the patients is 61 years, with these patients presenting cancer for an average of 4 years. Eighty-nine percent of the patients use capecitabine as monotherapy, and the rest use it combined with injectable treatments. Comparing capecitabine with injectable regimens, 89% of the studied subjects prefer the oral treatment. Capecitabine 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 capecitabine as efficient; such rate is slightly higher than the observed for injectable chemotherapy: 75% vs. 58%. CONCLUSION: Capecitabine 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 < 0.00001) 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 FACT 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 late 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). 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.

**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 CL2, Bookhart B2, Corral M3, Mckenzie RS2, Piech CT2
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-
DRUG UTILIZATION AND COST CONSIDERATIONS OF ERYTHROPOIESIS-STIMULATING AGENTS (ESAs) IN PATIENTS WITH MYELODYSPLASTIC SYNDROMES (MDS)

Laliberte F1, Mckenzie RS2, Lefebvre P3, Bookhart B3, Vekeman P4, Duh M4, Pichet CT4

1Groupe d’analyse, Lee, Montreal, QC, Canada, 2Ortho Biotech Clinical Affairs, LLC, Bridgewater; NJ, USA, 3Groupe d’Analyse, Ltee, Montreal, 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 DARB with ≥2 doses of either drug during the treatment period. Patients with cancer before initiating ESA therapy 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 DARB). RESULTS: The study population consisted of 275 patients who received EPO and 155 patients who received DARB. Mean age and gender distribution was similar between the two groups. Mean treatment duration was also similar for both groups (EPO: 75 days; DARB: 71 days; p = 0.638). The mean cumulative ESA dose administered was 374,415 Units for EPO and 1475 mcg for the DARB group, corresponding to a dose ratio of 254:1 (Units EPO: mcg DARB). Based on these doses, ESA cost was $2139 (31%) less for EPO than for DARB ($4688; DARB: $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 DARB group and a dose ratio of 254:1 (Units EPO: mcg DARB) between the two agents.

USE OF PHARMACOECONOMIC MESSAGES IN ONCOLOGY PROMOTIONAL MATERIALS

Kalpas E, Subrahmanian T, Stern L

Analytica 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

PHARMACOECONOMIC MESSAGES IN PHARMACEUTICAL PROMOTIONAL MATERIALS

Kalpas E, Subrahmanian T, Stern L

Analytica 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.

PHARMACEUTICAL PROMOTIONAL MATERIALS

Kalpas E, Subrahmanian T, Stern L

Analytica 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.

PHARMACEUTICAL PROMOTIONAL MATERIALS

Kalpas E, Subrahmanian T, Stern L

Analytica 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.