PCN24
BurdEN AND TiMiNG OF FiRST AND SEQUENtiVe SKETtAL RELAtED EVENTs (SReS) In tHe UNEtEd StAtES ELDERLY MEN WiTH mETASTAtiC PROStAtE CaNcER (mPC)
Abdulkhaleq A1,2, Majercak K.3
1University of Arkansas for Medical Sciences, Little Rock, AR, USA, 2University of Maryland, College Park, MD, USA, 3Uniformed Services University, Bethesda, MD, USA

OBJECTIVES: SReS are common in men with mPC and some individuals experience multiple SReS. We estimated the burden and timing of SReS in elderly men diagnosed with mPC. METHODS: We analyzed elderly men diagnosed with mPC between 2000-2009 in the SEER-Medicare database and followed through 12/31/2012 or until lost to follow-up. Post-diagnosis SReS were identified using claims that indicated spinal cord compression (SCC), pathologic fracture (PF), surgery to bone (SB), or radiation (RAD, potentially suggestive of bone palliative radiation). RESULTS: Among 8,897 mPC men with a median follow up of 18 months, 4,716 (47.7%) experienced at least one SRE. The median (mean) time from mPC diagnosis to first SRE was 154 (335) days. The median times from mPC diagnosis to first RAD, PF, SCC, or SB were 204, 96, 44, or 85 days, respectively. Of the 4,176 men who had at least one SRE, 2,619 (67.2%) had a subsequent SRE and 1,442 (35%) had a subsequent SRE of a different type. The median (mean) time from first SRE to any second SRE was 23 (108) days, while it was 21 (177) days from first SRE to second SRE of a different type. Subsequently treated osteomyelitis and sepsis was relatively common in 4% of patients. Majorities of patients who experienced a PF or SCC first quickly had SB within 2 days or RAD within a month. CONCLUSIONS: The median time from first SRE to second SRE was considerably shorter than the median time from mPC diagnosis to first SRE, suggesting that once patients have had an SRE, it is quicker to develop subsequent SREs. Individuals who had a PF or SCC as a first SRE received RAD or SB within one month. These findings provide additional data for guiding prevention and prevention of SReS in the elderly mPC population.

PCN25
ESt/tAMEST/A/NG TiMeS OF lIFE lOST dUE TO ADVANCED mELaNoMA IN 12 COUNtRIES
Thiam A1, Zhao Z2, Weaver R3, Quinn C4, Barber B1

OBJECTIVES: Advanced (stage IIIb/C and IV) melanoma is an aggressive, deadly disease and has a high detrimental impact on patients and society, primarily due to premature death. Understanding the burden of advanced melanoma is therefore important for the development and allocation of appropriate health care resources. There is limited data available specifically related to burden of advanced melanoma on patients. The aim of this study was to estimate years of life lost in patients with advanced melanoma in 12 countries. The years of life lost and life expectancy were estimated from OECD data and country-specific life tables, respectively. Incidence and mortality data for advanced melanoma were collected from local cancer registries and GLOBOCAN 2008. Population growth and incidence rates were calculated using data from the World Health Organization. Country differences were primarily driven by melanoma mortality rates and disease-free life expectancy. CONCLUSIONS: This study estimated the years of life lost due to advanced melanoma in 12 countries and found variations across countries and variations between sexes. However, the burden of advanced melanoma is substantial in all of the countries.

PCN26
mAMMOG/M/EnOsc/RY D/EnS/ITY IN ASSOCIATION WiTH SMOKiNg STAtUs AND SMOKiNg HiStORiEs iN A SAMPlE OF POSTMENOPAUSAL WOMEN: A CM/N/S Of CROSStAC/HiNg StUd/iEs
Majercak K.1,2,3,4, Rege RV5,6,7,8, Byrnes C9,10,11, Muñiz P12,13, Barbá M14,15,16,17, Lavigne J14,15,16,17, Faupel-Badger J14,15,16,17, Teter B14,15,16,17, Fuhriman B18
1University of Arkansas for Medical Sciences, Little Rock, AR, USA, 2University of Maryland, College Park, MD, USA, 3University of Buffalo, Buffalo, NY, USA, 4University of Colorado, Denver, CO, USA, 5University of Miami, Miami, FL, USA, 6University of Miami, Coral Gables, FL, USA, 7University of Nebraska Medical Center, Omaha, NE, USA, 8University of Kentucky, Lexington, KY, USA, 9University of Arkansas for Medical Sciences, Little Rock, AR, USA, 10University of Texas at Austin, Austin, TX, USA, 11University of Washington, Seattle, WA, USA, 12Paris Descartes, Paris, France, 13University of Maryland Baltimore, Baltimore, MD, USA, 14University of Maryland School of Pharmacy, Baltimore, MD, USA, 15University of Maryland School of Medicine, Baltimore, MD, USA

OBJECTIVES: Tobacco contains numerous carcinogenic, including several known to cause mammary tumors in animal models. Our study aimed to investigate whether mammographic density (MD), a recognized risk factor associated with breast cancer incidence, is influenced by smoking history. METHODS: This was a cross-sectional study of postmenopausal women attending a clinic in Western New York, to undergo mammographic assessment. Eligible participants included women without cancer, no recent use of hormone-replacement therapy, and no history of breast augmentation or breast reduction surgery. A self-administered questionnaire was used to obtain information on demographics, anthropometry, and breast cancer risk factors. Percent density (PD) was measured using a computer vision system and automated image segmentation algorithm. General linear models were used to test for differences in PD by smoking variables while adjusting for selected covariates (age, body mass index, age at first live birth, age at menopause, use of hormone replacement therapy, and family history of breast cancer). RESULTS: Study participants (n=229) included 125 never-smokers, 87 former smokers, and 17 current smokers. Current smokers had a lower mean percent density (SE) compared to non-current smokers and former smokers (29.6 [5.1] vs. 34.8 [3.9] and 37 [6.0], p=0.009). Among smoking ever-smokers, age at smoking initiation was inversely associated with percent density (p=0.002). No significant associations were observed for the other smoking variables. CONCLUSIONS: Younger age at smoking initiation is associated with higher PD with smoking is associated with lower PD. These findings suggest that smoking may have differential effects on risk of postmenopausal breast cancer depending on the timing of exposure.

PCN27
APPL/iNd/A/iNg DATA ANALyTiCS TO vAlUE-BASEd CaNcER CARE: EffEC/Ts AND COST OF hOSPITAL RECURRENtS FOLLOWING CaNcER SURGERY
James P1, Jones J2, LaFlance D3, Mix ME2
1University of Vermont, Burlington, VT, USA, 2Fletcher Allen, Burlington, VT, USA

OBJECTIVES: Surgery is a standard modality in the modern management of solid tumors. Unfortunately, some patients will experience unplanned readmissions and ED returns during their hospital stay. We hypothesized that there have introduced new financial deterrents to hospital reencounters in addition to the negative impact on quality of care. Our objective was to develop an electronic approach to assessing unplanned hospital reencounters following common cancer operations in order to guide decision-making aimed improving value in our patient population. METHODS: The target population for this study was adult cancer patients undergoing surgery for colorectal or breast cancer. We used an Electronic Data Warehouse (EDW) to determine 30-day emergency department visits and hospital readmissions following the selected cancer operations. The secondary outcome measure was cost of care for patients returning to the hospital within 30 days. RESULTS: Among 105 patients undergoing selected breast and colon cancer operations from January 1, 2012 to December 31, 2012 the hospital readback rate was 11.9%. Wound-related complications were responsible for 73% of these hospital reencounters. Total costs (direct and indirect) for hospital reencounters were $210,727.76. CONCLUSIONS: Unplanned hospital readmissions and emergency department visits following cancer surgery largely result from postoperative complications. These unplanned reencounters are a costly source of poor quality and patient-centered care. Specific efforts to reduce unplanned hospital reencounters have the potential to significantly increase quality while decreasing costs. Using data for decision-making in quality improvement is important for achieving value in patient care.

PCN28
BeVAC/izuMB-A/bsED CHEmThERAPY AND ThROMBoTiC EVENTs RiSK IN COLORt/INEAL CA CanER PAT/ieNts: A MEtA-AnALysiS OF RoNDiAMENtCd CoNtROL TRIaLs
Alshamr AK1, Cai J2
1The Ohio State University College of Pharmacy, Cincinnati, OH, USA

OBJECTIVES: Bevacizumab is a recombinant, humanized monoclonal antibody that hinders the proliferation of new blood vessels in malignant cells. It plays an important role in the management of colorectal cancer; however, there is concern about its association with the development of thromboembolic events. This study was to address the overall risk of thrombotic events in colorectal cancer patients treated with Bevacizumab-based chemotherapy as well as the risk of both arterial and venous thrombotic events separately. METHODS: PUBMED/MEDLINE database was searched to find relevant clinical trials that published in English language between the periods January 1st, 2003 and December 31st 2013. Only randomized control trials (RCTs) that compared non-Bevacizumab to Bevacizumab-based chemotherapy regimens for the treatment of colorectal cancer and reported thrombotic events were included. The relative risk (RR) with 95% confidence intervals of thrombotic events was calculated. Because between-study heterogeneity was insignificant, the fixed effect model was used to calculate the estimated effects. RESULTS: There were a total of 22 randomized clinical trials that have met our search criteria with a total of 12,852 patients used for safety analysis calculations. Based on our findings, there is a significant risk of overall thrombotic events in Bevacizumab vs control treated group RR = 1.315 (95% CI 1.165-1.483, P < .0001). In terms of venous thrombosis, there is a significant risk in Bevacizumab treated patients with a RR = 1.256 (95% CI 1.097-1.43, P = 0.004) compared to control. Finally, a higher risk of arterial thrombosis in patients used Bevacizumab vs control treated groups RR = 1.635 (95% CI 1.182-2.64, P = 0.0065). Sensitivity analyses showed no significant differences. CONCLUSIONS: Bevacizumab-based chemotherapy is significantly associated with development of venous or of thrombotic events complications and venous thrombosis. Health care providers are encouraged to consider thrombosis prophylaxis regimen and periodically monitoring their patients.