OBJECTIVES: Through advances in molecular biology, new treatment options for patients with metastatic renal cell carcinoma (mRCC) have become available. Although the efficacy of these new treatments has been demonstrated in large randomized controlled trials, their effectiveness in daily practice is currently unknown. The aim of this study was to evaluate the use of new treatment options for patients with metastatic RCC in Dutch daily practice. METHODS: A population-based registry has been initiated to collect data about patients diagnosed with metastatic RCC in 2008, 2009 and 2010. This registry contains data on patient and tumour characteristics, treatment details (e.g., dosing) and response to treatment. All patients living within the regions of four Dutch Cancer Registries are being included in this study. Together these registries cover 55% of The Netherlands. RESULTS: Forty-three patients, all diagnosed with metastatic RCC, are currently included in our registry. Of these, 47% received systemic therapy (mostly sunitinib), while all others received surgery or palliative care. Patients treated with sunitinib in Dutch daily practice were five years older and had a worse ECOG performance status compared to patients treated with sunitinib in the pivotal trial. While the mean daily dose seen in Dutch daily practice in the first cycle was comparable to the recommended dose (50 mg), the mean daily dose in the second cycle was lower, i.e. 44 mg. CONCLUSIONS: The number of Dutch patients with metastatic RCC treated with systemic therapy will increase because of new treatments available since 2008. This study suggests that patients treated with systemic therapy in daily practice have a different profile and receive different dose schedules than patients treated in the pivotal trial. Consequently, the effectiveness of the new treatment options in Dutch daily practice may also differ from what was seen in the trial.

PCN184
TRENDS IN CHEMOTHERAPY AND BIOTIC TREATMENT USE OF US COLORECTAL CANCER PATIENTS
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OBJECTIVES: To examine trends in chemotherapy and biologic regimens used in 1st, 2nd and 3rd line treatment of patients with colorectal cancer (CRC) in the US. METHODS: Adult patients newly diagnosed with CRC from January 1, 2005- December 31, 2009 were selected from the Thomson Reuters MarketScan® Commercial and Medicare Supplemental insurance claims databases. Patients were required to have at least one cycle of chemotherapy and were followed from the administration of the first dose until the end of continuous insurance coverage or December 31, 2009, whichever came first. Evolution of first-, second-, and third-line treatments are described. RESULTS: A total of 13,670 patients met the study criteria. All had data on first-line treatment, 4,442 on second line, and 1,610 on third line. The most common first-line regimens were 5-fluorouracil (5-FU), 5-FU and leucovorin (5-FU/LV), 5-FU/LV plus oxaliplatin (FOLFOX), and capecitabine. Between 2005-2009, first-line use of FOLFOX increased from 25% to 35%, while use of 5-FU/LV decreased from 18% to 7%. Second-line regimens were more diverse with the most prevalent regimens being FOLFOX alone, FOLFOX plus bevacizumab, 5-FU/LV, and 5-FU/LV plus irinotecan (FOLFIRI) plus bevacizumab. Use of 5-FU/LV as second-line treatment decreased from 12% in 2005 to 4% in 2009 as patients receive more diverse treatments. Between 2005-2009, third-line standards of care moved toward biologic-containing regimens including FOLFOX plus bevacizumab and irinotecan plus cetuximab. Use of biologic regimens increased with each therapy line and over time with 73% of third-line regimens in 2009 containing at least one biologic compared with 57% in 2005. CONCLUSIONS: Over the time period of care, chemotherapy regimens in CRC therapy have shifted away from 5-FU/LV to FOLFOX, second line from 5FU/LV to more diverse treatments, and third line therapy toward biologic containing regimens. Use of biologic regimens increased with subsequent therapy line and over time.

PCN185
A MULTI-COUNTRY RETROSPECTIVE STUDY OF PATIENT CHARACTERISTICS AND TREATMENT PATTERNS IN CHRONIC MYELOID LEUKEMIA
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OBJECTIVES: To examine patient and disease characteristics and treatment patterns among patients with chronic myeloid leukemia (CML) in multiple countries. METHODS: Oncologists and hematologists in the United States (US), UK, Germany, and Japan, and 5-abstracted medical charts of adult patients with CML between January 1, 2005 and December 31, 2009. Patients were in chronic phase at diagnosis, either Ph or BCR-ABL positive, had received first line treatment with imatinib, and had not participated in a randomized clinical trial for CML. A subset of patients received 2nd-line treatment with nilotinib or dasatinib. RESULTS: A total of 214 physicians provided data on 1,063 patients (range 220-330 per country). Patients were 55 years of age on average and 60% were male. Nearly 67% of patients did not have any comorbidity, although when present, diabetes was most common in all countries (5% in Japan in 18% in Germany). Patients initiated imatinib within 3 months after diagnosis, and received therapy for 22 months on average (19 months [US] to 25 months [Japan]). Median daily dose of imatinib varied in different countries, ranging from 400mg to 800mg. 29% of patients discontinued imatinib, primarily due to resistance to therapy or disease progression. 2nd-line treatment patterns were studied among 261 patients (148 dasatinib, 113 nilotinib). Patients in the US and Germany had more nilotinib use (54%) while only 17% of UK patients used nilotinib. Patients initiated 2nd-line therapy 25 months after initial diagnosis, and received treatment for 11 months (dasatinib) or 7 months (nilotinib). More patients initiating dasatinib had advanced disease (25% vs. 17%, 4% blast phase) compared to nilotinib (25% vs. 2%, 11% blast phase). CONCLUSIONS: Patient characteristics and treatment patterns in CML vary by country.