were assigned an identical index date as their matched case. Abandonment tests in the 1 year post diagnosis were then estimated using a generalized linear model with log link and variance function determined by modified Park test (GLM). Short-term disability costs were estimated with a two part model where the first part utilized a logistic model to determine the probability of having a short-term disability claim and the second part is a GLM model for patients who had such a claim. The analyses controlled for patient characteristics, prior medical costs, and general health. RESULTS: Patients with colorectal cancer in this study (N = 165) were mostly male (75.76%) with a mean age of 52 years. Patients with colorectal cancer were significantly less likely to be insured via point-of-service insurance (45.45% v 79.89% P = 0.001) but more likely to be insured via a preferred provider organization (44.4% v 7.88%, P = 0.001) compared to their healthy matches (N = 165). After controlling for patient characteristics, prior medical costs and general health, patients with colorectal cancer experienced, on average, $6,075 higher short-term disability costs ($P = 0.004) and $3,833 higher ‘costs per claim’ at $P = 0.001 in the 1 year post diagnosis of CRC. CONCLUSIONS: Results indicate that CRC is associated with significant work-related productivity loss costs in the first year post diagnosis.

PCN103
HOW MUCH PRICE COMPONENT IS ACCOUNTED FOR IN STATE DRUGS PURCHASE DECISIONS IN UKRAINIAN ONCOLOGY?
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OBJECTIVES: To grasp the costs of drugs for treatment of oncological diseases (using the example of hematologic malignancies) in the Ukrainian market and to explore if there is a correlation between cost per daily-defined dose (DDD) and governmental purchase decisions. METHODS: Documentary analysis (market prices and hospital purchase decisions) were conducted, analyzing the following resources, how and where the drugs were bought (to define the most frequently used drugs for treatment of hematologic malignancies and DDD), hospital drug purchases 2011 (to define the list, quantities, and prices of drugs purchased by the state), market prices by distributors and the state registered prices (to define the median, minimum and maximum prices possible for the market). RESULTS: Drugs that were frequently used and had the minimum price per DDD were corticosteroids (dexamethasone, prednisolone), thalidomide, lomustine, chlorambucil (used for elderly patients with CLL). The correlation between the amount of packs purchased by the government and cost per DDD paid was -0.31, indicating that there is a low correlation between price increase and the state purchased decrease. Several cases when the state purchased two brand names for one generic product with extreme difference in price/mg were observed. CONCLUSIONS: The State purchases in Ukraine have a tendency to price some drugs in the higher amounts than more expensive ones. Though, not all of the decisions have only a price reasoning. The reasons for purchases of different brand names for one generic product should be provided.

PCN104
PROFILE OF PATIENTS AND HEALTH CARE COSTS ASSOCIATED WITH CANCER TREATMENT FROM A MEDICAL COOPERATIVE IN THE STATE OF SÃO PAULO, BRAZIL
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OBJECTIVES: To grasp the costs of drugs for treatment of oncological diseases (using the example of hematologic malignancies) in the Ukrainian market and to explore if there is a correlation between cost per daily-defined dose (DDD) and governmental purchase decisions. Therefore, the study aims to evaluate the profile of oncology patients and treatment costs from UNIMED São José do Rio Preto (USJR), a medical cooperative, in São Paulo, Brazil. METHODS: A review of USJR administrative claims database was conducted for patients who were under any cancer treatment between January 2011 to December 2011. Data regarding gender, age and treatment expenditures were assessed for the entire period. Patients assigned with treatment were taken into account (i.e. drugs, devices/materials and room taxes). Type of cancer was identified according to ICD-9 codes and grouped into major cancer types. Costs were reported in Brazilian Reais (1.00US$ = 0.200BRL Jun/2012). RESULTS: A total of 324 oncology patients were identified (44.0% male and 56.0% female) with over 40 daily defined expenditures in the study period of BRL 4.57 million. Average age was 59.2 years (55.4 for female and 64.4 for male). Drugs accounted for 93.4% of all treatment expenditures, followed by room taxes with 4.2%. Average treatment cost per patient was BRL 13,544. Being the most expensive type of cancer (BRL 15,544 per patient). In terms of overall costs, breast cancer represented 43.8% of all treatment costs (BRL 1.98 million), followed by colorectal cancer (24.0%, BRL 1.10 million) and lung cancer (12.0%, BRL 0.55 million). CONCLUSIONS: More than 300 patients were treated for cancer in 2011 which accounted for approximately BRL 4.57 million, being breast cancer the most responsive more than 90% of all treatment expenditures. In 2011, health care costs reported for USJR was BRL 217,849,541 (average of BRL 1,850 per life), demonstrating that costs associated with oncology treatment are high and suggesting the importance of economic evaluation of cancer drugs for the decision-making process.

CANCER - Patient-Reported Outcomes & Patient Preference Studies

PCN105
IMPACT OF PHARMACY CHANNEL ON ABANDONMENT RATE OF ORAL ONCOCYTICS
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OBJECTIVES: Oral chemotherapy agents are increasingly used for cancer treatment. The study objective was to quantify abandonment and reversal rates of oral oncytology 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, capecitabine, 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 the initial oncology oncology and pharmacy channel providing the medication. Abandonment was defined as a reversal following initial approval of a 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 cost-sharing amounts and inability to pay cost-sharing amount. RESULTS: Of patients treated with an oral oncytology, 10,297 were prescribed erlotinib, 20,062 were prescribed capecitabine and 7,233 were prescribed imatinib. Mean age was 69.1, 61.3, and 62.1 years for erlotinib, capecitabine, and imatinib, respectively. The abandonment rate of the initial oncology was 1.9%, 1.6%, and 1.2% for erlotinib, capecitabine, and imatinib, respectively. The rate of reversals was 4.9%, 3.7%, and 3.5% for erlotinib, capecitabine, 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 oncotypes. CONCLUSIONS: Low abandonment rates were observed in this study. The pharmacy channel in which patients fill their index oral oncology appears to be a potential 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 important for improved patient outcomes. Breast cancer survival has significantly improved, compliance with adjuvant treatment is very important to ensure optimal treatment outcome. In this analysis, persistence i.e. the extent to which patients continue treatment 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 analyzed longitudinal routine data collected by gynecologists and general practitioners in Germany (IMiS® 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. bisphosphonates). RESULTS: We included 12,412 patients diagnosed with primary breast cancer and first-time prescriptions of hormone therapy. A total of 7312 patients were included with TAM (SD: 13.5), 4317 with AI (anastrozole, exemestane, letrozole) (mean age 64.6 (SD: 10.6) as first line treatment. After 3 years 42.1% of TAM-patients and 40.2% of AI-patients in German practices discontinued their treatment. In the adjusted Cox model treatment in gynecologist practice (HR: 0.82, P =0.001), co-therapy with bisphosphonates (HR: 0.86, P=0.013) 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 German, 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, treatment conditions for mRCC patients have significantly improved. Objective of this study was to evaluate the persistence in the first line treatment with mRCC patients in Germany. METHODS: This retrospective study was 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 company as well as prescription data, date and medication per 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 dosages 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 (So; n=368), 117 for Pazopanib (P;