

(attendance) of this programme proved to be low. Therefore we aimed to analyze the frequency and distribution of Papanicolaou smears. **METHODS:** The data were derived from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2003–2005. First we calculated the frequency of pap smears then the distribution according to geographical regions. Screening is defined with the cytological examination of Papanicolaou smear and includes all smears taken either within or outside of the organized programme. **RESULTS:** The age specific screening rate of women aged 25–64 years was 52,65% in 2003–2005. Distribution of Papanicolaou smears according to regions was: Central-Hungary: 28,4%, Central-Transdanubia: 10,5%, Western-Transdanubia: 9,3%, Southern-Transdanubia: 10,8%, Northern-Hungary: 13,2%, Northern-Greatplane: 14,2%, Southern-Greatplane: 13,6%. Frequency (number) of Papanicolaou smears per 10.000 female population according to regions: Central-Hungary: 4685, Central-Transdanubia: 4540, Western-Transdanubia: 4571, Southern-Transdanubia: 5257, Northern-Hungary: 5035, Northern-Greatplane: 4651, Southern-Greatplane: 4899. **CONCLUSION:** We found significant inequalities in the frequency of Papanicolaou smears was the highest in the Southern-Transdanubian and Northern-Hungarian regions. To increase participation rate and to decrease within country inequalities are important aims of the Hungarian nationwide organized cervical cancer screening program.

PCN38

WITHIN COUNTRY DIFFERENCES IN MAMMOGRAPHY COVERAGE OF THE HUNGARIAN NATIONWIDE ORGANIZED BREAST CANCER SCREENING PROGRAMME

Boncz I¹, Sebestyén A¹, Döbrössi L², Budai A², Kovács A², Ember I³
¹National Health Insurance Fund Administration, Budapest, Hungary,
²National Public Health and Medical Officers Service (ÁNTSZ), Budapest, Hungary,
³University of Pécs, Pécs, Hungary

OBJECTIVES: Nationwide organized breast cancer screening programme was launched 2002 in Hungary for women between the age of 45–65 with a 2 years screening interval. The aim of the study is to analyse the within country inequalities of mammography coverage of the organized programme. **METHODS:** Data derive from the database of the National Health Insurance Fund Administration (OEP) containing routinely collected financial data. The study includes all the women aged 45–64 having either screening or diagnostic mammography before (2000–2001) and after (2002–2003 and 2004–2005) the introduction of organized screening. The regional inequalities are calculated for 19 counties and Budapest as the capital (altogether 20 items). Coverage is defined as the proportion of women resident who have had a mammogram at least once in the previous 2 years. **RESULTS:** National mammography coverage was 26.7%, 54,6% and 51,6% in 2000–2001, 2002–2003 and 2004–2005 respectively. We found the highest coverage in 2000–2001 in counties having earlier pilot screening programme: county Tolna (59.2%), county Jász-Nagykun-Szolnok (45.1%), county Zala (39.5%). After the introduction of nationwide breast screening programme in 2002–2003 we found the highest coverage in the following counties: county Szabolcs-Szatmár-Bereg 70.8%, county Borsod-Abaúj-Zemplén 64.4%, county Veszprém 63.9%. In 2004–2005, the following counties received the highest coverage: county Győr-Moson-Sopron (60.8%), county Szabolcs-Szatmár-Bereg 58.1% and county Vas 56.2%. The ratio of coverage between the counties with the highest and lowest coverage was 3.5 (2000–2001), 2.6 (2002–2003) and 1.4 (2004–2005). **CONCLUSION:** We found significant within country differences in mammography cover-

age, however the gap between counties with lowest and highest coverage became smaller after the introduction of organized screening programme.

PCN39

GAP BETWEEN INPATIENT TREATMENT COST OF AND MORTALITY DUE TO BREAST CANCER IN HUNGARY

Boncz I¹, Sebestyén A¹, Döbrössi L², Pétek M³, Gulácsi L⁴

¹National Health Insurance Fund Administration, Budapest, Hungary,
²National Public Health and Medical Officers Service (ÁNTSZ), Budapest, Hungary,
³Flor Ferenc County Hospital, Kistarcsa, Hungary,
⁴Corvinus University of Budapest, Budapest, Hungary

OBJECTIVES: The aim of this study is to analyze and compare the distribution of inpatient care treatment cost of and mortality due to breast cancer according to age-groups. **METHODS:** Data derive from the database of the National Health Insurance Fund Administration (OEP) containing routinely collected financial data. The study includes all the women who received outpatient and/or inpatient care treatment in 2001 financed from public resources of OEP. Number of deaths due to breast cancer is from the Central Statistical Office database. We compared the annual out- and inpatient care treatment cost and the annual number of deaths according to the following age groups: 0–24, 25–44, 45–64, 65–74, 75+. **RESULTS:** The cost distribution of out- and inpatient care treatment cost of breast cancer was the following (outp./inp.): 0–24 years: 0.1%/0.2%; 25–44 years: 12.4%/11.7%; 45–64 years: 59.2%/59.1%; 65–74 years: 20.9%/20.2%; 75 and over: 7.4%/8.7%. The distribution of deaths due to breast cancer was the following: 0–24 years: 0.0%; 25–44 years: 5.0%; 45–64 years: 37.0%; 65–74 years: 22.8%; 75 and over: 35.2%. We found that in the age-group 65–74 there is a balance between the cost distribution (20.9% and 20.2%) and the deaths (22.8%). Women in younger age groups received more treatment cost than its mortality would predict, while in older age groups (75+)—responsible 35.2% of deaths—received only 7.4% and 8.7% of out- and inpatient treatment cost respectively. **CONCLUSION:** There is a shift between the distribution of treatment cost of and deaths due to breast cancer in favor of younger age-groups.

PCN40

PATTERNS OF TREATMENT OF NON SMALL CELL LUNG CANCER (NSCLC) IN COMMUNITY PRACTICE

Kinchen K¹, Marciniak M¹, Obenchain R¹, Kwan P², Koeller J³

¹Eli Lilly and Company, Indianapolis, IN, USA, ²University of Texas, Austin, TX, USA, ³University of Texas, San Antonio, TX, USA

OBJECTIVES: Evidence guiding NSCLC treatment has been derived largely from controlled trials at academic centers. Much less attention has focused on understanding NSCLC treatment by community-based oncologists. We undertook this study to better understand NSCLC treatment patterns and outcomes in community-based practices. **METHODS:** Ten large community-based oncology practices in the U.S. were identified. Investigators conducted chart reviews on 417 NSCLC patients treated with chemotherapy between 2001 and 2003 who were deceased at the time of the review. **RESULTS:** Of the 417 patients (54% male, median age 68 years, mean performance status 1.2) almost 20% had a history of radiation therapy, and 9.6% had a history of surgery. Mean survival was 10.5 months for stage IIIB patients (n = 114) and 7.9 months for stage IV patients (n = 303). In their first line of chemotherapy, 55% of patients received both carboplatin and paclitaxel (18% in combination with radiation therapy). Another 11% received carboplatin with either gemcitabine (6%) or docetaxel (5%). In contrast, monotherapy was more common in second line therapy (docetaxel 22%, gemc-