is to characterize patient referrals between urologists and medical oncologists/ hematologists (MOH) following diagnosis of Stage IV disease. METHODS: A retro-
spective analysis of linked Surveillance, Epidemiology, and Endpoints (SEER) – Medicare data included patients diagnosed with Stage IV PCa between 1994 and 2002 (age > 65 years). Patients who saw a MOH before the urologist visit were referred. Patients were grouped according to MOH/MU stage. Time to physician visit, in months (m), was defined relative to diagnosis in the base case. RESULTS: Application of the inclusion and exclusion criteria resulted in 8840 patients (average age 77 years; 85% White; 68% M1 disease). Seventy-four percent of the patients visited a urologist. Of these, 33% followed up with a MOH. Of these, 41.5% saw the MOH within 6 m, 55.7% within 12 m, and 25% waited >24 m. The mean time to MOH visit was longer when a patient saw a urologist first, compared to when a patient did not see a urologist (20.1 m vs. 5.2 m; p < 0.0001). M1 patients saw MOH sooner than M0 patients: 14.1 m vs. 27.5 m; p < 0.0001. Qualitative results were similar whether conditioned for a urologist visit (16.9 m vs. 29 m; p < 0.0001) or conditioned for ‘no urologist visit’ (4.6 m vs. 11.1 m; p < 0.01). CONCLUSIONS: Similar to other studies, we find that the majority of patients with Stage IV PCa see a urologist post diagnosis. About a third of patients who see a urologist are referred to a MOH and 25% wait more than 2 years to see the MOH. We find that the time to a MOH visit aver-
ages 20 months among those first seen by a urologist and 5 months among those
who do not.

PCN101
BREAST CANCER SCREENING OR DIAGNOSTIC PROCEDURES IN POSTMENOPAUSAL WOMEN INITIATING OSTEOPOROSIS MEDICATIONS
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OBJECTIVES: This study evaluated the use of breast cancer (BC) screening or diag-
nostic procedures in postmenopausal women (PMW) initiating osteoporosis medica-
tions. METHODS: Women 50 years and older with at least one claim for ral-
oxilone (RLX), bisphosphonates (BS) or calcitonin (CT) in 2005 or 2006 and continu-
ous enrollment in the previous and subsequent 12 months were identified in a large
national commercial and Medicare claims database. PMW initiating RLX were com-
pared to PMW initiating BS and CT in terms of BC screening or diagnostic procedures
(mammogram, breast MRI, ultrasound, breast biopsy) as well as age, provider spe-
cialty, fractures, BMI screening and comorbidities. RESULTS: Treatment-naive PMW
aged 55–59 years were more likely to initiate RLX than other age groups (Adjusted
Odds Ratio (AOR) = 1.884 vs. aged 70+ years; p < 0.0001). RLX patients were younger
than BS and CT patients (mean age 63 years [RLX], 66 years [BS], 72 years [CT]; p < 0.05). Treatment-naive PMW with at least one BC screening or diagnostic claim
within the 12 months prior to therapy initiation were more likely to initiate on RLX than those with none during the same period (AOR = 1.183, p < 0.0001). Treatment-naive RLX
patients were more likely to have BC screening or diagnostic procedures in the 12
months prior to therapy initiation than treatment-naive BS or CT patients (RLX
61%, BS 57%, CT 41%; p < 0.05) and were more likely to have an increased fre-
frequency of mammograms in the 12 months after therapy initiation (RLX 18%, BS
16%, CT 15%, p < 0.05). CONCLUSIONS: In this study population, PMW who initiated
RLX treatment were more likely to have BC screening or diagnostic procedures prior
to initiating therapy than PMW on other OP medications. This data suggest that PMW who initiate RLX may have greater perceived or actual risks for BC than PMW who initiate on other therapies.

PCN102
IMPACT OF RADIOTHERAPY SEQUENCE WITH SURGERY ON SURVIVAL FOR PATIENTS WITH RESECTABLE COLORECTAL CANCER
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OBJECTIVES: Preoperative or postoperative radiotherapy has been used to decrease
local recurrence and thereby improve survival. Previous studies comparing these
two types of treatments have given conflicting results. The study aims to compare the effi-
ciency of preoperative versus postoperative radiotherapy in terms of survival for
resectable colorectal cancer (Stage II and III). METHODS: The study has been carried
out on patients with resectable colorectal cancer in stage II or III from the same
hospital between the years 2002 and 2015. The study includes 517 patients. The
patients were divided into two groups (preoperative and postoperative). The data
were analyzed using a chi-square test. CONCLUSION: Preoperative radiotherapy
showed better survival compared to postoperative radiotherapy in terms of survival
for patients with resectable colorectal cancer (Stage II and III) with a p-value of
0.047. However, this study has some limitations, such as small sample size, and
lack of data on adjuvant therapy. Further studies are needed to confirm the
findings of this study.

PCN103
SCREENING MAMMOGRAPHY TRENDS AMONG WOMEN IN A FREE-FOR-SERVICE MEDICAL POPULATION
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OBJECTIVES: Screening mammography is regarded as the gold standard for identi-
fying breast cancer in early stages. The American Cancer Society (ACS) recommends
annual screening mammography for women ≥40 years of age with an average risk
of breast cancer for early cancer detection. Mammography rates generally tend to
be lower in FN than PMW and so are at risk of false negative. The purpose of this study was to determine annual mammography screening trends from 2000 to 2005 among free-for-service women recipients enrolled in a state Medicaid program based on demographic and geographic characteristics. METHODS: Free-for-service medical claims for all women enrolled in the state Medicaid program from January 1, 2000 to December 31, 2005 were used.