in the first 6 month period resulting in $6310 in lost wages. This loss decreased in the 2nd 6 month period as 6.2% reported increasing work status, 88% stayed the same, and 5.2% reported additional decreases, which continued into the first half of year 2. Work loss then increased to 7% until 6 years post treatment when it slowly decreased. Hours of work loss and gain over 10 years resulted in a weighted cumulative average wage loss of $146,500. Those at moderate risk lost more wages than high or low risk patients. Most wages were lost by those receiving androgen deprivation therapy medications alone ($190,000), while those receiving cryotherapy had the lowest wage loss ($99,500). Radical prostatectomy treatment alone resulted in $142,100 lost wages over 10 years. CONCLUSION: The wages lost after treatment for prostate cancer are high. This is the first long-term look at prostate cancer workloss. Although most wage loss occurs in the first six months, substantial loss continues over the next ten years.

THE COST OF TREATING SKELETAL-RELATED EVENTS IN PATIENTS WITH BONE METASTASES SECONDARY TO BREAST, LUNG, OR PROSTATE CANCER
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OBJECTIVE: Metastatic bone disease (MBD) and subsequent skeletal-related events (SREs) are common complications secondary to solid tumors. We conducted a retrospective analysis of US health insurance claims to examine the cost of SREs among patients with MBD secondary to breast, lung, or prostate cancer.

METHODS: Data were obtained from i3’s Lab Rx Database from May 1, 2000 to March 31, 2005. Patients were included if they had at least two ICD-9 diagnoses of breast, lung, or prostate cancer; at least two diagnoses of MBD; and at least one SRE on or after the initial MBD diagnosis. SREs were defined as a pathological fracture, spinal cord compression, surgery to the bone, or radiation to the bone and were identified using ICD-9 and CPT-4 codes. Patients had to be continuously insured for at least six months prior to their first SRE (index date) and one month after their index date. Descriptive statistics were calculated and the annual cost of SREs was estimated using Kaplan-Meier curves to adjust for censoring.

RESULTS: In the study period, 876 patients were diagnosed with MM, and 429 (49%) experienced at least 1 incident SRE. The mean time from MM diagnosis to index SRE was 259 days. Pathological fracture (60%) and radiation therapy (59%) were the most frequently experienced SREs followed by surgery to the bone (23%). Among these patients, 61% had 1 type of SRE, 27% had 2 types of SREs and 12% had 3 or more. The mean charges associated with SREs in the 1 year post SRE was $20,285, with the highest charges associated with pathological fracture ($11,370), followed by bone surgery ($4,020), and radiation therapy ($2,966).

CONCLUSION: This analysis of patients with MM revealed that the incidence of SREs is high and their annual economic impact is substantial.

DIRECT ECONOMIC BURDEN OF HIGH RISK AND METASTATIC MELANOMA: EVIDENCE FROM THE SEER-MEDICARE LINKED DATABASE
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OBJECTIVE: Document total medical resource utilization and associated costs to the Medicare system for elderly patients with high risk (stages IIb/C, IIIa/b, IIIc) or metastatic (stage IV) malignant melanoma. METHODS: Data was taken from the Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database combining clinical information on incident cancer cases in the US between 1991 and 2002 with longitudinal (1991–2003) Medicare claims. Subjects aged ≥65 years with ≥1 stage IIb or higher melanoma diagnosis were selected. Index dates was defined as the date of the first observed stage IIb or higher diagnosis. Utilization and costs were descriptively analyzed for each patient from their index date until death, interruption of benefits coverage (≥6 months), or end of the database (December 31, 2005).

RESULTS: A total of 6470 subjects met all inclusion criteria. Stage distribution was: IIb/C (38%); IIIa/b (46%); IIIc (1%); IV (15%). Median follow-up was 56, 39, 16, and 6 months for each stage, respectively. On average, patients with stage IV disease incurred 3.1 hospital days per month, compared to 0.5, 0.6, and 1.1 days per month for subjects with stage IIb/C, IIIa/b, and IIIc melanoma, respectively (all P < 0.001). Mean inpatient costs for stage IV disease were $3337 per patient per month, versus $589, $880, and $1465 for stages IIb/C, IIIa/b, and IIIc melanoma, respectively (all P < 0.001). Total health care costs, excluding prescription drugs, were $8190 per patient per month for stage IV disease, compared to $1703, $2536, $4880 for stages IIb/C, IIIa/b, and IIIc, respectively (all P < 0.001).

CONCLUSION: This study provides stage-specific estimates of resource utilization and costs in high risk and metastatic melanoma using real-world administrative data. Findings