OBJECTIVES: Patient-reported outcomes are increasingly used for cancer treatment. The study objective was to quantify abandonment and reversals of rates of oral oncology in patients filling prescriptions from traditional retail, Medco specialty, and other specialty pharmacies. Prescriptions are abandoned for different reasons including cost-sharing amounts and complexity of regimens prescribed. METHODS: Using a retrospective cohort design, we selected patients aged ≥18 years with a prescription for erlotinib, cabaptebine, or imatinib during 2007-2011 from a Medco population of U.S. commercial and Medicare health plans. These agents represent widely available oral oncology agents. Patients were classified according to initial oncology received and pharmacy channel providing the medication. Bigram medication was defined as a reversal following initial approval of prescription with no additional paid claims for the agent within 90 days of reversal. Overall reversal rates representing potential challenges filling prescriptions were also examined. Reversals occur for various reasons including incorrect information on the necessity of patients to pay cost-sharing amount. RESULTS: Among patients treated with an oral oncology, 10,297 were prescribed erlotinib, 20,062 were prescribed cabaptebine and 7,233 were prescribed imatinib. Mean age was 69.1, 61.3, and 62.1 years for erlotinib, cabaptebine, and imatinib, respectively. The abandonment rate of the initial oncology was 1.9%, 1.6%, and 1.2% for erlotinib, cabaptebine, and imatinib, respectively. The rate of reversals was 4.9%, 3.7%, and 3.5% for erlotinib, cabaptebine, and imatinib, respectively. For oncology examined, Medco specialty channel (0.2%) had lowest rates of abandonment versus other specialty (1.7% P=0.001) and retail (2.0% P=0.001). In multivariate models controlling for age, gender, and geographic region, specialty channel was significantly associated with filling the index prescription without challenges for all oncologies. CONCLUSIONS: Low abandonment rates were observed in this study. The pharmacy channel in which patients fill their index oral oncology appears to be influential on patient abandonment rates.

PCN106
PERSISTENCE IN PATIENTS WITH BREAST CANCER TREATED WITH TAMOXIFEN OR AROMATASE INHIBITORS: RESULTS OF A RETROSPECTIVE COHORT STUDY
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OBJECTIVES: High rates of compliance and persistence to medical treatments are associated with improved patient outcomes. Breast cancer survival has significantly increased, compliance with adjuvant treatment is very important to ensure optimal treatment outcome. In this analysis, persistence i.e. the extent to which patients continue treatments was estimated for breast cancer patients on tamoxifen (TAM) and aromatase inhibitors (AI) treatment in primary care practices in Germany. METHODS: This retrospective cohort study analysed longitudinal routine care data collected by gynecologists and general practitioners in Germany (IMDb Disease Analyzer). Non-persistence was defined as a period of >180 days without prescriptions. The lack of persistence was compared using Cox regression models after adjusting for age, gynecologist care, private health insurance, urban residency, practice in West-Germany, defined co-diagnoses and co-therapies (i.e. bispophonates). RESULTS: We included 12,412 patients diagnosed with primary breast cancer and first-time prescriptions of hormone therapy. A total of 7312 patients were treated with TAM (SD: 13.5), age over 70 (HR: 0.96, p=0.46), co-therapy (HR: 0.85, p=0.01) and diagnosis of diabetes mellitus (HR: 0.82, p=0.001) were associated with a lower risk of discontinuation of therapy. No significant effect was found for western Germany, urban residency, private insurance status and other age groups. CONCLUSIONS: Long-term persistence on hormonal treatment in women with endocrine-responsive breast cancer is low. Factors affecting treatment discontinuation need to be identified and properly addressed. Patients at high risk of non-adherence to the prescribed medication should be cared for in more individualised fashion to ensure optimal treatment outcome.

PCN107
PERSISTENCE IN FIRST LINE TREATMENT OF METASTATIC RENAL CELL CARCINOMA IN ROUTINE CARE IN GERMANY
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OBJECTIVES: Metastatic renal cell carcinoma (mRCC) has a very high mortality rate with a 5 year survival of 5-15%. With the approval and use of a number of oral agents in the first line, treatment conditions for mRCC patients have significantly improved. Objective of this study was to evaluate the persistence in the first line treatment of mRCC patients in Germany. METHODS: This retrospective cohort study analyzed data based on the IMS LxR database containing 80% of all prescriptions reimbursed by the German statutory health insurance with an anonymized patient ID. The data base covers longitudinal information on patient level, such as age, gender, insurance corporation, diagnosis as well as prescription, specialty, date and dosage of package level. Persistence was defined as the number of days from the date of the first prescription until the date of the last prescription plus the number of daily doses prescribed. RESULTS: A total of 2799 patients starting first line treatment in mRCC between January 2010 and September 2010 were identified based on medication, co-medication and dosage. Median persistence in days was 84 for patients receiving Temsirolimus (T; n=384), 103 for Sorafenib (S; n=368), 117 for Pazopanib (P;