database had a median treatment duration of < 7 months, for androgen suppression beyond flare prevention. Research on BIC use patterns and duration after the introduction of newer hormonal agents is warranted.

PCN223

AN ASSESSMENT OF ATTITUDINAL AND BEHAVIORAL TRENDS RELATED TO CONSIDERATION OF TREATMENT COST AND VALUE AMONG PROVIDERS IN ONCOLOGY CARE MODEL PARTICIPATING PRACTICES

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OBJECTIVES: The Oncology Care Model (OCM) is one of several alternative payment models developed by the CMS Innovation Center (CMMI). OCM practices have entered into payment arrangements that include financial and performance accountability for episodes of cancer care. This research assesses attitudinal and behavioral trends related to consideration of treatment cost and value among providers in OCM practices. It also considers emerging evidence needs in the context of value-based oncology and how these may be served by manufacturers. **METHODS:** There are 190 practices participating in the OCM. Primary research was conducted with providers including medical oncologists and nurse practitioners from a subset of these practices. Respondents completed a survey assessing attitudinal and behavioral trends related to consideration of treatment cost and value within their practices. This included: awareness of cost and health economic evidence; referencing of emerging oncology value frameworks; discussion of these elements with peers and patients; and consideration of these elements in development of oncology pathways and/or prescribing. **RESULTS:** Providers in OCM practices indicated growing awareness, discussion and consideration of treatment cost and value. Although drugs were not currently considered to be a top focus area for cost savings, providers nonetheless indicated greater appetite for health economic evidence to support decision-making. Moreover, they expect that these elements will become more important, with introduction of two-sided risk for OCM and/or eventual reform to Medicare Part B payment policies. **CONCLUSIONS:** There is a gradual but important shift in mindset among oncologists in which treatment cost and value is becoming a better understood quantity and this trend is more pronounced in OCM sites. These providers seek health economic data and analysis to support their clinical decision-making. This may include medical resource utilization and patient-reported outcomes (e.g., functionality) in well-defined patient populations.

PCN224

TREATMENT PATTERN OF CETUXIMAB FOR COLORECTAL CANCER IN REAL WORLD SETTING BY USING CHINESE ADMINISTRATIVE DATABASES

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OBJECTIVES: The differences in treatment patterns for metastatic colorectal cancer (mCRC) patients have not been extensively studied in Chinese practice setting.This study evaluated the treatment patterns of cetuximab in the real-world setting in China. **METHODS:** This study used administrative data from the Qingdao City and Zhejiang Province from 2015 to 2016. All patients with metastatic colorectal cancer (mCRC) treated with cetuximab were included.The outcome of cetuximab was monitored during this period, and the combining regimens and agents were analyzed for 2 years following the initiation of chemotherapy **RESULTS:** There are 105 cases that received cetuximab treatment. The median time of adding cetuximab is 359 days (quartile range: 85.0 – 571.0 days). When health insurance or patients assistant program was provided, frequency of receiving cetuximab treatment at the initiating chemotherapy would be increased. The combination regimens were FFOLFIRI(49.10%), Other(17.10%),Capecitabine(17.6%), FOLFOX(10.50%), Capecitabine+Oxaliplatin(6.30%), mFOLFOX6(1.80%),FOLFOXIRI(0.60%). There are 26 cases that received two combing regimens , including 8 cases with the regimens switched from FOLFIRI to Capecitabine, 3 cases from FOLFIRI to FOLFOX.There are 6 cases that received three combing regimens **CONCLUSIONS:** Our findings suggest that patients with mCRC could gain health benefits from the Chinese health insurance or patients assistant program covering cetuximab. The combing regimens were varied in Chinese practice, which should be evaluated for there their difference in efficacy and safety.

PCN225

IMPACT OF PAYER ON HEALTHCARE RESOURCE UTILIZATION AND COSTS AMONG BREAST CANCER PATIENTS IN INDIA

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OBJECTIVES: To evaluate the impact of the type of payer on health care utilization and the costs of patients treated for breast cancer at a tertiary hospital in India. **METHODS:** This study was a retrospective review of electronic medical records from a tertiary care hospital in Mumbai, India. Patients ≥18 years of age hospitalized for breast cancer treatment between Jan 2014 and May 2015 were identified and included in the study. Descriptive and inferential statistics were used to analyze and compare differences between patients. Regression models were also used to determine predictors of total costs for all patients. **RESULTS:** A total of 146 patients met the study criteria. The mean length of stay (LOS) for all patients was 5.3+2.5 days. The mean LOS was highest for RGJAY scheme patients and lowest for patients with no insurance (NI). (RGJAY=6.4+1.8 days, private insurance (PI) =4.3+3.5, CGHS=3.5+2.28, NI=2.6+1.8; p<0.001). Patients with NI went into surgery the earliest (1.2+0.6 days) while CGHS patients were discharged from the hospital the earliest (2.6+1.3 days). Patients with PI received the highest number of per patient clinician visits compared to other patients (PI=16.3 visits/patient, NI=11.8, CGHS=2.7, RGJAY scheme=2.2; p<0.001). Patients with NI (unit doses=3435) and PI (unit doses=1863) received the highest unit doses of drug while RGJAY scheme patients (unit doses=649) received the least. Mean hospital costs were highest for patients with PI and lowest for RGJAY scheme patients (PI=$2381.03+1739.31, NI=$1558.70+1342.56, CGHS=$723.19+731.57, RGJAY=$637.41+118.20,). Clinician visits (r=0.576, p<0.01) and having PI (r=0.334, p<0.01) were found to be significant predictors of costs in the regression model. **CONCLUSIONS:** Significant differences were found in resource utilization and costs among breast cancer patients. Patients covered by private insurance and no insurance incurred higher costs but received more resources, which could lead to better care, compared to patients with other insurances.

PCN226

IMPACT OF PAYER ON HEALTHCARE RESOURCE UTILIZATION AND COSTS AMONG ORAL CANCER PATIENTS IN INDIA

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OBJECTIVES: To evaluate the impact of the type of payer on health care utilization and the costs of patients treated for oral cancer at a tertiary hospital in India. **METHODS:** This study was a retrospective review of electronic medical records from a tertiary care hospital in Mumbai, India. Patients ≥18 years of age hospitalized for oral cancer treatment between Jan 2014 and May 2015 were included in the study. Descriptive and inferential statistics were used to analyze and compare differences between patients. Regression models were also used to determine predictors of total costs for all patients. **RESULTS:** A total of 132 patients met the study criteria. The mean length of stay (LOS) for all patients was 9.1+5.13 days. The mean LOS was highest for private insurance (PI) patients and lowest for patients with no insurance (NI). (PI =11+2.82, RGJAY=9.3+5.04 days, CGHS=9+4.94, NI=5.5+4.46; p=0.006). Patients with PI went into surgery (2+0 days) and also got discharged the earliest (10+2.8 days). Patients with NI received the highest number of per patient clinician visits compared to other patients (PI=36.5 visits/patient, NI=24.6, CGHS=8, RGJAY scheme=1.2; p<0.001). Patients with NI (unit doses=3674) and PI (unit doses=508) received the highest unit doses of drug while RGJAY scheme patients (unit doses=1415) received the least. Mean hospital costs were highest for patients with PI and lowest for RGJAY scheme patients (PI=$5132.61+6158.41, NI=$1998.52+2057.81, CGHS=$1178.21+309.23, RGJAY=$795.77+$314.92). Clinician visits (r=0.485, p<0.01), having NI (r=0.128, p<0.01), undergoing surgery (r=0.379, p<0.01) and gender (r=-0.152, p<0.001) were found to be significant predictors of costs in the regression model. **CONCLUSIONS:** Significant differences were found in resource utilization and costs among oral cancer patients. Patients covered by private insurance and no insurance incurred higher costs but received more resources, which could lead to better care, compared to patients with other insurances.

PCN227

IMPACT OF PAYER ON HEALTHCARE RESOURCE UTILIZATION AND COSTS AMONG OVARIAN CANCER PATIENTS IN INDIA

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OBJECTIVES: To evaluate the impact of the type of payer on health care utilization and the costs of patients treated for ovarian cancer at a tertiary hospital in India. **METHODS:** This study was a retrospective review of electronic medical records from a tertiary care hospital in Mumbai, India. Patients ≥18 years of age hospitalized for ovarian cancer treatment between Jan 2014 and May 2015 were included in the study. Descriptive and inferential statistics were used to analyze and compare differences between patients. Regression models were also used to determine predictors of total costs for all patients. **RESULTS:** A total of 45 patients met the study criteria. The mean length of stay (LOS) for all patients was 9.4+4.55 days. The mean LOS was highest for RGJAY patients and lowest for private insurance (PI) patients. (RGJAY=10.5+3.85, no insurance (NI)=9.5+6.02, CGHS=8.5+0.70 days, PI=7.2+4.18; p=0.289). Patients with CGHS went into surgery (2+0 days) the earliest while private insurance patients got discharged the earliest (6.5+2.64 days). Patients with NI received the highest number of per patient clinician visits compared to other patients (NI-35.9 visits/patient, CGHS-19.5, RGJAY-1.1, PI-30.3; p<0.001). Patients with NI (unit doses=3926) and PI (unit doses=1980) received the highest unit doses of drug while RGJAY scheme patients (unit doses=208) received the least. Mean hospital costs were highest for patients with NI and lowest for RGJAY scheme patients (NI=$3843.77+$2735.89, PI=$2735.89+2454.62, CGHS=$1849.73+1023.56, RGJAY=$653.01+$257.18). Clinician visits (r=0.826, p=0.004), having NI (r=0.532, p=0.025), undergoing surgery (r=0.224, p=0.044) were found to be significant predictors of costs in the regression model. **CONCLUSIONS:** Significant differences were found in resource utilization and costs among ovarian cancer patients. Patients covered by private insurance and no insurance incurred higher costs but received more resources, which could lead to better care, compared to patients with other insurances.

PCN228

REAL WORLD DATA ANALYSIS OF TREATMENT PATTERNS AND COSTS ASSOCIATED WITH NON-SMALL CELL LUNG CANCER (NSCLC) IN ITALY

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OBJECTIVES: To describe treatment patterns/costs for patients with stage IV NSCLC in Italy. **METHODS:** Retrospective database analyses were conducted for 3