small organizations (84.0%, n=3,243,961). Regression analyses indicated that increased expenditures were associated with large organizations (exp(b)=2.00, p=0.025) and prostate cancer (exp(b)=1.88, p=0.039). Increased disability days were associated with melanoma (exp(b)=3.57, p=0.039) and cancer of the uterus (exp(b)=1.90, p=0.006). Other resource utilization was associated with breast cancer (exp(b)=1.76, p=0.011) and cancer of the uterus (exp(b)=1.85, p=0.025).

CONCLUSIONS: Cancer is associated with a substantial burden in the workplace, as 3.86 million persons were diagnosed with new cases or had continued treatment while being employed in large or small organizations in 2007. Healthcare expenditures summed to $59.9 billion, while 35.8 million total disability days were incurred.

PCN47
ACUTE LYMPHOCYTIC LEUKEMIA-RELATED INPATIENT CARE AMONG PEDIATRIC PATIENTS IN THE UNITED STATES
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OBJECTIVES: Acute lymphocytic leukemia (ALL) is most common in children. Due to advances in therapy options, the number of long-term survivors of pediatric ALL continues to increase. However, prognosis has improved significantly over time, ALL likely continues to impose a significant economic burden on society. This study sought to assess recent trends in pediatric ALL hospitalization and aspects of related care. METHODS: Data for pediatric (~20 years) hospitalizations with a primary diagnosis of ALL (ICD-9-CM codes 204.0x) from the 1997, 2000, 2003, and 2006 National Inpatient Sample (NIS) were analyzed. Weighted estimates of the number of hospitalizations for ALL and associated resource-based outcomes (i.e., total charges, length of stay [LOS], and stem cell transplant procedures) were derived. RESULTS: Between 1997 and 2006, the rate of pediatric ALL-related hospitalization (per 100,000) increased from 6.62 in 1997, 12.4 days in 2000 and 2003, to 13.6 days in 2006. Similarly, the proportion of ALL hospitalizations with evidence of stem cell transplant remained roughly unchanged at ~60% until a sharp increase in 2006 to 64.9%. Finally, mean costs (2010 USD) for ALL-related stays increased nearly 31%, from $43,247 (1997) to $56,517 (2006). CONCLUSIONS: We examined rates of pediatric ALL-related hospitalizations and documented aspects of inpatient ALL care, and observed a slight increase in the rate of hospitalizations over time. An increase in LOS was seen in 2006, with a commensurate increase in total costs, possibly owing to a marked increase in the rate of stem cell transplant. These findings may be used to support access strategies (e.g., economic modeling efforts) for current ALL thera-

PCN48
IMPACT ON HOSPITAL OUTPATIENT VISIT COSTS BY INITIATING PALONOSETRON VERSUS OTHER 5-HYDROXYTRYPTAMINE3 RECEPTOR ANTAGONISTS FOR PREVENTION OF CHEMOTHERAPY INDUCED NAUSEA AND VOMITING (CINV) AMONG PATIENTS WITH CANCER
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OBJECTIVES: To assess the average total daily CINV-related hospital outpatient visit cost (CINV-OC) among patients with cancer treated with any chemotherapy (CT) and initiated on anti-emetic prophylaxis with palonosetron versus other 5-HT3 receptor antagonists (5-HT3 RAs) in a hospital outpatient setting. METHODS: Patients with a cancer diagnosis initiating CT and palonosetron (Group 1) and other 5-HT3-RAs (Group 2) for the first time (index date) between April 1, 2007-March 31, 2009 were identified from the Premier Perspective database. Key inclusion criteria comprised more females [52.5% vs. 41.1%; p=0.0001], and a lower percent of patients received LEC and MinEC combined [14.3% vs. 31.8%; p=0.0001]. In the follow-up period, adjusted average daily CINV-OC among group 1 patients was significantly lower versus group 2 patients ($1,014 vs. $1,042, p=0.0001). After controlling for potential confounders, the regression model predicted a 12.0% decrease in the average CINV-OC, p=0.0076 in favor of group 1 patients versus group 2 patients. CONCLUSIONS: In this retrospective hospital outpatient study, patients with cancer treated with CT and initiated on palonosetron anti-emetic prophylaxis were more likely to experience a significantly lower average daily CINV-OC than those initiated with other 5-HT3-RAs.

PCN49
THE RELATIONSHIP OF AGE AND SEX WITH COST OF TREATMENT FOR CHRONIC LYMPHOCYTIC LEUKEMIA IN UKRAINE
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OBJECTIVES: The major aims of the current research are to learn the average cost of treatment of Chronic lymphocytic leukemia (CLL) in Ukraine and examine factors that may be associated with it. The number of patients burdened by the dis-
ease in Ukraine is considerable and cost implications for individuals requiring care are significant. In Ukraine only limited amounts of necessary medicines are compensated by the government, with the major expenses paid by patients themselves. METHODS: A database containing records from hospital cards (2004-2010) of patients with CLL was analyzed retrospectively. The sample was composed of 113 patients, aged 39 to 85 (mean age 61.3, 61.9% males). Medicines costs related only to direct diagnosis were calculated. RESULTS: The average annual costs of pharmaceutical treatment for patient with relapse were $1,561.16 ($7.95 USD per month). Cost for treatment of patients with non-proliferative CLL were $1,283.20 ($6.47 USD per month). CONCLUSIONS: Higher resource utilization was associated with breast cancer (exp(b)=0.006). Higher resource utilization was associated with melanoma (exp(b)=0.025) and prostate cancer (exp(b)=0.006). Other resource utilization was associated with breast cancer (exp(b)=1.76, p=0.011) and cancer of the uterus (exp(b)=1.85, p=0.025).