OBJECTIVES: To describe the class of use and the impact of intervention in patients with systemic lupus erythematosus (SLE) treated with belimumab in U.S. clinical practice settings. METHODS: A retrospective, multicenter, non-interventional study of 113 SLE patients (belimumab: 88; control: 25) at 100 U.S. sites from 2008-2011: (1) baseline characteristics; (2) SLE-related healthcare resource utilization and direct cost drivers. RESULTS: Baseline demographic and disease characteristics showed efficacy and safety outcomes. A total of 113 patients received 8 infusions of belimumab to assess the impact of belimumab on SLE patients managed in community settings. The study found that: (1) belimumab was well tolerated and had no unexpected safety signals; (2) belimumab was associated with improvements in disease activity and patient-reported outcomes; and (3) belimumab was associated with reductions in SLE-related healthcare resource utilization and cost drivers. CONCLUSIONS: Belimumab was associated with improvements in disease activity and patient-reported outcomes and reductions in SLE-related healthcare resource utilization and cost drivers.
conditions were more frequent in parents with NEs related to work or friends. **CONCLUSIONS:** FWH with one NE were more likely to report other NEs. FWH/parents with NEs reported greater social worker involvement and treatment for psychological conditions. Further studies are needed to assess temporal relationships between NEs and HTC visits/advice, and support the relevance of timely social work and psychological counselling in comprehensive care.

**PSY88 BURDEN OF DISEASE OF PAIN IN RUSSIA: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)**

Sternbach N, Chapnick J, Mould-Quevedo J

**OBJECTIVES:** Pain is not a disease, but might be a symptom of a disease, the effect of a disease or an accident. It pervades a person’s daily life activities, social interaction and productive hours. It has powerful psychological and social consequences. In Russia, there are no solid estimates of the magnitude of this study. This is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and resource utilization in Russian urban adults with pain. **METHODS:** Patient self-reported data were collected from 2011 National Health and Wellness Survey (NHWS). Survey represented major urban areas in Russia. QOL was measured by the physical (PCS) and mental (MCS) component summary scores of the (SF-12v2). Loss of work/productivity was measured by the Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, ambulance request and hospitalization in the past 6 months. **RESULTS:** Of the 10,039 adult respondents, 2,673 (26.8%) experienced pain over the past month (17% mild, 54% moderate and 28% severe) – 35% not receiving medication at all. Average age of patients experiencing pain was 41.5 years. Pain group reported more comorbidities (headaches 77%, sleep difficulties 54%, insomnia 47%, heartburn 45%, depression 39%, high blood pressure 33%), lower mean scores of PCS (43.4 vs. 47.8) and MCS (40.0 vs. 45.0), more patients visited health care providers (83% vs. 67%), and a higher percentage were hospitalized (13% vs. 8%) over the past 6 months compared to no experiencing pain group. Furthermore, pain group reported 35.9% impairment in daily activity compared to 23.0% in no experiencing pain group. All mentioned differences were statistically significant (p < 0.05) and all percentages or means were projectable values. **CONCLUSIONS:** From Russian NHWS results, patients experiencing pain suffer from increased QOL, work/productivity loss and more co-morbidities. Findings indicate there is still an unmet medical need in Russian patients with pain.

**PSY92 AMBULATORY DIAGNOSIS AND TREATMENT OF NON-MALIGNANT PAIN IN THE UNITED STATES, 2000-2010**


**OBJECTIVES:** Escalating rates of prescription opioid use and abuse have occurred in the context of efforts to improve the identification and management of non-malignant pain. To characterize the diagnosis and management of non-malignant pain based on billing claims between 2000 and 2010. **METHODS:** Serial cross-sectional and multivariate regression analyses of the National Ambulatory Medical Care Survey (NAMCS), a nationally representative audit of office-based physician visits. The main outcomes measures were 1) Annual volume of visits among adults with a primary symptom or diagnosis of pain, and 2) prescription opioid and non-opioid pharmacologic therapy in visits limited to new musculoskeletal pain. **RESULTS:** Of Primary symptoms or diagnoses of pain consistently represented one-fifth of visits, varying less than 2% from 2000 through 2010. Patient-reported pain comprised 17% to 19% of visits, whereas provider diagnoses of pain increased nearly 50% from 2000 (5.7% of visits) to 2010 (8.5%). Among all pain visits, opioid use nearly doubled from 11.3% to 19.6%, whereas use of non-opioid analgesics remained unchanged (26%-29% of visits). Pain medications were associated with one-half of new musculoskeletal pain visits, with the use of non-opioid pharmaceutical therapies decreasing from 38% of visits (2000) to 29% of visits (2010). After adjusting for potentially confounding covariates, few patient, physician or practice characteristics were associated with the use of non-opioid rather than opioid analgesics. **CONCLUSIONS:** Increased opioid use during the past decade has not been accompanied by similar increases in non-opioid analgesics. Clinical alternatives to prescription opioids may be underutilized as a means of treating ambulatory non-malignant pain.

**RESEARCH POSTER PRESENTATIONS – SESSION III DISEASE-SPECIFIC STUDIES**

**CANCER – Clinical Outcomes Studies**

**PCN1 META-ANALYSIS OF NEPHROTOXICITY IN PATIENTS WITH SOLID TUMORS TREATED WITH CISPLATIN VERSUS NON-CISPLATIN REGIMENS WITH SUB-GROUP ANALYSES BASED ON RENAL ELIGIBILITY CRITERIA**

Dahal D, Bellows RK, Songpawee G, Galsey MD, Agarwal N
*University of Utah, Salt Lake City, UT, USA, *University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL, USA, *Mount Sinai School of Medicine, New York, NY, USA, *Pantanal Cancer Institute University of Utah, Salt Lake City, UT, USA

**OBJECTIVES:** Glomerular filtration rate (GFR) is known to be best estimate renal function than serum creatinine (Scr), but Scr is commonly used when screening patients for inclusion into clinical trials of the nephrotoxic drug cisplatin. The objective of this meta-analysis was to individually compare Scr to GFR in terms of nephrotoxicity in trials including cisplatin when renal function was assessed using either Scr or GFR for eligibility criteria. **METHODS:** A PubMed literature search identified randomized trials comparing cisplatin to non-cisplatin regimens. Included studies were performed from 1990-2010, used Scr or GFR as inclusion criteria, and reported incidence of WHO grade ≥3 nephrotoxic events for both treatment arms. Review articles, observational studies, phase I studies, non-randomized trials, studies without a control arm and any trials not reported in English were excluded. Inverse variance weighted fixed effects (FE) and random effects (RE) methods were used to estimate the relative risk (RR) for increased risk of non-cisplatin regimens with sub-group analyses of studies using Scr, GFR, or either Scr or GFR for screening. **RESULTS:** A total of 2,359 studies were identified from the literature search and 29 studies met all inclusion and exclusion criteria (N=1,464 patients). Of these, 18 studies used Scr and 11 studies used GFR. **METHODS:** Electronic health records in Cerner HealthFact database from January 2005 to June 2011 were used. Eligible patients for ESA prescribing were categorized using ICD-9-CM codes and medication information. The three patient categories were (1) on-label (ONS, conditions approved by the FDA), (2) off-label supported (OFS, strong clinical evidence for use in unapproved indications); and (3) off-label unsupported (OUF, low/no evidence supporting use in unapproved indications). The likelihood of receiving ESAs was assessed using a generalized estimating equation approach with dichotomous regression for both hospital and home care, and controlling for potential confounders. **RESULTS:** We identified 730,421 patients with ONS conditions (33,004 users, 4.5%), 505, 658 with OFS conditions (64,491 users, 1%), and 558,917 patients with OFU conditions (4,491 users, 0.8%). Black box warning and REMS had no impact on the odds of receiving ESAs. There was a significant decline in all three use categories the month following NCD. ONS patients were 13% less likely to receive ESAs (OR 0.867, 95% CI 0.809, 95% CI 0.838, p < 0.0001) and OFU patients were 38% less likely to receive ESAs (OR 0.622, 95% CI 0.674, 0.817, p = 0.0006). Age, gender, race, source of payment, admission type, hospital, and hospital type were significantly associated with on-label and off-label use. We demonstrated the relative impact of three safety interventions on on-label and off-label use in the hospital settings. Reimbursement change may have unintentionally reduced the likelihood of receiving ESAs in patients who could have otherwise benefited.