which temozolomide, nimustine, doxorubicin, and teniposide were most common. 53% of these patients received subsequent chemotherapy regimens. Forty-four percent (16/36) underwent surgery initially for their recurrence, with 81% (13/16) of these patients receiving subsequent chemotherapy. Other drugs used in treatment of recurrent disease included doxorubicin and lonustine. CONCLUSION: Consistent with published guidelines, GBM patients in Germany with better functional status undergo active therapy. Patients initially undergo surgery, followed by radiotherapy. Chemotherapy is often used with or immediately following radiotherapy or at disease recurrence.

PCN60

IMPLEMENTATION AND EVALUATION OF CLINICAL PATHWAYS IN AN ONCOLOGY ELECTRONIC MEDICAL RECORD
Conner TM1, Beveridge R2, Lokay K1, Young D1, Johnston A1
1Outcomes Research Consulting, Austin, TX, USA, 2US Oncology, Fairfax, VA, USA
OBJECTIVES: This oncology-specific organization integrated its electronic medical record (EMR) system a series of clinical pathways (CPs) based on national guidelines. The objective was to evaluate adherence to pathways and develop a process for communication to practices regarding performance.

METHODS: The CPs are based on clinical and economic literature and are physician-led. Adherence is measured using a combination of patient disease, stage of disease, and line of therapy. A combination of methods has been used in the reporting process, including web-based reports; involvement of staff pharmacists to promote and monitor clinical pathway adherence at the local level; multiple teleconferences among pharmacists and physicians to discuss cases, share successes, failures, and ideas; and inclusion of network pathway reports for all attendees at the organization’s biannual national P&T meetings.

RESULTS: Eighteen practices have EMR pathway reporting capabilities, with new practices being added every month. Currently clinical pathways for 7 cancer types have been implemented into the EMR system. Pharmacists have increased their role in promoting pathway adherence. One of the greater challenges has not been to improve pathway adherence per se, but to increase completion of key elements of evaluation, including disease stage and line of therapy. CONCLUSION: Early evaluation shows monitoring of pathway adherence. One of the greater challenges has not been to improve pathway adherence per se, but to increase completion of key elements of evaluation, including disease stage and line of therapy.

PCN62

USE OF A 5-LEVEL EQ-5D IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA
Holtzer-Goor KM1, Thompson SL1, Schaafsma MR2, Uyl-de Groot C1
1institute for Medical Technology Assessment, Rotterdam, Zuid-Holland, The Netherlands, 2Medisch Spectrum Twente, Enschede, The Netherlands

OBJECTIVES: To investigate the impact of chronic lymphocytic leukaemia (CLL) on health-related quality of life (HRQL) and the gain in terms of descriptive richness associated with using an EQ-5D with additional levels (EQ-5D-5L) in the CLL patient population.

METHODS: The EQ-5D-5L employed in this study incorporates 5 levels of assessment but without additional labeling. Our study involves a cohort of patients with CLL from 19 participating Dutch centres.

RESULTS: In March 2006, 134 patients had completed at least one EQ-5D-5L questionnaire of whom 63% were male of median age 66 years. Median age for females was higher at 70 years. Most patients (72%) were in remission at the time of the first HRQL assessment. Twenty-six percent selected at least one alternative level on the EQ-5D-5L. The dimensions where patients reported most problems were Pain/Discomfort (level 1: 57%, level 2: 8%, level 3: 32%, level 4: 1%) and Usual Activities (level 1: 62%, level 2: 7%, level 3: 28%, level 4: 2%, level 5: 1%), followed by the Mobility dimension (level 1: 69%, level 2: 8%, level 3: 22%). Few patients reported problems in terms of Self-care (5%). The mean VAS score was 75.08 (SD = 14.3). Utility scores were 0.88 (SD = 0.15) for the EQ-5D-5L, slightly higher than for the 3-level categorization at 0.84.