

clinic. This study suggests that progression results in increased use of chemotherapy, PRRT and targeted therapies and in increased rates of hospitalization.

6617 POSTER Impact of Asian Ethnicity in Gastric Cancer Survival – a Literature Review

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Background: Differences between Asian and Western gastric cancer (GC) patients in overall survival (OS) are well-documented. This review addresses the controversy as to whether this can be attributed to ethnicity/biology, treatments, or other factors.

Materials & Methods: A systematic search in PubMed (2000–11 English-language), using combinations of Medical Subject Heading search terms such as “gastric cancer,” “Asian,” “outcomes,” and “survival” resulted in 378 citations. Following title and abstract review, 12 publications were fully reviewed.

Results: All 12 studies compared Asians and non-Asians in the same countries (10 in the US, 1 in the UK, 1 in Canada). Nine US studies found Asian ethnicity to be an independent predictor of favorable OS in multivariate analyses (relative to Whites, weighted average HR = 0.83, 95% CI 0.82–0.85), including 1 reporting favorable outcomes for foreign-born Asians, but not US-born Asians. Most of the 9 studies used large population-based multi-center cancer registries (mean Asian n = 2478, range 52–6454) and controlled for confounding factors of survival including treatment modality, age, gender, stage, grade, histology, and tumour location. Three studies failed to confirm Asian ethnicity as an independent predictor. These were small single-center studies (mean Asian n = 63, range 13–159) and controlled for fewer or none of the confounding factors. Additionally, 1 small study included only 18 patients of S Asian origin (India, Pakistan, Bangladesh). Other studies examined patients of predominantly E Asian origin (Japan, Korea, China).

Conclusions: The majority of the evidence reviewed supports Asian ethnicity as a predictor of favorable OS in GC, independent of other prognostic factors. The Asians included in these studies all live in Western countries and may have been homogenized to other ethnicities. This may have biased the results towards the null, underestimating the effect of Asian ethnicity. Recent literature lacks GC survival studies comparing ethnicities across multiple countries. Current comparisons within countries eliminate disparities in health care systems as a confounding factor. However, the effect of health-seeking behaviors cannot be ruled out. Further investigation in such behaviors could help improve outcomes of other ethnicities. Understanding differences in the underlying biology of GC in Asians would permit development of tailored treatment strategies to meet unmet needs of different ethnicities.

6618 POSTER Cross-Sectional Analysis of Resource Utilization Among Patients With Neuroendocrine Tumours

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Background: Although there is high morbidity and mortality associated with neuroendocrine tumours (NET), there are limited data in the literature to quantify the economic impact in this patient population. The aim of this study was to understand resource use among advanced NET patients.

Materials and Methods: An online survey was administered to physicians in the US, UK, Germany, France, Brazil, and Italy to collect data on patients with advanced NET. The survey gathered data on the incidence and frequency of resource use (e.g. chemotherapy, somatostatin analogs [SSA], PRRT).

Results: Of the 4,100 surveys administered, 197 physicians participated (4.8%), providing data for 394 NET patients. Among all patients, non-pancreatic GI tract was the most common primary site (45.4%), followed by pancreas (30.7%). Resource utilization was high across tumour types as shown in Table 1. The most common types of chemotherapy used were: 5-fluorouracil (16.2%), etoposide (15.5%), and cisplatin (14.8%).

Table 1. Overall resource utilization at any time

	All NET, % (N) (n = 394)	pNET, % (N) (n = 121)	GI/Lung NET, % (N) (n = 273)
Surgery	46.5 (183)	48.8 (59)	45.4 (124)
Chemotherapy	48.7 (192)	43.0 (52)	51.3 (140)
PRRT	10.2 (40)	10.7 (13)	9.9 (27)
SSA	76.7 (302)	74.4 (90)	77.7 (212)
Targeted therapies*	6.1 (24)	9.9 (12)	4.4 (12)
Visits	99.8 (393)	100.0 (121)	99.6 (272)
Hospitalizations	64.5 (254)	65.3 (79)	64.1 (175)
Ultrasounds	55.1 (217)	59.5 (72)	53.1 (145)
Scans (conventional or helical)	92.1 (363)	89.3 (108)	93.4(255)
Other imaging tests†	59.6 (235)	62.0 (75)	58.6 (160)
Biomarker	73.1 (288)	76.0 (92)	71.8 (196)
Other lab Tests	61.9 (244)	70.2 (85)	58.2 (159)

*Everolimus, sunitinib, imatinib, and bevacizumab.

†PET, SRS, MRI, mIBG, and Chest X-Ray.

Conclusions: Results confirm that advanced NET is associated with significant resource use, regardless of tumour site. In addition to SSAs, patients are treated with chemotherapy and radiation-based approaches and twice as many patients are treated with targeted therapies in the pNET group as compared to the GI/Lung NET population.

6619 POSTER Patient Experiences of Having a Rare Cancer: a Qualitative Study

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Background: Limited qualitative studies exist regarding the patient experience of having a rare cancer. We sought to understand, in terms of diagnosis, access to treatment and support services available, the patient experience of having a rare malignancy.

Materials and Methods: Semi-structured qualitative interviews were used to examine the experience of patients diagnosed with a neuroendocrine tumour (NET) with regards to the diagnostic process and the impact of diagnosis, information availability, support availability, and experience of a specialized multidisciplinary clinic. Patients were identified from a prospectively kept database. An interview guide was generated and piloted. Interviews were completed by a single interviewer (YF) by telephone. Patient interviews were transcribed verbatim and analyzed using standard qualitative research methodology. Grounded theory guided the generation of the interview guide and analysis.

Results: Eighteen patients were interviewed. Eight interviewees were female, median age was 62 (age range 45–77) and diagnoses included 11 small bowel NET, 4 pancreas NET, 1 gastric NET, 1 bronchial NET and 1 NET of unknown origin. Median interview time was 31 minutes (range 9 min to 2 hrs 8 min). Seven themes were identified including: incidental or delayed diagnosis; difficulty accessing meaningful information prior to attendance at specialized clinic, difficulty accessing specialized medical care, informal networks were used to access the specialized clinic, value of specialized clinic, the need for support including support specific to the patient's own cancer, and long term negative physical and psychological effects of cancer.

Conclusions: Our qualitative analysis found that patients with rare cancers often have a delayed diagnosis, and had difficulty accessing disease-specific information and specialized medical care. Informal networks were used to access the specialized clinic and this clinic generally met patients' care and information needs.

6620 POSTER Cross-Country Comparison in Practice Patterns for Patients With Neuroendocrine Tumours

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Background: Neuroendocrine tumours are a rare and progressive form of cancer with limited treatment options. The purpose of this study was