the patients is 61 years, with these patients presenting cancer for an average of 4 years. Eighty-nine percent of the patients use capcitabine as monotherapy, and the rest use it combined with injectable treatments. Comparing capcitabine with injectable regimens, 89% of the studied subjects prefer the oral treatment. Capcitabine is best evaluated than the injectable treatments in the attributes: practicability, freedom, quality of life, efficacy and side effects. Treatments were assessed in a similar way about the item cost. Approximately third quarters consider capcitabine as efficient; such rate is slightly higher than the observed for injectable chemotherapy: 75% vs. 38%. CONCLUSION: Capcitabine is largely approved by its users, with 89% of them preferring it in comparison with the injectable treatments. The oral chemotherapy has as positive differences, in the perception of its users, practicability and freedom.

PCN82
PATIENT-REPORTED OUTCOMES IN ELDERLY VS. YOUNG PATIENTS WITH ADVANCED RENAL CELL CARCINOMA TREATED WITH SORAFENIB VS. PLACEBO
Shah S1, Cella D2, Gondek K1, Chilton F1, Anderson S1
1Bayer Healthcare Pharmaceuticals, West Haven, CT, USA, 2Evanston Northwestern Healthcare, Evanston, IL, USA
OBJECTIVE: Elderly patients are underrepresented in oncology trials and may be at higher risk of toxicity with less than optimal quality of life compared with younger patients. The Phase III TARGET clinical trial showed that sorafenib significantly prolonged progression-free survival (PFS) compared with placebo (P=0.000001) in patients with advanced renal cell carcinoma (RCC). This retrospective analysis of sorafenib in advanced RCC patients from the pivotal TARGET trial compared patient reported outcomes (PRO) in young and elderly patients.

METHODS: This subgroup analysis examined the PRO in elderly (≥70 years of age) and young patients (<70 years of age) for sorafenib and placebo. PRO was assessed at baseline and day 1 of each cycle using Functional Assessment of Cancer Therapy-General (FACT-G) and FACT-Kidney Cancer Symptom Index (FKSI). Descriptive statistics compared the proportion of patients with a clinically meaningful change (4 point change) in total scores of FKSI and Physical Well Being (PWB) from baseline. Time to health status deterioration (4 point drop in total FKSI scores or PWB scores of FACT-G) was assessed using Cox-proportional Hazards model. RESULTS: A greater proportion of patients in the sorafenib-treated group had improved or stable symptom response and physical functioning in later cycles of treatment, irrespective of age. Sorafenib delayed median time to health status deterioration (as measured by FKSI questionnaire) compared to placebo in elderly patients (121 days vs. 85 days) and the median time to health status deterioration as measured by PWB domain of FACT-G was also longer for sorafenib compared to placebo among elderly patients (126 vs. 84 days). A similar trend was observed in younger patients. CONCLUSION: When compared with placebo, elderly patients with advanced RCC receiving sorafenib had PROs similar to those of young patients receiving the same treatment, with both groups maintaining their quality of life longer on sorafenib.

CANCER—Health Care Use & Policy Studies
PCN83
KNOWLEDGE OF THE BRAZILIAN POPULATION ABOUT COLORECTAL CANCER
Santos MCCS1, Boscatti FHG2
1Produtos Roche Químicos e Farmacêuticos S.A. (Roche Brazil), São Paulo, SP, Brazil, 2Produtos Roche Químicos e Farmacêuticos S.A. São Paulo, SP, Brazil

OBJECTIVE: According to INCA (National Cancer Institute of Brazil) estimates, colorectal cancer is the fifth most common type of cancer in the population; otherwise, it is the third leading type of tumor to cause death. The objective of this research is to assess the knowledge of the Brazilian population about colorectal cancer, its risks and diagnosis. METHODS: Quantitative study performed through personal and individual interviews. A representative sample of the study population (N = 600) was used. People over 30 years old were interviewed. A 10-item structured questionnaire was used. RESULTS: The study showed that 70% of the population consider themselves as informed about cancer. When asked about which would be the 3 most common types of cancer, the main answers given were: 66% breast, 46% cervix, 42% prostate, 16% skin, and 15% lung. The colorectal cancer was not mentioned by any subject in this question. Fifty-seven percent of the population had never heard about colorectal cancer. Among the 43% who had already heard about this type of tumor, 76% didn’t know what were the symptoms and prevention measures for this disease. Only 18% of the subjects over 50 years old have already undergone diagnostic tests for colorectal cancer. CONCLUSION: Colorectal cancer is known for only 43% of the Brazilian population, which does not identify it as one of the main tumors causing death in the country. In addition, 76% of the subjects who have already heard about this type of cancer do not know the diagnostic and prevention methods for this tumor. Only 18% of the population over 50 years old has already undergone diagnostic tests for this type of cancer. These results show that information campaigns about cancer could render a better knowledge of the disease, which could result, in the future, in early diagnosis, enabling a higher chance of cure for patients.

PCN84
CLINICAL AND ECONOMIC OUTCOMES FOR CANCER CHEMOTHERAPY PATIENTS WHEN INITIATED ON ERYTHROPOIESIS-STIMULATING AGENTS (ESA) AT BASELINE (BL) HEMOGLOBIN (HB) <10 G/DL
Burton T1, Larholt K1, Hoaglin D1, Pashos CL1, Bookhart B1, Corral M2, Mckenzie RS2, Piech CT1
1Abt Associates Inc, Lexington, MA, USA, 2Ortho Biotech Clinical Affairs, LLC, Bridgewater, NJ, USA

OBJECTIVE: Certain recent policy changes have mandated ESA initiation at Hb < 10 g/dL. Real world clinical and economic outcomes data associated with this change have not been reported for the two FDA-approved ESAs for this population [epoetin alfa (EPO) and darbepoetin alfa (DARB)]. METHODS: Data drawn between 12/03–11/07 from 55 U.S. oncology clinics from the Dosing and Outcomes Study of Erythropoietic Stimulating Therapies (D.O.S.E.) registry were assessed. Patients were included if they were initiated on ESAs with a BL HB < 10 g/dL, age ≥18 years, and received ≥2 doses of either EPO or DARB. Outcomes assessed included transfusion utilization, Hb at Weeks 4, 8, 12 and 16 after ESA initiation, and cumulative ESA doses with associated cost (based on 11/2007 wholesale acquisition cost). RESULTS: A total of 384 patients (168 EPO, 216 DARB) were identified. BL character-
istics were similar between treatment groups with regard to age, weight, cancer type and Hb. The proportion of patients transfused was similar between groups (~30%). Mean Hb values were consistently higher in the EPO group compared to the DARB group at Weeks 4, 8, 12, and 16. A repeated measures model showed a significant Hb increase from BL at each timepoint assessed in both groups as well as a significant difference between the two groups. Mean cumulative administered dose was 342,959 Units for EPO and 1239 mcg for DARB with overall ESA drug cost significantly lower in the EPO group compared to the DARB group (EPO $4503, DAR$ $5669 \ p < 0.001$). CONCLUSION: In patients with Hb < 10 g/dL prior to ESA initiation, mean Hb levels were higher in the EPO group than the DARB group throughout the study, with ESA drug costs 21% lower in the EPO group than the DARB group. Such findings inform decision-makers on ESA-associated outcomes based on initiation as imposed in certain coverage policies.

**PCN85**

**EFFECT OF AGE AND PLACE OF RESIDENCE ON COLORECTAL CANCER TREATMENTS IN NEBRASKA CANCER REGISTRY FROM 1998 TO 2003**

Sankaranarayanan J, Watanabe-Galloway S*, Sun J, Qu P, Boilesen E, Thorson AG

University of Nebraska Medical Center, Omaha, NE, USA; 1University of Nebraska Medical Center, Omaha, NE, USA

**OBJECTIVE:** The National Cancer Institute indicates surgery, chemotherapy, and/or radiation treatments in colorectal cancer (CRC). Data on the effect of age and place of residence on accessing CRC treatments in the Midwest region of United States is limited. Therefore, using Nebraska Cancer Registry we tested the hypothesis that CRC patients’ residence-county and age would be associated with receipt of surgery, radiation, and chemotherapy treatments. **METHODS:** In a retrospective study, we examined treatments of 6813 CRC patients identified by incident ICD-O CM codes between January 1998, and December 2003 from the Nebraska Cancer Registry data. In multivariate logistic regression analyses, we studied the association of age and the year 2003 Urban Influence Code based residence-county with each of the three CRC treatments. **RESULTS:** After adjusting for patient’s demographics, insurance payer, county-specific provider-to-population ratio, and stage and anatomical site, CRC patients living in small urban counties were less likely to receive surgery, radiation, and chemotherapy treatments. **CONCLUSION:**: In patients with CRC, recent epoetin alfa (EPO) and darbepoetin alfa (DARB) dosing patterns and ESA treatment costs were examined. **METHODS:** A retrospective analysis was conducted using medical claims from approximately 45 health plans nationwide during the period of January 2004–June 2007. Patients included in the study were ≥18 years old, had ≥1 claim for MDS (ICD-9 code: 238.7) prior to initiating ESA therapy, and were newly initiated on EPO or DAR with ≥2 doses of either drug during the treatment period. Patients with cancer before initiating ESA treatment for MDS were excluded. The study period terminated with the last ESA treatment dose, end of data availability, initial AML diagnosis, or initial stem cell transplant, whichever occurred first. Mean cumulative ESA dose was used to calculate ESA cost (based on October 2007 WAC) and dose ratio (Units EPO : mcg DAR). **RESULTS:** The study population consisted of 275 patients who received EPO and 155 patients who received DAR. Mean age and gender distribution was similar between the two groups. Mean treatment duration was also similar for both groups (EPO: 75 days; DAR: 71 days; p = 0.638). The mean cumulative ESA dose administered was 374,415 Units for EPO and 1475 mcg for the DAR group, corresponding to a dose ratio of 254:1 (Units EPO : mcg DAR). Based on these doses, ESA cost was $2139 (31%) less for EPO than for DAR (EPO: $4688; DAR: $6827; p = 0.010). **CONCLUSION:** These real-life clinical practice findings in the MDS population show significantly lower drug cost in the EPO group compared to the DAR group and a dose ratio of 254:1 (Units EPO : mcg DAR) between the two agents.

**PCN86**

**DRUG UTILIZATION AND COST CONSIDERATIONS OF ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) IN PATIENTS WITH MYELODYSPLASTIC SYNDROMES (MDS)**

Laliberte F, Lefebvre P, Bookhart B, Vekeman P, Duh M, Piech C

1Groupe d’analyse, Ltee, Montreal, QC, Canada, 2Ortho Biotech Clinical Affairs, LLC, Bridgewater, NJ, USA, 3Groupe d’Analyse, Ltee, Montréal, QC, Canada, 4Analysis Group, Inc, Boston, MA, USA

**OBJECTIVE:** To assess current real-world utilization of ESAs in patients with MDS, recent epoetin alfa (EPO) and darbepoetin alfa (DARB) dosing patterns and ESA treatment costs were examined. **METHODS:** A retrospective analysis was conducted using medical claims from approximately 45 health plans nationwide during the period of January 2004–June 2007. Patients included in the study were ≥18 years old, had ≥1 claim for MDS (ICD-9 code: 238.7) prior to initiating ESA therapy, and were newly initiated on EPO or DAR with ≥2 doses of either drug during the treatment period. Patients with cancer before initiating ESA treatment for MDS were excluded. The study period terminated with the last ESA treatment dose, end of data availability, initial AML diagnosis, or initial stem cell transplant, whichever occurred first. Mean cumulative ESA dose was used to calculate ESA cost (based on October 2007 WAC) and dose ratio (Units EPO : mcg DAR). **RESULTS:** The study population consisted of 275 patients who received EPO and 155 patients who received DAR. Mean age and gender distribution was similar between the two groups. Mean treatment duration was also similar for both groups (EPO: 75 days; DAR: 71 days; p = 0.638). The mean cumulative ESA dose administered was 374,415 Units for EPO and 1475 mcg for the DAR group, corresponding to a dose ratio of 254:1 (Units EPO : mcg DAR). Based on these doses, ESA cost was $2139 (31%) less for EPO than for DAR (EPO: $4688; DAR: $6827; p = 0.010). **CONCLUSION:** These real-life clinical practice findings in the MDS population show significantly lower drug cost in the EPO group compared to the DAR group and a dose ratio of 254:1 (Units EPO : mcg DAR) between the two agents.

**PCN87**

**USE OF PHARMACOECONOMIC MESSAGES IN ONCOLOGY PROMOTIONAL MATERIALS**

Kalpas E, Subrahmanian T, Stern L

Analecta International, New York, NY, USA

**OBJECTIVE:** To evaluate the presence of pharmacoeconomic messages in the US, France, Germany, Italy, Spain, and UK for ten representative oncology products (Alimta, Avastin, Gemzar, Herceptin, Neulasta, Novantrone, Sutent, Tarceva, Taxotere, and Velcade). **METHODS:** This qualitative assessment covered the following data sources: 1) Government websites (Canadian Agency for Drugs and Technologies in Health, National Institute for Health and Clinical Excellence, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, La Haute Autorité de santé, and Cochrane Reviews); 2) company sponsored product websites; 3) FDA and EMEA products labels; and 4) promotional materials (detail aid brochures, direct mail, and professional journal/newsletter ads). These data sources were searched for relevant pharmacoeconomic messaging including statements regarding cost, QoL, utility, patient preference, etc. **RESULTS:** While health technology assessments have a clear impact on market access, specific examples of pharmacoeconomic data in promotional messaging was limited. Pharmacoeconomic messages, with particular focus on QoL, were more prominent in promotional materials of oncology...