OBJECTIVES: To evaluate effects of dose escalation on clinical outcomes of RA patients initiating TNF-blocker treatments in community practice. METHODS: TNF-blocker-naïve adult RA patients initiating etanercept, adalimumab, or infliximab were followed for 12 months. The clinic pharmacist and medical director calculated escalation strategies based on patients’ clinical activity. RESULTS: Only 31% of patients escalated treatment during the study period. Escalation was significantly associated with better clinical outcomes (p = 0.02). During the first year of treatment, 86% of etanercept-treated patients had "much better" or "better" clinical outcomes at 12+3 months, versus 82% of adalimumab patients and 78% of infliximab patients. Multivariate analyses showed significantly fewer dose escalations in etanercept patients (p = 0.05), with no significant difference in clinical change score between etanercept and adalimumab patients (p = 0.29). CONCLUSIONS: This study showed dose escalation in fewer etanercept than adalimumab or infliximab patients, but similar improvements in clinical outcomes for all 3 treatments, indicating that higher dose escalation rates may not be associated with better clinical outcomes.

CO2

REAL-WORLD COST-EFFECTIVENESS ANALYSIS OF CANCER DRUGS: COMPARATIVE EFFECTIVENESS RESEARCH USING RETROSPECTIVE CANADIAN REGISTRY DATA BEFORE AND AFTER DRUG APPROVAL.

OBJECTIVES: To evaluate the "real world" cost effectiveness and cost-effectiveness of Rituximab in diffuse-large-B-cell lymphoma.

METHODS: Patients were defined as those who had a diagnosis of diffuse-large-B-cell lymphoma according to ICD-O histology classification between 1997 and December 2007. Using linked administrative databases from Ontario, our study examined the "real world" cost, effectiveness and cost-effectiveness of Rituximab in diffuse-large-B-cell lymphoma.

RESULTS: A total of 1131 matched pairs of patients were evaluated. 3-year overall survival was significantly improved in the post-era RCHOP group compared to pre-era RCHOP (69% [95%CI 66-71] vs 59% [95%CI 56-62]; p<0.01). Differences between groups were tested using chi-square for proportions. Patients enrolled in the RMS were more likely to receive a TNF-blocker treatment with rate or rhythm control medications.

CONCLUSIONS: This study illustrated how different methods can be applied to observational data to estimate costs and cost-effectiveness. The results from this study can be compared to those from clinical trials and economic models. This will help drug decision-makers calibrate health care policies and enhance resource allocation while helping researchers evaluate assumptions made and methods used in economic models.

C03

PROJECT LIBRA: A NEW ANALYTIC TOOL FOR COMPARATIVE EFFECTIVENESS ANALYSIS OF MULTIPLAYER CLAIMS DATABASES.

OBJECTIVES: The project aimed to develop a secure, interactive tool to enable researchers to perform comparative effectiveness studies and other types of research on a multipayer claims database with reduced need for complicated programming. METHODS: A common data model, through which multiple data sources are standardized and linked via common data structures and vocabularies, was used. It was designed to interface with existing administrative databases: the Medicare Chronic Condition Warehouse, the Thomson Reuters MarketScan® Medicaid Multistate, Medicare Supplemental, and Commercial databases, and the Healthcare Cost and Utilization Project National Inpatient Sample database. A web-based Us-Interface was developed that captures the logic typically required by CER meth-