cant difference in inpatient costs ($p<0.01) between the 2 groups. **CONCLUSIONS:** The economic burden of patients using new bio-surgical hemostatic materials was considerable. While a number of factors affected inpatient costs, patients using ORC were associated with lower total inpatient expenditure.

**PCN48**

**SYSTEMATIC REVIEW OF ECONOMIC EVALUATIONS IN ALLOGENIC HEMATOPOIETIC STEM CELL TRANSPLANTATION**

Lachaine J., Lambert-Obry V., Bibeau K.1,2

1University of Montreal, Montreal, QC, Canada; 2Maisonneuve-Rosemont Hospital, Montreal, QC, Canada

**OBJECTIVES:** The objective of this literature review was to explore the existing evidence regarding cost-effectiveness of allogeneic hematopoietic stem cell transplantation (AHCT) in hematologic malignancies (HcMs). **METHODS:** A systematic literature search was performed using the PICO method. Population consisted of patients suffering from HcMs. **RESULTS:** Intervention and Comparators were AHCT compared to different types of AHCT or standard therapies and Outcomes were incremental cost–utility ratios (ICURs) and/or incremental cost-effectiveness ratios (ICERs). The literature search was performed with the NHS EED filters using electronic databases from 1990 to 2014. The search was performed with the NHS EED filters using electronic databases from 1990 to 2014. A total of 282 patients (average annual weighted N = 568,245) were identified. The time horizon varied from 1 year to lifetime. All studies used a health care perspective. AML and ALL, ICERs ranged from dominant to (2014US)$154,597/LYG compared to SC. In Philadelphia- delphia-like (Ph) CHL, ICER of inpatient inpatient-related total healthcare costs (2014US)$173,013 compared to AHCT. **CONCLUSIONS:** Most of analyzed studies suggest that AHCT is cost-effective in AML and ALL compared to SC, but not in Ph+HL when compared to SC. One meta-analysis identified a wide cost-effectiveness range. This is consistent with current clinical practice in Ph+HL, where tyrosine kinase inhibitors like imatinib, have replaced AHCT for first-line therapy. Despite the high level of heterogeneity among selected studies, this review provides a comprehensive overview of the cost-effectiveness of AHCT in HcMs and could serve in the realization of future economic evaluations.

**PCN49**

**ESTIMATION OF DIRECT HEALTHCARE COSTS OF GYNECOLOGIC CANCER IN THE U.S.: AN ANALYSIS OF 2007-2011 MEDICAL EXPENDITURE PANEL SURVEY (MEPS) DATA**

Fack C.1, Lawson EA

1The University of Texas at Austin, Austin, TX, USA

**OBJECTIVES:** A literature search revealed no prior study on the direct medical costs of gynecologic cancer, including uterine, cervical, ovarian and other gynecologic cancers. The study objective was to estimate the direct healthcare costs of gynecologic cancers among community-dwelling U.S. residents from an all-payer perspective. **METHODS:** A retrospective cross-sectional analysis was conducted using the 2007-2011 Medical Expenditure Panel Survey (MEPS) database. The most common type of TC, accounting for about 95% of all cases. Most patients with DTC respond well to surgery and/or radiotherapy (l-131). However, <5% of patients become refractory to l-131. Disease burden and healthcare costs associated with this orphan disease have not been well described. **METHODS:** This retrospective cohort analysis combined data from the Humana and OptumInsight Claims databases from April 2005-Jun 2014. Patients aged ≥ 18 years were defined as having RAIR-DTC if they received a tyrosine kinase inhibitor (TKI) and had ≥ 2 diagnoses (ICD-9 code 193.xx) on or prior to the index date (first TKI use). Patients were excluded if no continuous medical/pharmacy coverage in the 6-months pre and post-index. Descriptive results included mean all-cause and thyroid-related healthcare cost & utilization (inpatient, outpatient and pharmacy) and were assessed 6 months post-index then converted to annual estimates. Results were reported for both the individual and combined datasets. **RESULTS:** A total of 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/ pseudo-SRE date. The mean PMPM cost for non-SRE patients was $27,935 and $97,344, respectively. **CONCLUSIONS:** RAIR-DTC is a rare disease, with high disease burden as shown through high rates of healthcare utilization and annual cost.

**PCN52**

**COSTS OF TREATING SKELETAL-RELATED EVENTS AMONG PROSTATE CANCER PATIENTS WITH BONE METASTASES IN A COMMERCIAL INSURED POPULATION IN THE US**

Zhong Y., Yao J., Donga P., Bilir S.P., Valderrama A.1

1Center for the Evaluation of Value in Risk in Health, Tofu Medical Center, Boston, MA, USA; 2Bayer HealthCare Pharmaceuticals Sales (MEPS) Data, Germany; 3TMS Health, Plymouth Meeting, PA, USA; 4IMS Health, San Francisco, CA, USA; 5Bayer HealthCare Pharmaceuticals, Whippany, NJ, USA

**OBJECTIVES:** We evaluated the economic burden of treating skeletal-related events (SREs), including pathologic fractures (PF), spinal cord compression (SCC), radiation to bone (RB) and bone surgery (BS), in prostate cancer (PC) patients with bone metastases (BM). **METHODS:** We identified PC patients with BM treated with a TKI (sorafenib, sunitinib, or vandetanib) using the 2005-2006 MEPS data. Costs were defined as all-cause and thyroid-related prescription drugs, inpatient, and outpatient costs. **RESULTS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **CONCLUSIONS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **RESULTS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **CONCLUSIONS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **CONCLUSIONS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **CONCLUSIONS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date. **CONCLUSIONS:** We identified 4,975 PC men with BM where 910 patients with SREs were 1:1 matched patients between two groups for the 6-month post-SRE/pseudo-SRE date.
mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with pancreatic cancer. Critical analyses of study quality and data gaps were analyzed at the country level. RESULTS: A total of 328 studies were identified based on the keywords. Of these, 32 studies met the inclusion criteria. Studies indicate that pancreatic cancer has an extremely poor prognosis for all age groups. First-line treatment options are limited to gemcitabine and/or erlotinib combination. Recent nab-paclitaxel was approved based on a 1.8 month improvement in the overall survival.

CONCLUSIONS: This systematic review shows that patients with pancreatic cancer have a very low survival rate. There is an urgent need for new treatments for these patients.

PCN54

SYSTEMATIC REVIEW OF EPIDEMIOLOGY AND BURDEN OF CUTANEOUS T-CELL LYMPHOMA

Apostolou H, Topaloglou H

NOVEL Health Strategies, Cherry Chase, MD, USA

OBJECTIVES: Cutaneous T-Cell Lymphoma (CTCL) is a rare and serious cancer with significa
ticant deterioration in patient quality of life. The objective of this research was to conduct a systematic review of epidemiology and the burden of CTCL.

METHODS: A systematic literature search for epidemiology and the burden of disease was performed on the databases Pubmed, Embase, Biosis, Google Scholar and Cochrane. Data was collected for the study type, methods, cost, and outcomes. Extracted study data included: CTCL incidence, complications, mortality, available treatment options, as well as healthcare resource utilization and medical costs associated with CTCL. Critical analyses of study quality and data gaps were analyzed at the country level.

RESULTS: A total of 50 studies were identified based on the keywords. Of these, 14 studies met the inclusion criteria. Studies indicate that CTCL is a group of disorders characterized by localised/ generalized T lymphocytes. Annual overall incidence of CTCL was 6.4 per million persons between 1973 and 2002. CTCLs accounted for 74%, with Mycosis fungoides (MF) and Sézary syndrome (SS) representing the most common sub-types (54% of all CTCLs).

CONCLUSIONS: This systematic review shows that patients with CTCL have a very poor prognosis and serious deterioration in quality of life. There is an urgent need for new treatments for these patients.

PCN55

RATES, TIMING, AND COSTS OF SHORT-TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD) IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED MELANOMA

Haimayeli S, Gillette P, Limone B, Johnson W, Malangone-Monaco F

1Oncology Specialists SC, Park Ridge, IL, USA; 2Bristol-Myers Squibb, Lawrenceville, NJ, USA

OBJECTIVES: The duration of disability with advanced melanoma is limited. This exploratory retrospective cohort study determined rates, timing, and costs of STD and LTD in adult patients with newly diagnosed advanced mela
noma.

METHODS: The sample was derived from US administrative databases (Truven Health MarketScan®). Disability costs were adjusted to 70% of an estimated $30/hour replaced wage.

RESULTS: A total of 328 patients with first-line NSCLC and found 19 different chemotherapy regimens. We observed significant changes in the patterns of care: carbo plag with pretexted is still the most used (32,7%), followed now by carboplatin with paclitaxel (19,1%) and bevacizumab containing regimen (16,4%). Oral chemotherapy represented 9,1% of the regimens.

CONCLUSIONS: This study provides preliminary esti-

PCN56

REVIEW OF DISEASE BURDEN OF LUNG CANCER IN CHINA’S BEIJING AND SHANGHAI

Hu C1, Huang L2, Zhao D2, Xu L2

1Astrazeneca (China), Beijing, China; 2Astrazeneca (China), Beijing, China

OBJECTIVES: Lung cancer has become NO.1 disease of all cancers in both inci
dence and mortality in China. Since lung cancer imposes great disease and eco
nomic burden on patients in China, lots of studies have investigated national status of disease burden of lung cancer. However, few studies pay attention to disease burden of lung cancer in China’s super big cities, such as Beijing & Shanghai. Our study aims to review lung cancer’s burden in Beijing and Shanghai to inform policy mak
ing.

METHODS: A comprehensive literature review of disease burden of lung cancer in Beijing and Shanghai was conducted. “CNKI” and “Wanfang data”, the biggest databases for Chinese journals, were searched through to Dec. 31th, 2014.

RESULTS: In 2010, incidence and mortality of lung cancer are 69.8/105 and 37.9/105. DALYs (disability adjusted life years) and economic burden of lung cancer are extremely high in both Beijing and Shanghai. DALYs of lung cancer are 42219.38 and 91962.18 in Beijing and Shanghai respectively. And average hospitalization expenditures per patient were ¥13,005; ¥20,360; and ¥30,356. The costs per patient are as high as ¥1839.65(43.67%) and ¥30356.00(80.68%).

CONCLUSIONS: Lung cancer has made Chinese patients incur great loss in both DALYs and money, which is a conspicuous reminder to policy makers to pay more attention to manage
tment of the ranging disease. And early prevention and screening of lung cancer should be priorities to slow increasing speed of disease burden.

PCN57

ACCESS OF ORAL CHEMOTHERAPY FOR NON-SMALL CELL LUNG CANCER (NSCLC) IN FIRST LINE TREATMENT IN BRAZIL: IMPACT ON THE PATTERNS OF CARE AND COST OF ILLNESS

Piedade A1, Goes L2, Minowa E1, Castro AP1, Alves AF1

1Evidências - Kantar Health, Campinas, Brazil; 2Evidências Credibilidade Científica, São Paulo, Brazil; 3Evidencias, Campinas, Brazil

OBJECTIVES: Previous real world data from 2013 showed the patterns of care of first

line NSCLC treatment in the Brazilian supplementary health system: carbo plag with pretexted is still the most used (32,7%), followed now by carboplatin with paclitaxel (19,1%) and bevacizumab containing regimen (16,4%). Oral chemotherapy represented 9,1% of the regimens.

CONCLUSIONS: This study provides preliminary esti-

PCN58

HEALTHCARE UTILIZATION AND COSTS ASSOCIATED WITH MULTIPLE SWITCHING OF TYROSINE KINASE INHIBITOR THERAPY IN PATIENTS WITH CHRONIC MYELOID LEUKEMIA

Kropf P1, Barco G2, Tang B1, Pathak A3, Iosa I3

1Fox Chase Cancer Center, Philadelphia, PA, USA; 2Ita Pharma, Shanghai, China; 3Medelco, Medellin, Colombia

OBJECTIVES: Tyrosine kinase inhibitors (TKIs) represent the standard therapy to manage CML. Success or failure of TKIs is characterized by patient costs.

METHODS: First- and second-line TKI providers were diagnosed with CML. Costs of second- and third-line TKIs. Healthcare utilization and costs were calculated on a per-month basis between (1) initiation of first-line TKI until the switch to second-line TKI and (2) between second-line TKI initiation until the switch to third-line TKI.

RESULTS: There was a significant increase in the number PET CT required, from 28% in 2013 to 48% in 2014. This systematic review shows that patients with CTCL have a very poor prognosis and serious deterioration in quality of life. There is an urgent need for new treatments for these patients.

PCN59

DIRECT MEDICAL COSTS OF HER2 POSITIVE BREAST CANCER MANAGEMENT IN IRAN: A CLAIMS DATABASE AND DATA MINING ANALYSIS

Assaripour A1, Zendehekid K2, Uyl - de Groot CA3, Naemi Sarabian AP1, Red科普 W3

1University of Nantes, Nantes, France; 2Medical education, Tehran, Iran, ‘Independent researcher, Virginia Beach, VA, USA

OBJECTIVES: HER2 positive breast cancer management can be costly when a mono
clonal antibody treatment like trastuzumab is used. This is particularly problematic in middle-income countries with a national health insurance system, which have