colonoscopy prepa- ration among patients referred for colonoscopy using split-dose reduced-volume oral salt solution (OSS) and generic polyethylene glycol with electrolyte solutions in the USA; (2) examine cost-savings associated with OSS versus ELS and (3) assess the robustness of the cost model.

METHODS: Clinical efficacy of each agent was based on the results of a 541-patient clinical trial comparing OSS to PEG-ELS. Colonolysis patient and colonoscopic procedure costs were calculated from OptumHealth Reporting & Insights claims data for 2010–Q1 2013. In the cost model, patients’ colonoscopies were tracked until the patient reached age 75. The difference per patient per year (PPP) in total cleansing agent and colonoscopy procedure costs over the time horizon between the OSS and PEG-ELS cohort was calculated. One-way sensitivity analyses were also conducted to test the robustness of the cost model.

RESULTS: The cost model showed that OSS patients had fewer hospitalizations during the time horizon and wild-card patients were slightly more likely to over $143 per colonoscopy. One each of costs, the colonoscopy and OSS procedure were let to foun.

CONCLUSIONS: From a payer’s perspective, the cost model showed that the use of OSS as the cleansing agent resulted in potential cost-savings compared with PEG-ELS. The cost model was robust and cost-savings under OSS remained under various sensitivity analyses.

PCN44 THE COSTS OF CANCER-RELATED ABSENTEEISM: A SYSTEMATIC REVIEW OF THE LITERATURE

Yu J.S1, Seal B2, Carlson J.J.3
1University of Washington, Seattle, WA, USA, 2Bayer HealthCare Pharmaceuticals, Whippany, NJ, USA
OBJECTIVES: Cancer-related morbidity and mortality have dramatic impacts on patients and society. Studies of cancer studies on the economic burden of cancer-related absenteeism were identified from the 2012 dataset of the China Health Insurance Research Association (CHIRA) claims database which includes a nationwide, cross-sectional sampling of patients. Direct medical costs including pharmaceuticals were compared with sequences of biological therapy that starts with cetuximab in the first-line followed by bevacizumab in second-line treatment. Resource savings with sequential bevacizumab have the potential to optimize third-line treatment strategy for mCRC patients with wild-type KRAs in Brazil.

PCN47 HEALTHCARE RESOURCE UTILIZATION AND MEDICAL CARE COST ASSOCIATED WITH NEW BIO-SURGICAL HEMOSTASIS IN CHINA

Ma YJ, Xu W, Wu J, Yue N, Lyu R
1China Health Insurance Research Association, Beijing, China, 2Dalian Medical University, Dalian, China, 3Beijing Brainpower Pharma Consulting Co. Ltd, Beijing, China, 4Johnson & Johnson Medical Device, Beijing, China

OBJECTIVES: To investigate patterns of hemostat methods in surgeons and evaluate the healthcare resource utilization and economic burden of patients in China.

METHODS: All Patients using oxidized regenerated cellulose (ORC), microfi- brillar collagen hemostat (MCH), resorbable oxidized cellulose (ROC), and microfi- brillar polysaccharide hemispheres (MPH) after cholecystectomy, hysterectomy or other related surgeries in tertiary hospitals were identified from the 2012 dataset of the China Health Insurance Research Association (CHIRA) claims database which includes a nationwide, cross-sectional sampling of patients. Direct medical costs including pharmaceuticals were compared with sequences of biological therapy that starts with cetuximab in the first-line followed by bevacizumab in second-line treatment. Resource savings with sequential bevacizumab have the potential to optimize third-line treatment strategy for mCRC patients with wild-type KRAs in Brazil.

OBJECTIVES: To examine and compare costs and cost drivers for various meta- markers for colorectal cancer (CRC) treatment. METHODS: This study used administrative healthcare claims from MarketScan® Commercial and Medicare Supplemental Databases to identify patients newly diagnosed with mRCC (index event) from 1/1/2006 to 3/31/2014, with continuous health plan enrollment at least 6 months prior to and 30 days following the index event from 1/1/2006 to 3/31/2014, with continuous health plan enrollment at least 6 months prior to and 30 days following the index event from 1/1/2006 to 3/31/2014.

RESULTS: The population included 3060 mRCC patients. Total per-patient-per-month costs for pazopanib ($14,811 [range $7,819 to $15,381]) were not statistically lower at an alpha level of 0.05 than sunitinib ($15,808). However, temsirolimus ($19,431) and IL-2 ($96,619) were significantly more costly than sunitinib. For inpatient and outpatient costs of pazopanib and temsirolimus were both significantly more costly than sunitinib while sorafenib was significantly less costly. Multivariate modeling found that not of index event date, number of metastatic sites, NCi comorbidity index score, or recurrence of an adverse event during first line treatment were significantly associated with greater costs for all patients. In general, approximately 46% of total costs were specific to mRCC drug costs while 30% were due to inpatient stay. CONCLUSIONS: This study demonstrates that there may be significant cost differences between mRCC drugs and that mRCC drug costs represent the largest driver of total healthcare costs in this patient population. Further research on comparative effectiveness, weighing costs relative to clinical benefit, is needed.