EET antagonist, 14,15-EEZE (10 μM) did not inhibit relaxation to WX-III-287-19, but inhibited relaxation to 5,6-8,9-11,12 and 14,15 EETs. Preincubation with the ibe-
rior toxin (10−5 M) only partially inhibited the relaxation induced by WX-III-287-19 whereas high K+ (60 mM) significantly inhibited relaxation to WX-III-287-19. In whole cell-attached patches of isolated bovine coronary arterial smooth muscle cells, WX-III-287-19 did not alter activation of large-conductance, calcium-activated K+ channels. In U-46619-preconstricted rabbit aortic rings, WX-III-287-19 caused reduced relaxation; however, relaxations were not observed in arteries preconstricted with either high K+ (60 mM) and phenylephrine (10−5 M). These results indicated that WX-III-287-19 is a potent coronary vasorelaxant and may act as a thromboxane receptor antagonist.

PRM40
THE IMPORTANCE AND USE OF DRUG UTILIZATION REVIEW AND PHARMACOECONOMICS
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During the development of society and the economy, the rapid growth of health care costs has become a burden on the worldwide health protection system. The problem of aging populations and a changing disease spectrum as well as the progress and change in health care technology, therefore, the health care costs increased. The major problem of many countries is how to use drug utilization review (DUR) and pharmacoeconomic evaluation to improve and optimize the configuration of medical and health resources. This paper presents the importance of drug utilization review and pharmacoeconomic evaluation and discusses the application of them in new drug research and development, drug pricing, the selection of NNRD, and post-marketing evaluation. The quality of drug utilization review and pharmacoeconomic evaluation is critical. Furthermore, this paper analyzes problems and challenges of drug utilization review and pharmacoeconomic evaluation. Government departments, medical institutions, pharmaceutical companies, and research institutions should use them to solve their problems. Key words: Drug utilization review, Pharmacoeconomic evaluation, Pharmacoeconomics.

DISEASE-SPECIFIC STUDIES
CANCER - Clinical Outcomes Studies

PCN1
PREVALENCE OF FERRILE NEUROEPITHELIUM IN BREAST CANCER PATIENTS RECEIVED ADJUVANT PACLITAXEL TREATMENT
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OBJECTIVES: To review prevalence and risk factors of ferrile neuroepitheliom in breast cancer patients received adjuvant paclitaxel treatment. METHODS: retrospective chart review of 18 breast cancer patients received 146 cycles of adjuvant paclitaxel for prevention of breast cancer recurrence during 2011 at Phramongkulkhos hospi-
tal, Bangkok, Thailand. RESULTS: Average age of patient in this study was 54.6±10.5 years old. Paclitaxel were given to patients in 7 dosage regimens. The most common dosage schedule used was 175 mg/m2 and weekly dose was 100 mg/m2 in advanced breast cancer patient and 60 mg/m2 in locally advanced breast cancer patient. There were 3 ferrile neuroepitheliom cases out of 18 patients who received 154 cycles of adjuvant paclitaxel treatment. Prevalence of ferrile neuroepitheliom in this study was 2.05%. Prevalence of neuroepitheliom in this study was 7.5% (11 cases out of 146 treatment cycles). Dosage regimen of paclitaxel (>100 mg/m2/cycle) associated with neuroepitheliom was found to be associated with neuroepitheliom. Other common adverse event found in this study was peripheral neuropathy in 9 cases (50%). Prevalence of neuroepitheliom in patients with duration of treatment 7 months (25%) and muscle weakness in 6 cases (25%). CONCLUSIONS: Neuroepitheliom from higher dose (>100 mg/m2) of paclitaxel is common and trend to associated with ferrile neuroepitheliom in breast cancer patients treated with this drug. Closely monitoring and supportive therapy is needed in the patients receiving higher paclitaxel dose to prevent ferrile neuroepitheliom during adjuvant paclitaxel treatment.

PCN2
PROSTATE CANCER OVERALL SURVIVAL: MULTILEVEL ANALYSIS OF A POPULATION-BASED CANCER REGISTRY DATA
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OBJECTIVES: Few studies have looked at the independent contribution that individual-level and contextual factors make to prostate cancer (PCa) survival. The aim is to review prevalence and risk factors of ferrile neuroepitheliom in breast cancer patients received adjuvant paclitaxel treatment. METHODS: retrospective chart review of 18 breast cancer patients received 146 cycles of adjuvant paclitaxel for prevention of breast cancer recurrence during 2011 at Phramongkulkhos hospital, Bangkok, Thailand. RESULTS: Average age of patient in this study was 54.6±10.5 years old. Paclitaxel were given to patients in 7 dosage regimens. The most common dosage schedule used was 175 mg/m2 and weekly dose was 100 mg/m2 in advanced breast cancer patient and 60 mg/m2 in locally advanced breast cancer patient. There were 3 ferrile neuroepitheliom cases out of 18 patients who received 154 cycles of adjuvant paclitaxel treatment. Prevalence of ferrile neuroepitheliom in this study was 2.05%. Prevalence of neuroepitheliom in this study was 7.5% (11 cases out of 146 treatment cycles). Dosage regimen of paclitaxel (>100 mg/m2/cycle) associated with neuroepitheliom was found to be associated with neuroepitheliom. Other common adverse event found in this study was peripheral neuropathy in 9 cases (50%). Prevalence of neuroepitheliom in patients with duration of treatment 7 months (25%) and muscle weakness in 6 cases (25%). CONCLUSIONS: Neuroepitheliom from higher dose (>100 mg/m2) of paclitaxel is common and trend to associated with ferrile neuroepitheliom in breast cancer patients treated with this drug. Closely monitoring and supportive therapy is needed in the patients receiving higher paclitaxel dose to prevent ferrile neuroepitheliom during adjuvant paclitaxel treatment.

PCN3
BEVACIZUMAB FOR METASTATIC COLORECTAL CANCER: A LITERATURE REVIEW ON META-ANALYSES AND COST-EFFECTIVENESS ANALYSES
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OBJECTIVES: Bevacizumab is a humanized monoclonal antibody that produces angiogenesis inhibition by binding vascular endothelial growth factor (VEGF-A). Bevacizumab was approved for combination use with standard chemotherapy for metastatic colon cancer. This research aims to conduct a systematic review on meta-analysis and cost-effectiveness analysis on standard chemotherapy plus bevacizumab to metastatic colorectal cancer (mCRC) to explore the efficacy, safety and cost-effectiveness on the addition of bevacizumab. METHODS: A systematic literature search on both meta-analysis and cost-effectiveness analy-

PCN4
SEQUENTIAL COMBINATION OF CHEMOTHERAPY WITH EGFR-TKI AS THE FIRST-LINE TREATMENT FOR UNSELECTED PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER: SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS
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OBJECTIVES: This study assessed whether sequential treatment of chemotherapy with epidermal growth factor receptor-tyrosine kinase inhibitor (EGFR-TKI) ver-
sus chemotherapy alone as the first-line therapy improved treatment outcomes in patients with advanced NSCLC and benefited patients with EGFR gene mutation. METHODS: We searched seven databases up to November 30th, 2013. Randomized controlled trials (RCTs) were included in the meta-analysis if they included patients with advanced NSCLC, overall survival (OS), objective response rate (ORR), quality of life (QoL) and adverse events. Two investigators independently selected studies, assessed the risk of bias, and collected data. RESULTS: Four trials involving 1,274 patients were eligible for meta-analysis. All included trials were open-label. Comparisons of intervention or comparator reporting risk factors for CC were included. Search