SPSS by bivariate analyses with two-sided Chi-square test. In the next step the subgroup of patients with comparable treatment in clinical practice were defined and analyzed in a multivariate analysis. RESULTS: By contrast to the recommenda-
tion of national guidelines, intensified therapy was administered less frequently in patients with the aim of "resection of metastases" (43%), whereas the highest use (64%) was reported in "patients with tumor related symptoms or at risk for rapid progression or death". This group represents only 12% of the 1st line. Fac-
tors with an influence on the use of intensified therapy in daily practice were analyzed in a multivariate analysis. Three treatment clusters (comprising 89% of patient sample) were defined. (all p<0.05) The cluster with significantly higher use of intensified therapy (18% above mean value of 54%) is found through the <70 y., better FS (>80%), no symptoms and/or without concomitant diseases, treatment in office based setting. Patients in this cluster show less tumor

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**USE OF SURROGATE MEASURES IN SURVIVAL DATA IN ECONOMIC EVALUATIONS OF METASTATIC CANCER TREATMENTS**

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OBJECTIVES: Progression-free survival (PFS) is frequently used to establish the clinical efficacy of anti-cancer drugs. However, this surrogate measure of survival is of limited interest for the economic evaluation of these treatments. Therefore, the aim of this study is to develop a predictive model for OS based on PFS data in the context of metastatic breast cancer (mBC), which would be suitable for cost-effec-
tiveness (cost per life-year saved) and cost-utility analyses. METHODS: A systematic review of the literature was conducted according to the PICO method: Population consisted of women with mBC; Interventions and Comparators were standard treatments for mBC or best supportive care; Outcomes of interest were median OS, PFS, and median OS. All selected studies were randomized trials published from 1990 to 2010. Two independent reviewers screened titles, abstracts, and full papers for eligibility. Then, reviewers independently extracted data from selected studies (medically related and potentially preventive). The relationship between PFS and OS was assessed by calculating Pearson's correlation coefficient. Finally, statistical analyses (ANOVA and Pearson's correlation) were performed to identify covariates having a significant impact on OS. RESULTS: A total of 5041 studies were identified and 151 fulfilled the eligibility criteria. According to the data extracted from selected studies, there is a significant relationship between median PFS and median OS (r=0.373; p<0.01). Moreover, many covariates have a statistically significant impact on OS including age (p<0.01), type of treatment (p<0.01), line of treatment (p<0.01), ECOG status (p<0.01), and number and sites of metas-
tases (p<0.01). CONCLUSIONS: Results of this systematic review point toward a statistically significant relationship between median PFS and median OS. Based on these results, a predictive model for OS based on PFS data will be developed to establish a cost-utility analysis method to evaluate the economic outcomes of anti-cancer drugs for patients with metastatic cancer.