(attendance) of this programme proved to be low. Therefore we aimed to analyze the frequency and distribution of Papanicolaou smears. METHODS: The data were derived from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2003–2005. First we calculated the frequency of pap smears then the distribution according to geographical regions. Screening is defined with the cytological examination of Papanicolaou smear and includes all smears taken either within or outside of the organized programme. RESULTS: The age specific screening rate of women aged 25–64 years was 52.6% in 2003–2005. Distribution of Papanicolaou smears according to regions was: Central-Hungary: 28.4%, Central-Transdanubia: 10.5%, Western-Transdanubia: 9.3%, Southern-Transdanubia: 10.8%, Northern-Hungary: 13.2%, Northern-Greatplane: 14.2%, Southern-Greatplane: 13.6%. Frequency (number) of Papanicolaou smears per 10,000 female population according to regions: Central-Hungary: 4685, Central-Transdanubia: 4540, Western-Transdanubia: 4571, Southern-Transdanubia: 5257, Northern-Hungary: 5035, Northern-Greatplane: 4651, Southern-Greatplane: 4899. CONCLUSION: We found significant inequalities in the frequency of Papanicolaou smears was the highest in the Southern-Transdanubian and Northern-Hungarian regions. To increase participation rate and to decrease within country inequalities are important aims of the Hungarian nationwide organized cervical cancer screening program.

PCN38
WITHIN COUNTRY DIFFERENCES IN MAMMOGRAPHY COVERAGE OF THE HUNGARIAN NATIONWIDE ORGANIZED BREAST CANCER SCREENING PROGRAMME
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OBJECTIVES: Nationwide organized breast cancer screening programme was launched 2002 in Hungary for women between the age of 45–65 with a 2 years screening interval. The aim of the study is to analyse the within country inequalities of mammography coverage of the organized programme. METHODS: Data derive from the database of the National Health Insurance Fund Administration (OEP) containing routinely collected financial data. The study includes all the women who received outpatient and/or inpatient care treatment in 2001 financed from public resources of OEP. Number of deaths due to breast cancer is from the Central Statistical Office database. We compared the annual out- and inpatient care treatment cost and the annual number of deaths according to the following age groups: 0–24, 25–44, 45–64, 65–74, 75+.
RESULTS: The cost distribution of out- and inpatient care treatment cost of breast cancer was the following (out/p.inp.): 0–24 years: 0.1%/0.2%; 25–44 years: 12.4%/11.7%; 45–64 years: 59.2%/59.1%; 65–74 years: 20.9%/20.2%; 75 and over: 7.4%/8.7%. The distribution of deaths due to breast cancer was the following: 0–24 years: 0.0%; 25–44 years: 5.0%; 45–64 years: 37.0%; 65–74 years: 22.8%; 75 and over: 35.2%. We found that in the age-group 65–74 there is a balance between the cost distribution (20.9% and 20.2%) and the deaths (22.8%). In younger age groups received more treatment cost than its mortality would predict, while in older age groups (75+)—responsible 35.2% of deaths—received only 7.4% and 8.7% of out- and inpatient care treatment cost respectively. CONCLUSION: There is a shift between the distribution of treatment cost of and deaths due to breast cancer in favor of younger age-groups.

PCN39
GAP BETWEEN INPATIENT TREATMENT COST OF AND MORTALITY DUE TO BREAST CANCER IN HUNGARY
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OBJECTIVES: The aim of this study is to analyze and compare the distribution of inpatient care treatment cost of and mortality due to breast cancer according to age-groups. METHODS: Data derive from the database of the National Health Insurance Fund Administration (OEP) containing routinely collected financial data. The study includes all the women who received outpatient and/or inpatient care treatment in 2001 financed from public resources of OEP. Number of deaths due to breast cancer is from the Central Statistical Office database. We compared the annual out- and inpatient care treatment cost and the annual number of deaths according to the following age groups: 0–24, 25–44, 45–64, 65–74, 75+.
RESULTS: The cost distribution of out- and inpatient care treatment cost of breast cancer was the following (out/p.inp.): 0–24 years: 0.1%/0.2%; 25–44 years: 12.4%/11.7%; 45–64 years: 59.2%/59.1%; 65–74 years: 20.9%/20.2%; 75 and over: 7.4%/8.7%. The distribution of deaths due to breast cancer was the following: 0–24 years: 0.0%; 25–44 years: 5.0%; 45–64 years: 37.0%; 65–74 years: 22.8%; 75 and over: 35.2%. We found that in the age-group 65–74 there is a balance between the cost distribution (20.9% and 20.2%) and the deaths (22.8%). In younger age groups received more treatment cost than its mortality would predict, while in older age groups (75+)—responsible 35.2% of deaths—received only 7.4% and 8.7% of out- and inpatient care treatment cost respectively. CONCLUSION: There is a shift between the distribution of treatment cost of and deaths due to breast cancer in favor of younger age-groups.

PCN40
PATTERNS OF TREATMENT OF NON SMALL CELL LUNG CANCER (NSCLC) IN COMMUNITY PRACTICE
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OBJECTIVES: Evidence guiding NSCLC treatment has been derived largely from controlled trials at academic centers. Much less attention has focused on understanding NSCLC treatment by community-based oncologists. We undertook this study to better understand NSCLC treatment patterns and outcomes in community-based practices. METHODS: Ten large community-based oncology practices in the U.S. were identified. Investigators conducted chart reviews on 417 NSCLC patients treated with chemotherapy between 2001 and 2003 who were deceased at the time of the review. RESULTS: Of the 417 patients (54% male, median age 68 years, mean performance status 1.2) almost 20% had a history of radiation therapy, and 9.6% had a history of surgery. Mean survival was 10.5 months for stage IIIIB patients (n = 114) and 7.9 months for stage IV patients (n = 303). In their first line of chemotherapy, 55% of patients received both carboplatin and paclitaxel (18% in combination with radiation therapy). Another 11% received carboplatin with either gemcitabine (6%) or docetaxel (5%). In contrast, monotherapy was more common in second line therapy (docetaxel 22%, gemcitabine 15%).
itabine 14%, vinorelbine 11% or gefitinib 9%). Approximately one-quarter of patients were treated in third line and approximately 10% received fourth line treatment. The vast majority of third and fourth line treatments involved single agents. Toxicities associated with drug therapy were consistent with those that have been previously reported elsewhere. CONCLUSION: In the first line of therapy, patients received care largely reflecting the existing NSCLC evidence base from controlled trial data available during the 2001–2003 period. Treatment patterns and outcomes of patients in community-based practices represent a potential rich source of data to complement controlled trial data. To improve the availability of real-world practice data, further work is necessary to overcome limitations of claims-based oncology data, to enhance the development of analyzable electronic health records, and to establish treatment registries.

**PCN41**

**DRUG COST CONSIDERATIONS FOR ERYTHROPOIETIC STIMULATING THERAPIES (ESTS) AGENTS IN PATIENTS INITIATED AT FDA-APPROVED DOSING: RESULTS FROM PRACTICE PATTERNS IN A PROSPECTIVE OBSERVATIONAL STUDY**

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OBJECTIVES: Two ESTs received FDA-approval for fixed initial dosing in cancer patients with chemotherapy-induced anemia: 40,000 units for epoetin alfa (EPO) and 300 mcg for darboepoetin alfa (DARB). Understanding cost considerations, data was analyzed from the Dosing and Outcomes Study of Erythropoiesis-Stimulating Therapies (D.O.S.E.) Registry, an ongoing, prospective registry collecting data on real-world practice patterns. METHODS: Data from 18 U.S. hospital and community-based outpatient practices were assessed from January 2006–December 2006. Chemotherapy-treated adult patients initiated on either EPO 40,000 Units or DARB 500 mcg were evaluated. Outcomes assessed included: mean administered dose, mean treatment duration, dosing patterns, and mean cumulative administered dose. EST cost was based on dose and 9/2006 wholesale acquisition cost (EPO $12.17/1000 Units; DARB $4.446/mcg) with sensitivity analysis based on 4Q06 ASP + 6%.

RESULTS: A total of patients (145 EPO, 23 DARB) were eligible for analysis. Patient groups were similar with regard to baseline age, gender, tumor type, and Karnofsky score. The predominant dosing pattern was QW for EPO and Q3W for DARB. The mean administered dose was EPO 42,879 Units and 497 mcg in DARB group, corresponding to an EST cost of $322 and $2210 per injection. Treatment duration and number of office visits was similar between groups. Mean cumulative administered dose was 305,241 Units for EPO and 1665 mcg for DARB. The corresponding EST costs were $3715 for EPO and $7404 for DARB (p < 0.0001) with similar findings based on sensitivity analysis. CONCLUSION: Practice pattern data from this observational study of cancer patients initiated at FDA-approved fixed dosing reported significantly lower costs in the EPO group compared to the DARB group. Mean cumulative drug cost was $3689 less (50% less) in the EPO group compared to the DARB group. Findings provide further understanding of anemia management costs for health care professionals, hospital systems, and patients.

**PCN42**

**A MULTI-PART EVALUATION OF A CANCER SYMPTOM MANAGEMENT INFORMATION TECHNOLOGY SYSTEM**

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OBJECTIVES: The Patient Assessment, Care & Education (PACE) SystemTM was designed to address the persistent problem of under-identification and treatment of chemotherapy-related symptoms. The PACE SystemTM uses a pen-based e/Tablet that operates off a wireless network. Cancer Support NetworkTM on the e/Tablet provides educational materials to patients in text, video, audio, and graphic format. The PACE SystemTM also administers the Patient Care MonitorTM, a psychometrically validated, patient-reported symptom severity screening scale that generates a real-time, point-of-care report for the provider. The aim of the study was determined provider and patient opinions of the PACE SystemTM and to determine whether symptom assessment rates increased after the PACE System was implemented. METHODS: Ninety-two providers (i.e., physicians, nurse practitioners, physician assistants) at 16 community oncology clinics were surveyed about their experiences with the PACE SystemTM. In addition, 100 patients at two community oncology clinics were surveyed about their perceptions of the PACE SystemTM. At two oncology clinics 100 patient charts were abstracted in the year prior to implementation of the PACE system and in the year after the implementation the PACE system to determine symptom assessment rates. RESULTS: The majority of patients reported that they were generally satisfied with the PCM (55%). Slightly more than half indicated that it helped them to remember symptoms, although only 44% said it encouraged them to discuss their symptoms. 91% of respondents said the e/tablet was easy to use. The majority of providers thought that the PCM increased the frequency with which symptoms were identified and treated. The results from the chart review show statistically significant increases in the assessment rates for depression, pain, and fatigue after the PACE system was implemented. CONCLUSION: The PACE system appears to be a promising approach to addressing the widespread problem of under-identification and under-treatment of symptoms in patients undergoing cancer treatment.

**PCN43**

**ADHERENCE TO GUIDELINES FOR USE OF ERYTHROPOIESIS STIMULATING PROTEINS IN PATIENTS WITH CHEMOTHERAPY-INDUCED ANEMIA:TRENDS FROM ELECTRONIC MEDICAL RECORDS**

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OBJECTIVES: Two national evidence-based guidelines recommend initiation of erythropoiesis stimulating proteins (ESPs) in chemotherapy-induced anemia (CIA) at hemoglobin (Hb) levels of <10 g/dL per ASH/ASCO guideline (2002) and <11 g/dL per NCCN guideline (1998), and maintenance of Hb near but not over 12 g/dL. The extent to which these guidelines are followed in actual practice is unknown. This retrospective study examined the patterns of ESP use in cancer patients with CIA. METHODS: The Varian Medical Oncology database of electronic medical records (EMRs) from 17 outpatient oncology practices in the US was utilized. Adults with a malignant tumor diagnosis between January 1, 2004 and July 27, 2006 who received at least one cycle of chemotherapy were studied. The proportion of patients...