by dermatologists were more likely to receive surgery subsequently (p = 0.002). Older age and female gender were associated with a lower likelihood to receive surgery.

PCN118 GEOGRAPHIC VARIATION AND SOCIO-DEMOGRAPHIC DISPARITY IN THE UTILIZATION OF OXALIPLATIN-CONTAINING CHEMOTHERAPY IN PATIENTS WITH STAGE-III COLON CANCER

Panchal J1, Laisson D, Chan W, Du X1

University of Texas Health Science Center Houston, School of Public Health, Houston, TX, USA

OBJECTIVES: To examine geographic variation and socio-demographic disparities in the utilization of chemotherapy in patients with stage-III colon cancer, focusing specifically on Oxaliplatin. METHODS: A retrospective cohort of 7654 Medicare patients was identified from the Surveillance, Epidemiology and End Results – Medically Instructive database (2006-2010) was used to identify records for cancer patients aged 18 years or older who had received chemotherapy. A diagnosis of anemia was utilized as the screening criteria for the study population. The study population was then categorized using the ICD-9 codes and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes.

PCN119 BLOOD TRANSFUSION UTILIZATION IN CHEMOTHERAPY-INDUCED ANEMIA—AN ANALYSIS OF HOSPITAL INPATIENT AND OUTPATIENT RECORDS IN THE UNITED STATES

Forlenza JB1, Herrera A2, Scalea J1, Prifti K2, Foster T3, Boswell E2

1Jameson Scientific Affairs, LLC, Horsham, PA, USA; 2Trinity Partners, LLC, Walhalla, MA, USA

OBJECTIVES: This retrospective analysis of US hospital inpatient and outpatient electronic health records aimed to describe current blood transfusion utilization in chemotherapy-induced anemia (CIA). METHODS: The Premier Hospital Database (2006-2010) was used to identify records for cancer patients aged 18 years or older who had received chemotherapy and a diagnosis of anemia (ICD9 codes 287.71-287.74). RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes. RESULTS: The Blood Transfusion group had either ICD-9 codes, CPT codes, or anemia due to chronic illnesses. The study population was then categorized using the ICD-9 and CPT codes.

PCN140 MEASURING THE RISK OF EXPOSURE TO LOW-IONIZING RADIATION IN CANADA: A POPULATION MODEL

Zowall H1, Brewer C2, Deutsch A3

1MIGH University, Montreal, QC, Canada; 2Zowall Consulting, Westmount, QC, Canada

OBJECTIVES: To develop a population model to measure the risk of exposure to low-ionizing radiation in the general population. METHODS: Recent evidence-based studies linked exposure to low-dose ionizing radiation with the development of cancer/leukemia. Independent risk factors for repeated radiation exposure (in health care/nuclear industry) are typically monitored and restricted to effective doses of 20-50 mSv per year. In contrast, radiation exposure in the general population is not monitored. Using the epidemiological databases from Canada and the United States, we are developing an age/sex- and region-based population model of radiation exposure and non-medical uses. We identify the potentially most exposed subpopulations, for which the low-term risks are most relevant. RESULTS: We compiled the list of effective doses (mSv) from radiation exposure for common medical and non-medical uses, using National Council on Radiation Protection and Measurement (NCRP) data and other published sources. Excluding naturally occurring radiation, most of the radiation comes from medical use as opposed to non-medical use. In medical use, the bulk of exposure is related to CT and nuclear imaging, especially cardiac. Exposure to low-dose radiation in patients among 65-74 years of age was higher than among 30-44 group, fast growing over time, with higher exposure among females than males. Concern is emerging about rapidly increasing doses among pediatric populations. In non-medical use exposure is minor, coming mainly from vacations, building materials, and commercial air travel. Results are presented by age and sex, and sensitivity analyses on selected variables are reported.

CONCLUSIONS: Given the rapidly growing radiation exposure, our findings might have important implications for the health of the general population. Strategies to reduce radiation exposure in the general population should be developed.