using electronic hospital records. Survival was assessed using the Kaplan-Meier estimator. Recurrence patterns were investigated by type of first recurrence and time-to-recurrence. A multivariate cox regression was used to analyze whether time-to-recurrence was associated with gender, age and tumor thickness. Emigrated patients (n=10) and patients with an unknown recurrence status (n=144) were excluded. Of the remaining 1917 patients, 1,141 had experienced disease progression (median follow-up: 5.5 years). Patients who developed a recurrence had a lower survival compared to patients who did not develop a recurrence (median OS: 9.4 years vs. 16.7 years; p < 0.001). The most frequent type of first recurrence was lymphatic (36.9%), followed by distant (22.5%), local (21.6%) and intramyelatic (9.9%), respectively. The median time-to-recurrence has not yet been reached, however, in case of a recurrence, the median time-to-recurrence was 2.5 years (minimum: 0.01 years; maximum: 9.8 years). The time-to-recurrence was not statistically significantly associated with gender (HR=0.81; p=0.29), age (HR=1.01; p=0.08) and tumor thickness (HR=1.06; p=0.70). CONCLUSIONS: An long-term surveillance of stage I and II breast cancer patients is of utmost importance, because survival subsequent to recurrence is much lower than expected. The risk of developing a recurrence was substantial; the time-to-recurrence was not associated with gender, age and tumor thickness.

PCN30

EPIDEMIOLOGY OF PATIENTS WITH METASTATIC CAstrate RESISTANT PROSTATE CANCER IN EUROPE AND AUSTRALIA

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OBJECTIVES: The objective of this study was to evaluate both the incidence of metastatic Castrate Resistant Prostate Cancer (mCRPC) and the number of mCRPC patients who receive specific mCRPC treatments (mCRPCTT): chemotherapy and second generation Hormone Therapies (ADT manipulations were not included).

METHODS: This study was conducted in 8 European countries and Australia. The incidence of mCRPC patients was assessed using several sources: national cancer registry data, literature review of case series and cross-sectional surveys. A total of 292 oncologists, 76 onco-radiotherapists and 357 urologists reported information about 4171 prostate cancer patients. Of these, 2401 had metastatic castrate resistant disease. Patient characteristics and treatments received were assessed and reported separated by country. RESULTS: Across all 9 countries, 76 200 new patients were diagnosed mCRPC over the past year. Of these patients, 35% (26 400 patients) went to supportive care without receiving any mCRPC TT while 65% (49 800 patients) received a 1L mCRPCTT. Prior to receiving a 1L mCRPCTT, 43% of patients had ADT manipulations during a short transitional period (median duration = 1 month). Of the 49 800 patients who received a 1L mCRPCTT, 59% (29 250) went to a 2L mCRPCTT, 15% decreased during or just after the 1L TT and 26% went on to receive supportive care only. Of the 29 250 patients who received a 2L mCRPCTT, 53% (15 300) went to a 3L mCRPCTT. CONCLUSIONS: Our methodology enabled us to assess incidence figures and the volume of mCRPC patients who receive specific mCRPCTT: over one-third of mCRPC patients did not receive any mCRPCTT. Among the 65% who received a 1L TT, 59% receive a 2L mCRPCTT.

PCN31

COMPARISON OF EPIDEMIOLOGY AND DRUG TREATMENT IN HER2 NEGATIVE METASTATIC BREAST CANCER (MBC) IN EU5

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OBJECTIVES: Explore differences/similarities in epidemiology and drug treatment of metastatic breast cancer (MBC) in EU5. METHODS: All data was derived from the Kantar Global Oncology Monitor database, which includes country specific cancer registries, published scientific studies and proprietary physician surveys comprising 85 doctors seeing 9,255 patients per month. Age and gender specific incidence rates, annual stage specific progression rates and annual stage specific survival rates are used to calculate total number of surviving patients at a specific time, which is used to calculate total number of AM patients initiating treatment is expected to be 12% in 2018, a slight decline from 2014. RESULTS: The model-projected number (found to nearest 100) of incident melanoma cases for 2014 was: Germany=23,100; UK=18,900; France=12,400; Italy=12,000; Spain=5,800. Of incident cases, 11.3%-13.0% were treatment eligible AM. Incidence rates increases of 5.1%-7.8% per year were observed in AM and treatment eligible AM. Analysis of IPFSD data and review of the literature showed BRAF and PD-1 ligation prevalence rates of 45.4%-56.2% and 15.9%-16.7% in AM patients, respectively. Literature-derived, brain metastasis prevalence ranged from 15.9%-36.0% in Stage IV patients. Considering case progression, resection and adjuvant treatment rates, the forecasted number of AM patients eligible for 1st and 2nd line treatment in 2018 is, respectively: Germany=3,700 and 1,700; UK=1,100 and 1,400; France=1,800 and 500; Italy=1,800 and 1,100; Spain=1,100 and 1,400. CONCLUSIONS: While melanoma incidence is projected to increase over the next 5 years the majority of incident cases will be diagnosed in earlier disease stages. Under these assumptions, the largest proportion of the incident melanoma patients that are AM patients initiating treatment is expected to be 12% in 2018, a slight decline from 2014.

PCN34

A VALIDATED PREDICTION MODEL AND NOMOGRAM FOR RISK OF RECURRENCE IN EARLY BREAST CANCER PATIENTS

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OBJECTIVES: The objective of this study is to develop and validate a conditional logistic regression model for the prediction of locoregional recurrence (LRR) of breast cancer. To make a translation to clinical practice a web based nomogram was made. METHODS: Women first diagnosed with early breast cancer (without distant metastases) who were followed in a single institution from 2003-2006 were selected from the Netherlands Cancer Registry (n=39,929). Risk factors for LRRs within five year of the primary treatment were determined using logistic regression. Risks were determined per year, conditional on not being diagnosed with recurrence in the previous year. The presence of interaction and collinearity in the nomogram was assessed, as well as the discrimination by means of the area under the ROC curve and calibration by the Hosmer-Lemeshow goodness-of-fit test in discriminative. Women diagnosed between 2003 and 2006 who were treated with radio-, chemo- or hormone therapy. The modelling group showed an area under the ROC curve of 0.820. 740, 67.0, 0.70 and 0.60 respectively per subsequent year after primary treatment. The calibration was sufficiently good in chi-square tests that were performed. The estimates in the validation group did not differ significantly from the modelling group. CONCLUSIONS: This validated nomogram can be used as an instrument to aid clinical decision-making and to identify patients with a high risk of breast cancer recurrence who might benefit from a more intensive follow-up after breast cancer.