PCN19
COLORECTAL CANCER PATIENTS IN THE VETERAN POPULATION: A HEALTH CARE COST AND UTILIZATION ANALYSIS IN THE UNITED STATES

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OBJECTIVES: To assess the clinical and economic burden of colorectal cancer in the US veteran population. METHODS: A retrospective study (October 01, 2005 to September 30, 2010) was conducted using the Veterans Health Affairs Medical SAS Datasets. Patients diagnosed with colorectal cancer were included in the study. Health care resource utilization and costs were assessed in the 12-month follow-up period. Patients’ demographic, clinical and discharge statuses were compared using Chi-square testing and standardized differences. Student t-tests were used for the means of continuous variables. Mortality and survival rates were calculated using Kaplan and Meier method and the LOGISTEST procedure. RESULTS: In patients diagnosed with colorectal cancer (n=92,494) in the total mortality rates in the 12-month follow-up period were 33.11% (n=28,716), with 52.72% for patients age 39 and under, 25.53% for patients age 40 to 64, and 35.81% for patients age 65 and above. The most commonly ordered laboratory tests were sodium (4.12%), potassium (4.07%), glucose quant (3.97%), chloride (3.93%) and creatinine (3.87%). The average number of inpatient visits (0.58), emergency room (ER) (0.37), physician office (28.55) and outpatient visits (28.89) were calculated for colorectal cancer patients per patient, separately. We also calculated the percentage of inpatient (29.93%), ER (17.86%), physician office (99.74%) and outpatient visits (99.78%). Patient expenditures for inpatient visits ($12,032), ER ($139), physician office ($8,728) and outpatient visits ($9,005) were also computed. CONCLUSIONS: Based on currently available data, this analysis suggests that despite a standard mortality rate increase with patient age, the highest mortality rate for colorectal cancer patients in this population occurs among patients under age 40.

PCN20
ANALYSIS OF USING TRASTUZUMAB FOR THE TREATMENT OF ADVANCED GASTRIC CANCER WITH HER2 POSITIVE

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OBJECTIVES: To evaluate the effect of increasing anticholinergic load on the quality-of-life of advanced cancer patients. METHODS: A211

PCN23
INCIDENCE OF METASTATIC HORMONE RECEPTOR POSITIVE (HR+) BREAST CANCER IN THE UNITED KINGDOM (UK): DATA NEEDED!

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OBJECTIVES: In 2008, breast cancer accounted for 16% of cancer deaths in British women. Although early stage breast cancer is treatable, prognosis for metastatic breast cancer (mBC) cancer patients is poor. Information on incidence of HR+ mBC in the UK is not readily available, as data on stage was not collected by cancer registries in 2008. In this study, we estimate the incidence of HR+ mBC in the UK. METHODS: Data reported by the International Agency for Research on Cancer was used to estimate breast cancer incidence for 2008. Values were cross-checked with Cancer Research UK. We then estimated the number of patients that were likely to be HR+ using data from published literature and from the National Institute for Health and Clinical Excellence. Surveillance, Epidemiology, and End Results data were used to further cross-check values. RESULTS: It is estimated that 46,458 breast cancer patients per annum in the UK (89 per 100,000), 34,834 are HR+ (75%). Based on survival data from the US, 1761 women were reported to be HR+ with metastatic disease (63.5% of mBC cases) in 2008. Most literature-based values estimated that up to 50% of breast cancer patients progress to metastatic disease. Based on this assumption, among UK HR+ cases, an estimated 17,421 will likely progress to metastatic disease (50% of HR+ cases or 37.5% of incident breast cancer cases). CONCLUSIONS: There is a large gap in the literature on the incidence and prevalence rates of HR+ mBC in the UK. Our estimates revealed that most newly diagnosed breast cancer patients in the UK are HR+, and about half will progress to metastatic disease. The large number of HR+ mBC patients in the UK represents a significant clinical and health care burden.

PCN24
EPIDEMIOLOGY OF THE NON-HODGKIN LYMPHOMA COLOMBIA 2000-2011

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OBJECTIVES: Review the Non-Hodgkin Lymphoma (NHL) in the last 10 years and its epidemiological behavior in Colombia. METHODS: We conducted a systematic review of the literature on behavior and treatment of NHL (2000-2011), in PubMed, EMBASE, Science Direct and Cochrane; employing combined MeSH terms with the mean descriptor Non-Hodgkin Lymphoma. To determine the epidemiological behavior of the disease reviewed the Cancer Registry of Cali, deaths according to vital statistics of DANE (CJD-10, CBZ-CBS), GLOBOCAN records and Mortality Atlas Cancer in Colombia 2002-2006. RESULTS: In the period 2001-2005, the estimated incidence rate for NHL was 10.5 in men and 7.8 women per 100,000 per year. The incidence rate is multiplied almost 10 times between 45 and 49 years old, until 25 times between 65 and 69 years and 30 times after 80 years of age. In 2000-2008, the mortality rate was 1.87 per 100,000, it was: 2.11 in men and 1.63 in women per 100,000, for a male:female ratio of 1.26. The median age of the disease to Colombia is 56 years. In 2006, the NHL was ranked eleventh in mortality in our country. Among men, NHL was the tenth leading cause of death, and in women, the twelfth. CONCLUSIONS: The NHL mortality rate in the period 2000-2008 shows a slight upward trend, especially in the years 2005 and 2008. In Colombia, the increased risk of death in men compared to women, the distribution of deaths by age group, with peak in young adults (15-44 years) and seniors (+65 years) - and the geographical distribution has the highest mortality in the central region (area of industrial activity) promote occupational scenarios. The treatment of NHL has advanced significantly in the last decade, with high mortality neoplasmia became a curable type of cancer in a high proportion of patients.

PCN25
EFFECT OF TREATMENTS FOR LATE-STAGE PROSTATE CANCER ON SURVIVAL

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OBJECTIVES: This study examined the relative effectiveness of treatments increasing the survival time for late-stage prostate cancer. METHODS: Cox proportional hazard regression model was used to assess overall survival in relation to various treatments adjusting for confounding factors. Survival time was calculated from the date of initial diagnosis to the last day of contact. Patient demographics, type of health insurance stage, and grade of the tumor were extracted from Florida Cancer Data System. Socioeconomic factors were extracted from Census 2000. The types of co-morbidity were formulated following the Elixhauser Index. The Census 2000 and Florida Agency for Health Care and Administration datasets were linked with the Florida Cancer Data System between December 1, 2001 and December 31, 2007 with survival being measured through October 31, 2008. RESULTS: A total of 4336 men who had late-stage prostate cancer in Florida were analyzed. The average age at the time of diagnosis was 65 and the average survival time was 253 days. Among patients who received immediate surgical treatment only. The log-rank and Wilcoxon tests indicated that there were significant differences in survival time by treatment options. The cox proportional hazard regression result showed that patients who had received radiation only, hormone only, and those who had active surveillance were at a higher risk of having shorter survival time than those who had received surgery only. The existence of one or more co-morbidity, being diagnosed at an older age, and being