Limited information was available linking disease severity to QoL. CONCLUSIONS: In studies of patients receiving treatment for current or recently SCAH, median OS did not differ systematically among populations receiving regimens containing cetuximab, docetaxel, methotrexate, or paclitaxel. Among platinum-refractory patients, no treatment was identified as having demonstrated significant improvements in QoL.

PCN26 LENograstim for Reduction of Chemotherapy-Induced Neutropenia: Role of Randomized, Double-Blind, Placebo-Controlled Clinical Trials in Patients Undergoing Induction Chemotherapy in First-Line Setting with Advanced Pancreatic Cancer

Gaddy DF1, Becker C2, Li H1, Bennett R1, Yang Y3, Fitzgerald JP2, Bayever E1
1Merrimack Pharmaceuticals, Inc., Cambridge, MA, USA, 2Baxalta, Inc., Cambridge, MA, USA

OBJECTIVES: There is cure and a lack of therapeutics for patients with advanced pancreatic cancer (APC), including locally advanced and metastatic disease, who progressed following first-line therapy. Available treatment options have been limited by a lack of therapeutic breakthroughs. The purpose of the current meta-analysis was to compare the efficacy of LIP (lenograstim) to pegfilgrastim prophylaxis for patients receiving first-line, high/intermediate FN-risk chemotherapy in the setting of advanced pancreatic cancer (APC). This comparative effectiveness analysis showed a significantly higher likelihood of FN episodes and hospitalizations within each cycle were identified by ICD-10-GM codes with a parameter in all future studies of CML

PCN29 A SYSTEMATIC LITERATURE REVIEW TO IDENTIFY AND COMPARE CLINICAL TRIALS EVALUATING NOVEL THERAPEUTIC AGENTS IN POST-GENOMICIBATE ADVANCED PANCREATIC CANCER

Wetten S1, Li X2, Haas J3, Worth G4, Jacob C3, Braun S3, Tzivelekis S2
1MPG Berlin, Germany, 2The West Clinic, Memphis, TN, USA

CONCLUSIONS: When compared to daily G-CSF (filgrastim/lenograstim) prophylaxis for patients receiving first-line, high/intermediate FN-risk chemotherapy containing cetuximab, docetaxel, methotrexate, or paclitaxel. Among platinum-refractory patients, no treatment was identified as having demonstrated significant improvements in QoL.

PCN28 ANALYSIS OF Eribulin Mesylate Dosing Modifications Impact on Administration Persistence in Patients with Metastatic Breast Cancer (MBC)

Feinberg RA1, Drenning P, Garofalo DF1, Lai L1, Montgomery P1
1Cardinal Health, Dublin, OH, USA, 2Cardinal Health, Dallas, TX, USA, 3Cardinal Health, Missouri City, TX, USA

OBJECTIVES: Eribulin mesylate is a microtubule inhibitor FDA approved for use in patients with MBC after treatment with at least two previous chemotherapy regimens. Eribulin mesylate was dosed compared to on days 1, 8 and 8 of a 21-day cycle with options for dose modification (dose reduction/dose delay) based on severity and duration of specific toxicities. Recent studies, limited to the clinical trial setting, have shown dose modifications lead to greater treatment persistence and improved patient outcomes. This study utilized real-world claims data to evaluate the relationship between dose modifications and persistence among patients that receive 5 or more administrations. METHODS: Using data from the Cardinal Health Specialties Revenue Cycle Management medical claims database, 267 patients who received 5 or more eribulin administrations and completed therapy between May 2014 and April 2015 were included in this analysis. The Relative Persistence (RP) index and the intensity of dose received per day of treatment against expected dose (recommended dose) intensity. RDI values and total number of eribulin administrations were calculated for each patient based on the presence or absence of either dose reduction and/or dose delay. Data was analyzed using an independent samples t-test. RESULTS: An analysis of patient distribution revealed the mean number of eribulin administrations was 13.4 with a mean RDI of 85%. Persistence was statistically higher in patients that had eribulin therapy managed through dose delay and dose reduction strategies. Patients with no modification (100% RDI) received an average of 8.1 eribulin administrations. Patients with dose modification (81% RDI) received an average of 14.3 eribulin administrations. CONCLUSIONS: Management of eribulin therapy in patients with MBC via dose delay and/or reduction resulted in a statistically significant increase in persistence among responding patients.

PCN30 A REAL-WORLD ANALYSIS OF KOREAN NATION-WIDE DATABASE: PATTERN, ASSOCIATION, AND RELATED HEALTHCARE COSTS OF IMATINIB AMONG PATIENTS WITH CHRONIC MYELOID LEUKEMIA

Shin S1, Lee J1, Kim J1, Shin M1, Kwon H1
1National Evidence-based Healthcare Collaborating Agency, Seoul, South Korea

OBJECTIVES: This study aimed to determine the demographic features, treatment pattern, medication adherence, survival rates and associated healthcare costs in patients with newly diagnosed Ph+ CML from Korean National health insurance (NHI) claims database. METHODS: We conducted a longitudinal analysis of patients with newly diagnosed Ph+ CML (ICD-10: C92.1) and started treatment with imatinib in 2005 enrolled in the Korean NHI program. Patients were excluded if they had ≥ 1 claim with a diagnosis of other cancer within one year before diagnosis of CML. All data were retrieved from the NHI Database provided by National Health Insurance Corporation in Korea RESULTS: In the study, a total of 8,896 patients with a diagnosis of Ph+ CML between January 1, 2004 and December 31, 2013 were identified. Among them, our study population consisted of 268 patients (mean age: 46.4±14.7 years, male: 57.4%) with the diagnosis of CML in 2005. The majority of patients (75.9%) initiated imatinib therapy at a starting dose of 400 mg/day. Within 6 months of follow-up, a total of 43 patients (16.7%) had an MMR; of those, 23 patients (53.4%) had a complete molecular response (CMR) at 12 months. Of the 19 patients who did not achieve CMR, 16 (84%) had a partial molecular response (PMR). Of those patients who had an MMR at 12 months, 69 (15.9%) of the 43 patients who achieved MMR were alive without evidence of disease.