(1.690 to 6.852); doxorubicin/congestive heart failure (1.154 to 5.006); and carmustine/leukopenia (3.796 to 5.650) and thrombocytopeny (3.796 to 5.644). Furthermore, the percentage of AERS reports associated with outcomes of hospitalization increased as follows: melphalan causing leukemia (0% to 3%, p<0.001), chromosomal aberrations (0.6% to 4.0%, p<0.001), and bone marrow suppression (4.0% to 40.9%, p<0.001), or hypersensitivity (37.0% to 50.0%, p<0.001). The mortality outcome increased only for melphalan/leukemia (8.9% to 54.8%, p<0.001). Life-threatening outcomes increased for melphalan/leukemia (0% to 17.7%, p<0.016), melphalan/chromosomal aberrations (0 to 8.7%, p<0.001), carmustine/leukopenia (0 to 17.7%, p<0.016), and carmustine/thrombocytopeny (0-20.3%, P = 0.045).

CONCLUSIONS: Prior to the BBWs, health professionals do not appear to associate the ADRs with the drug and/or do not report the events to the FDA. Issuance of BBWs appears to result in increased awareness and reporting. Since pre-marketing research may not identify rare ADRs and voluntary post-marketing reporting may be inadequate, proactive pharmacovigilance programs should be implemented.

**PCN24**

FACTORS ASSOCIATED WITH LONG-TERM PATIENT PROSTATE CANCER SURVIVAL IN FLORIDA

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OBJECTIVES: 1) Examine survival of late stage prostate cancer patients; and 2) Determine factors associated with survival at both the patient and neighborhood levels. METHODS: Prostate cancer cases were obtained from the Florida Cancer Data System. Men aged 40 years and above diagnosed with late prostate cancer in 1995 were followed through 2000. Demographics, health insurance and vital statistics were extracted for individual patients and linked with Florida Census 2000 data on education and poverty level information. Data was analyzed using a multilevel logistic regression to examine the relationship of prostate cancer survival with both patient-level characteristics and area-based measures of socio-economic status. RESULTS: A total of 1,101 men were diagnosed with late stage prostate cancer in Florida in 1995; 729 patients (66% of the sample) were observed as survivors over an average age of 69 years. Patients with the following characteristics were more likely to die from prostate cancer than their counterparts: unmarried, Medicaid recipient, and older. Men residing in neighborhood with higher percentage of high school education and surprisingly men without health insurance were more likely to live longer than five years. CONCLUSIONS: Although survival has improved over time due to early detection of prostate cancer, there are still differences in survival among men diagnosed with late stage based on different marital status, health insurance and neighborhood characteristics.

**PCN25**

BUDGET-IMPACT MODEL OF ERIBULIN FOR THIRD-LINE TREATMENT OF METASTATIC BREAST CANCER IN A UNITED STATES MANAGED CARE SETTING

Tao C1, Taylor D1, Parthan A2, Faria C3, Choe Y2

1) Examine survival of late stage prostate cancer patients; and 2) Determine factors associated with survival at both the patient and neighborhood levels. METHODS: Prostate cancer cases were obtained from the Florida Cancer Data System. Men aged 40 years and above diagnosed with late prostate cancer in 1995 were followed through 2000. Demographics, health insurance and vital statistics were extracted for individual patients and linked with Florida Census 2000 data on education and poverty level information. Data was analyzed using a multilevel logistic regression to examine the relationship of prostate cancer survival with both patient-level characteristics and area-based measures of socio-economic status. RESULTS: A total of 1,101 men were diagnosed with late stage prostate cancer in Florida in 1995; 729 patients (66% of the sample) were observed as survivors over an average age of 69 years. Patients with the following characteristics were more likely to die from prostate cancer than their counterparts: unmarried, Medicaid recipient, and older. Men residing in neighborhood with higher percentage of high school education and surprisingly men without health insurance were more likely to live longer than five years. CONCLUSIONS: Although survival has improved over time due to early detection of prostate cancer, there are still differences in survival among men diagnosed with late stage based on different marital status, health insurance and neighborhood characteristics.

**PCN26**

BUDGET IMPACT MODEL OF DENOSUMAB FOR SKELETAL RELATED EVENT MANAGEMENT OF BREAST CANCER IN A UNITED STATES MANAGED CARE SETTING

Wang Z1, Taylor D1, Parthan A2, Faria C3, Choe Y2

1) Examine survival of late stage prostate cancer patients; and 2) Determine factors associated with survival at both the patient and neighborhood levels. METHODS: Prostate cancer cases were obtained from the Florida Cancer Data System. Men aged 40 years and above diagnosed with late prostate cancer in 1995 were followed through 2000. Demographics, health insurance and vital statistics were extracted for individual patients and linked with Florida Census 2000 data on education and poverty level information. Data was analyzed using a multilevel logistic regression to examine the relationship of prostate cancer survival with both patient-level characteristics and area-based measures of socio-economic status. RESULTS: A total of 1,101 men were diagnosed with late stage prostate cancer in Florida in 1995; 729 patients (66% of the sample) were observed as survivors over an average age of 69 years. Patients with the following characteristics were more likely to die from prostate cancer than their counterparts: unmarried, Medicaid recipient, and older. Men residing in neighborhood with higher percentage of high school education and surprisingly men without health insurance were more likely to live longer than five years. CONCLUSIONS: Although survival has improved over time due to early detection of prostate cancer, there are still differences in survival among men diagnosed with late stage based on different marital status, health insurance and neighborhood characteristics.

**PCN27**

COMPARATIVE BUDGET IMPACT FORMULY INCLUSION OF ZOLEDRONIC ACID AND DENOSUMAB FOR PREVENTION OF SKELETAL-RELATED EVENTS IN PATIENTS WITH BONE METASTASES

Bell M1, Miller R2, Namjoshi M1, Russell MV2

1) Examine survival of late stage prostate cancer patients; and 2) Determine factors associated with survival at both the patient and neighborhood levels. METHODS: Prostate cancer cases were obtained from the Florida Cancer Data System. Men aged 40 years and above diagnosed with late prostate cancer in 1995 were followed through 2000. Demographics, health insurance and vital statistics were extracted for individual patients and linked with Florida Census 2000 data on education and poverty level information. Data was analyzed using a multilevel logistic regression to examine the relationship of prostate cancer survival with both patient-level characteristics and area-based measures of socio-economic status. RESULTS: A total of 1,101 men were diagnosed with late stage prostate cancer in Florida in 1995; 729 patients (66% of the sample) were observed as survivors over an average age of 69 years. Patients with the following characteristics were more likely to die from prostate cancer than their counterparts: unmarried, Medicaid recipient, and older. Men residing in neighborhood with higher percentage of high school education and surprisingly men without health insurance were more likely to live longer than five years. CONCLUSIONS: Although survival has improved over time due to early detection of prostate cancer, there are still differences in survival among men diagnosed with late stage based on different marital status, health insurance and neighborhood characteristics.

**PCN28**

COST SAVINGS WITH FERRIC CARBOXYMALTOSE THROUGH ITS IMPACT ON ERYTHROPOIESIS-STIMULATING AGENTS AND BLOOD TRANSFUSION IN CHEMOTHERAPY-INDUCED ANEMIA OF BREAST AND GASTROINTESTINAL CANCER: FRENCH HEALTH CARE PAYER PERSPECTIVE

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OBJECTIVES: To evaluate the economic impact of intravenous iron (ferric carboxymaltose, Ferinject) in chemotherapy-induced ferricemia in breast and gastrointestinal cancer: METHODS: We used an economic model which covered the chemotherapy and supportive strategies in patients with or without anemia. Costs related to anemia treatment by ESA, blood transfusion and intravenous iron were estimated and compared. Costs were calculated from the French healthcare payer perspective. Data included in the economic model were obtained from scientific literature, public health agencies and medical experts. Impact of Ferinject on the decrease of the number of blood transfusions at hospital and the decrease of ESA dosing was evaluated. RESULTS: Patients treated with 2000 mg of Ferinject during chemotherapy treatment and 1000 mg at home concomitantly with ESA once every two month during 4 months. Based on the estimated decreased of the 65% in ESA dosing when administered Ferinject, and of 50% of patients receiving ESA after chemotherapy (expert opinion), the most prominent annual cost savings were observed in chemotherapy-induced anemia in breast cancer ($881 and €319 by patient for metastatic and non-metastatic breast cancers, respectively). It was estimated to €29 million for the prevention of blood transfusion the cost saving is estimated to €16.6 million. Impact of Ferinject on the decrease of ESA dosing in gastrointestinal cancer was evaluated on the same basis. The annual cost saving is estimated to €6.6 million. Analysis showed that strategies including intravenous iron remained cost-effective even with wide variations.