reported among the elderly (74.21%), significant variations across age groups, regions, and insurance types observed in this well-insured group call for future research to better understand reasons behind these variations.

PCN127

RELATIONSHIPS BETWEEN RESOURCES AND SCREENING RATES FOR BREAST AND CERVICAL CANCERS IN JAPAN

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OBJECTIVES: In Japan, the screening rates for breast and cervical cancers have been lower than in other countries, with rates below 20%. Breast cancer screening has been conducted biennially for over 40 years, while cervical cancer screening has been conducted biennially for over 20 years. Since lack of resources is an important barrier to increasing cancer screening rates, relationships between resources and cancer screening rates were investigated for breast and cervical cancers in Japan.

METHODS: A computerized database of the resource data of the target population was used. Resource data were defined as the number of mammography equipment installations (per 100,000 women) for breast cancer screening and the number of gynecologists (per 100,000 women) for cervical cancer screening. Correlations between the screening rates and the availability of resources were calculated. RESULTS: The national average breast cancer screening rate was 14.7%, varying from 2.5% to 35% among the 47 prefectures. The national average number of mammography equipment installations was 5.88 per 100,000, ranging from 8.81 to 4.41 per 100,000 among the 47 prefectures. The correlation between mammography equipment installation and the screening rate for breast cancer was 0.464 (P<0.01). The national average cervical cancer screening rate was 19.4%, varying from 12.1% to 34.8% among the 47 prefectures. The national average number of gynecologists was 18.0 per 100,000, ranging from 13.1 to 25.9 per 100,000 among the 47 prefectures. The correlation between the number of gynecologists and the cervical cancer screening rate was -0.079 (n.s.). CONCLUSIONS: Although the breast cancer screening rate shows a close relationship with medical resource availability, there is no relationship for cervical cancer screening. Since medical resources to increase breast cancer screening are limited in local areas, sufficient resources should be provided. In cervical cancer screening, other factors that affect the screening rate should be investigated.

PCN128

PREDICTORS OF NON-PARTICIPATION IN A SURVEILLANCE STUDY OF APPALACHIAN WOMEN PARTICIPATING IN A STATE-WIDE MOBILE MAMMOGRAPHY PROGRAM

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OBJECTIVES: Non-participation by potential study subjects in population research can affect the validity and generalizability of study outcomes. The study objectives were to evaluate the differences between participants and non-participants who were targeted for enrollment in the Bonnie's Bus Mobile Mammography Program (BBMMP) conducted throughout West Virginia, and to determine the predictors of willingness to participate in future research among those who consented to provide initial surveillance data. METHODS: Data collected from 2441 women who were eligible for the BBMMP were analyzed using the chi-square test and linear regression. RESULTS: Of the 2441 women who were screened by BBMMP over a 3 year period, 1178 women (48.3%) chose not to consent to participate in the surveillance study. Bivariate analysis indicated that being over 65 years, single, overweight uninsured, unemployed, or of minority race were associated with non-enrollment in the study. The multivariable adjusted model indicated that being of age 65 years and above (AOR=2.10), being single (AOR=1.25), or being from a minority race (AOR=1.97) were significant predictors of non-participation. Of the 1,263 women who consented to participate in the study and provided surveillance data, 407 women (32.2%) declined to be contacted for participation in future breast cancer screening research. The unadjusted model showed that women who have breast problems, are adherent to mammography screening guidelines, and are married/partnered are more likely to be willing to participate in future research. Multivariate logistic regression analysis revealed that women adherent to mammography screening guidelines are more likely to agree (AOR=1.40) to participate in future research than non adherent women. CONCLUSIONS: Women who are at risk for breast cancer and who are likely targets for interventions to increase adherence to mammography screening guidelines are more likely to not participate in breast cancer screening studies than those who may not be at risk and are adherent to screening guidelines.

PCN129

ASSOCIATION BETWEEN BMI AND PERSONAL HEALTH AND SCREENING HISTORY, PREVENTIVE CARE, AND WELLNESS BEHAVIORS AMONG PATIENTS WITH BREAST CANCER IN THE AMERICAN SOCIETY OF COLON CANCER MAMMOGRAPHY PROGRAM

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OBJECTIVES: Few studies have focused on access to care for women through utilization of a mobile mammography unit. Bonnie’s Bus Mammography Mobile Program (BBMMP) was created to provide mammograms to women in rural areas throughout West Virginia (WV) and surrounding areas. Based on a 3-year analysis of the data, 80.4% of its clientele had a BMI of 30 or above as compared to 64.9% for all WV women age 40 and above. Thus, the objectives of the study were to: 1) describe the demographics and comorbidities of women who utilized BBMMP, and 2) to determine the associations of BMI with personal health and medical history, preventive care, and wellness behaviors. METHODS: Three years BBMMP surveillance data collected from 1099 women age 40 and above were analyzed. BMI by personal and health screening history, preventive care, wellness behaviors, and demographic were analyzed using descriptive statistics and a linear regression model. RESULTS: Women were mostly married (60.4%), had health insurance (53.2%), were employed (46.5%), and had an annual income between $10,000-$25,000 (40.9%). Major comorbidities were hypertension (49%) and high blood cholesterol (43.9%). Increasing BMI was associated with a period of thyroid disease, hypertension, diabetes, high cholesterol, allergies, hormone replacement therapy use, activity limitations, perceived weight problem, lower exercise, inability to get medications due to cost, lower doctor visits, and being single. Those with lower BMI were less likely to smoke or drink alcohol. The regression model was significant (F=13.79, p<0.001, R² = 0.412) and indicated that women who engaged in preventive care behaviors were less likely to be obese than those who did not. CONCLUSIONS: The BBMMP attracted women who were disproportionate obese and had multiple co-morbidities, thus providing a great opportunity for targeted interventions related to improving preventive care, screening, and self-care behaviors.

PCN130

EVALUATING OUTCOMES OF SPECIALTY MEDICATION SERVICES THROUGH A NATIONAL HEALTH PLAN SPECIALTY PROGRAM: A CASE OF ORAL ONCOLOGY MEDICATIONS

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OBJECTIVES: Specialty pharmacy programs are increasingly used to improve the quality of outpatient therapy for patients receiving oral oncology medications. We evaluated whether use of particular specialty pharmacy services is associated with improved oncology medication use and reduced overall healthcare costs, as compared to retail pharmacy services. METHODS: The study is a retrospective claims analysis post implementation of a specialty pharmacy program, by a national commercial payer. A matched sample of patients assigned to use specialty pharmacies and those who used retail pharmacies for oral cancer therapies were compared. Primary outcomes were financial, including overall health care costs, outpatient costs, and OOP costs. Outcomes assessment in specialty pharmacy users and retail pharmacy controls were compared with t-tests for continuous variables, chi-square for nominal variables, and logistic regression for matching. Propensity scores were used to adjust for unmeasured confounding in the groups. RESULTS: The final analysis included 464 patients per cohort. The mean total costs per patient was 13% lower in the specialty pharmacy group ($84,105 vs. $97,196, difference = $13,092, P = 0.02) in the follow-up period. The mean outpatient hospital costs ($16,777 vs. $28,629, difference = $11,852, P < 0.01) were lower in the specialty group by 41%, with an associated significant difference in outpatient hospital visits (15.75 vs. 19.66, P < 0.01). Patients in the specialty pharmacy group were more adherent to therapy, MPR 0.73 vs. 0.66 (P < 0.01). CONCLUSIONS: This specialty pharmacy program implemented by a national commercial payer appears to improve oral oncology medication adherence and decrease overall health care costs, mainly by impacting outpatient hospital utilization.

PCN131

PATIENTS’ OUT-OF-POCKET (OOP) COSTS FOR GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)

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OBJECTIVES: The rising costs of cancer care has caused concerns regarding the OOP burden on cancer patients. The objective of this study is to examine patients’ OOP expenditures on G-CSF, pegfilgrastim and filgrastim, two supportive-care agents for cancer patients treated with myelosuppressive chemotherapy. METHODS: Two large US health care claims databases (2008-2010 MarketScan® Commercial and Medicare Supplemental Databases, and 2007-2009 HealthCore Integrated Research Database®) were used to identify adult patients receiving chemotherapy and G-CSF in outpatient settings. The summary statistics of quarterly OOP costs were tabulated for patients with any G-CSF claim for each quarter during Q1 2007-Q2 2010. Costs were adjusted to June 2010 dollars. RESULTS: The pattern of patients’ OOP costs for G-CSF was generally consistent between the two data sources and over time. On average, about 65-75% of patients on G-CSF incurred zero OOP costs in a quarter. Across the years, the average quarterly OOP costs adjusted for all patients ranged from $100-$150 for pegfilgrastim and $50-$100 for filgrastim. When focusing on the 20,948 patients on G-CSF with continuous data sources and over time. On average, about 65-75% of patients on G-CSF incurred zero OOP costs in a quarter. Across the years, the average quarterly OOP costs adjusted for all patients ranged from $100-$150 for pegfilgrastim and $50-$100 for filgrastim. When focusing on the 20,948 patients on G-CSF with continuous

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