OBJECTIVES: Basal Cell Carcinoma (BCC), a subset of non-melanoma skin cancer (NMSC), affects 2.4 million Americans annually. Previous studies using secondary data have been unable to characterize the BCC population, as they were completed prior to the release of BCC-specific ICD-9 codes in 2011. The objective of this study was to estimate the incidence and prevalence of BCC in a commercially insured US population. METHODS: A retrospective cohort design was used with data collection from MarketScan Commercial and Medicare Supplemental Database. Patients included were aged ≥18 years with ≥2 claims for BCC in any position, separated by ≥60 days ≤90 in the identification period 10/1/11 to 9/30/12. Patients were continuously enrolled in medical and pharmacy benefits in the 12 months prior to and following the first observed claim (index date). The cohort was further categorized as having incident or prevalent BCC, based on the absence or presence of a NMSC diagnosis code in the year prior to the index date. Descriptive statistics were performed on baseline demographics and clinical characteristics. RESULTS: A total of 19,704 patients with BCC were identified, of whom 12,299 (62.4%) were incident and 7,405 (37.6%) were prevalent. The mean age was 79.5 years (SD 13.6), and 74% (5,293/7,155) were female. An additional 5,308 patients had a concurrent diagnosis of NMSC, yielding an estimated annual incident and prevalent BCC incidence of 1.5 and 1.0 per 100,000 population, respectively. CONCLUSIONS: Our findings indicate an annual incident and prevalent BCC population of 9,600, or 1.5 per 100,000 population. This study provides important information on the incidence and prevalence of BCC, allowing for better resource allocation and management of severe pain, but real world data on their use in PC are limited. This study estimates the prevalence of and predictors for opioid use in PC patients with bone metastases. Opioid use was identified from EMR, while evidence of bone oncology clinics captured in OncoEMR® database were used to identify PC patients with bone metastases. Prevalence of opioid use was evaluated. Predictors for opioid vs. non-opioid treatments for patients that delay or prevent SREs and effectively control pain. OBJECTIVES: Explore epidemiology and drug treatment of radioactive iodine-refractory differentiated thyroid cancer (RR-DTC) in EU. METHODS: Epidemiology of RR-DTC was evaluated in the previous randomized trials and a recent cohort study conducted by KJ. All colorectal cancer patients with incident or prevalent BCC, based on the absence or presence of a NMSC diagnosis code in the year prior to the index date. Descriptive statistics were performed on baseline demographics and clinical characteristics. RESULTS: A total of 59,165 patients with BCC were identified, of whom 41,299 (69.5%) were incident and 17,866 (30.5%) were prevalent. The mean age was 62.1 years (SD 19.1), and 73% (22,550/30,646) were female. An additional 19,791 patients had a concurrent diagnosis of NMSC, yielding an estimated annual incident and prevalent BCC incidence of 14.9 and 11.4 per 100,000 population, respectively. CONCLUSIONS: Our findings indicate an annual incident and prevalent BCC population of 51,400, or 14.9 per 100,000 population. This study provides important information on the incidence and prevalence of BCC, allowing for better resource allocation and management of severe pain, but real world data on their use in PC are limited. This study estimates the prevalence of and predictors for opioid use in PC patients with bone metastases. Opioid use was identified from EMR, while evidence of bone oncology clinics captured in OncoEMR® database were used to identify PC patients with bone metastases. Prevalence of opioid use was evaluated. Predictors for opioid vs. non-opioid treatments for patients that delay or prevent SREs and effectively control pain.