surgery at any time during the study period was present in 94.5%, 91.2%, and 65.9% of patients, respectively (5.5% of patients had no claims indicating any prior cancer treatment). Mean length of chemotherapy treatment was 806 days, and 571 days for biologic treatment. **CONCLUSIONS:** Patients initiated on regorafenib were largely suffering from metastatic cancer, and had a range of comorbid conditions. Nearly all patients were treated with chemotherapy and/or biologic agents before initiating regorafenib treatment.

**PCN178**

USE OF BONE-MODIFYING AGENTS FOLLOWING ANDRENNAL DEPRAVATION THERAPY FOR MEDICARE NON-METASTATIC PROSTATE CANCER PATIENTS

**Yong C.**

**Objective:** To understand the most common BMAs used in patients with prostate cancer and identify demographic and clinical factors associated with BMA utilization following ADT for prostate cancer (PC). **Methods:** Using BMA receipt. **Results:** The most common BMAs were oral BP (5.2%), intravenous BP (3.3%), hormone replacement therapy, and routine cervical cancer screening were positively associated with BMA use. Compared to stage 2 PC patients, those with stages 3 or 4, and unstaged patients received ADT within 6 months after diagnosis and had at least 6 months of Part D enrollment during follow-up. Multivariable logistic regression model was estimated to identify demographic and clinical factors associated with BMA utilization following ADT initiation. **Results:** We identified 7,545 non-metastatic PC patients who received ADT at age 74. The sample included patients with stage 2 (60%), 3 or 4 (8%), or unstaged (12%) PC. Overall, 8.6% had any BMA use after ADT initiation and the most common BMAs were oral BP (5.2%), intravenous BP (3.3%), followed by hormone replacement therapy, and osteoporosis. A small proportion of patients (1.5%) used BMA prior to ADT initiation. The median time to first BMA use after ADT initiation was 189 days. Factors associated with statistically significant increased likelihood of BMA use included having poorly differentiated tumor, and presence of osteoporosis. Compared to stage 2 PC patients, those with stages 3 or 4, and unstaged PC were more likely to receive BMA (p<0.01). Patient race/ethnicity, comorbidity profile, and history of fracture were not statistically significantly associated with BMA initiation. **Conclusions:** Less than 10% of patients aged 66 years or older were diagnosed with non-metastatic PC and initiating ADT received any BMA, suggesting that a significant gap remains in the prevention and treatment of osteoporosis in this population.

**PCN179**

THE DOWNTOWN TREND IN ONCOLOGY DRUG PRICING, SPEED TO MARKET AND ACCESS

**Cotovric D., Alexander R.**

**Objective:** To understand relative price differential for cancer drugs in the U.S. and the U.K. **Methods:** Using linked Surveillance, Epidemiology, and End Results (SEER) & Medicare data, we identified men aged 66 years or older who were newly diagnosed with prostate cancer between 2004-2009 and received ADT within 6 months after diagnosis and had at least 6 months of Part D coverage. **Results:** Approximately 1.19% of the recipients received repeat mammograms during the study period. **Conclusions:** Approximately 1.19% of the recipients received repeat mammograms during the study period.

**PCN180**

FACTORS ASSOCIATED WITH REPEAT MAMMOGRAPHY SCREENING IN THE MEDICARE POPULATION

**Mahathertha S., Khatana R., Banaban R.**

**Objective:** Using limited information currently exists regarding use of routine mammography screening among Medicare enrollees. The current study determined the prevalence of repeat mammography screening and the associated factors in the Medicare population. **Methods:** The 2006-2008 Medicaid Analytic Extract (MAX) data for 39 states in the United States were used in this study. The target population consisted of female recipients aged 40-64 years who were continuously enrolled in the Medicaid program during 2006-2008. Recipients with a diagnosis of breast cancer were excluded from the study. Repeat mammography screening was defined as two or more successive mammograms within a 10-year period with a gap of 10-14 months. The effect of various recipient- and county-level factors on repeat mammography screening was determined using hierarchical logistic regression. **Results:** Approximately 1.1% of the recipients received repeat mammography screening in the 10-year period. The repeat mammography screening rates were higher in older women and those belonging to ethnic minorities than younger women and whites. Number of visits to physician offices and outpatient centers, hormone replacement therapy, and routine cervical cancer screening were positively associated with repeat mammography screening. However, number of emergency room visits was negatively associated with repeat mammography screening. No association was observed between county level characteristics such as number of primary care physicians, number of mammography screening facilities, and number of federally qualified health care centers per 10,000 women and repeat mammography screening. **Conclusions:** Mammography screening is underutilized in the Medicare population. Varies in predicting repeat mammography screening were identified. Program planners should consider these factors when designing educational interventions aimed at increasing routine use of mammography screening among Medicare enrollees.

**PCN181**

ONCOLOGY TREATMENT PRACTICES IN THE UNITED STATES AND THE UNITED KINGDOM (2011-2013)

**Agarwal S., Topaloglu H.**

**Objective:** To understand the most common BMAs used in patients with prostate cancer and identify demographic and clinical factors associated with BMA utilization following ADT for prostate cancer (PC). **Methods:** Using linked Surveillance, Epidemiology, and End Results (SEER) & Medicare data, we identified men aged 66 years or older who were newly diagnosed with prostate cancer between 2004-2009 and received ADT within 6 months after diagnosis and had at least 6 months of Part D coverage. **Results:** Approximately 1.19% of the recipients received repeat mammograms during the study period. **Conclusions:** Approximately 1.19% of the recipients received repeat mammograms during the study period.