analysis was performed with the Mainland-Gart test and the Fisher exact test. Subjects were also asked to fill out a generic QoL questionnaire (the Functional Assessment of Cancer Therapy-General [FACT-G]) at the beginning of each cycle and on day 14 with the Subject Outcome Questionnaire (SOQ), which evaluates levels of pain, discomfort, inconvenience, satisfaction, etc. RESULTS: Of the 76 randomised patients, 74 took study medication, 4 discontinued, making a total of 70 evaluable subjects. Overall, 58 patients preferred pegfilgrastim (83%; p < 0.001) after 2 cycles. Significantly more patients preferred pegfilgrastim when starting with filgrastim first (94% versus 73%, p < 0.001), indicating a clear sequential effect. The main reason for the overall preference of pegfilgrastim was dosing simplification, safety and less pain. Overall, mean SOQ scores were better in the pegfilgrastim arm (87.5% versus 78.9% in the filgrastim arm, p < 0.05). Differences in specific SOQ areas were predominantly found in the pegfilgrastim arm. FACT-G scores showed no significant differences between treatment arms and cycles. CONCLUSION: Subjects demonstrated a very strong preference for pegfilgrastim (83%), primarily because of dosing simplification. A higher proportion also reported less pain, discomfort and inconvenience, as well as greater treatment satisfaction.

**TOPS was administered to 150**

**HEMATOLOGICAL DISORDERS/LEG ULCERS/PITUITARY GLAND DISORDERS**

**HEMATOLOGICAL DISORDERS & LEG ULCERS—Clinical Outcomes Studies**

**HEMOGLOBIN LEVELS ASSOCIATED WITH DIAGNOSIS OF ANEMIA**

Lawless GD, Barron JJ2, Willey VJ2, Tannous RE1, Daniel GW2

1Amgen, Inc, Thousand Oaks, CA, USA; 2Health Core, Inc, Newark, DE, USA

OBJECTIVE: To examine the association between hemoglobin levels and anemia diagnosis and to determine the hemoglobin level that is most likely to trigger diagnosis in oncology patients. METHODS: Members of a large US health plan with an oncology diagnosis and chemotherapy claims between January 1, 2002 and February 28, 2002 were included in this retrospective claims database analysis. Medical and laboratory claims were examined to identify chemotherapeutic episodes, International Classification of Diseases 9th Modification (ICD-9) codes for anemia, and hemoglobin values within each episode and immediately preceding new anemia diagnoses. Descriptive statistics and multivariate regression were used to examine the relationship between anemia diagnosis and hemoglobin values. RESULTS: A total of 3180 chemotherapeutic episodes corresponding to 2717 oncology patients were identified. In episodes in which the hemoglobin dropped below 12g/dL (1689 episodes, 53%), an anemia diagnosis occurred in only 733 episodes (45%). Additionally, anemia diagnosis was found in only 66% of the episodes where hemoglobin fell below 10.0g/dL. Being over 50 years old, having Non-Hodgkins Lymphoma, and having fatigue or renal disease were observed to increase the odds of diagnosis controlling for hemoglobin nadir values and chemotherapeutic agent.

**OBJECTIVES:** Treatment Outcomes in Pain Survey (TOPS) characterizes pain and health-related quality of life (HRQL) with chronic nonmalignant pain (CNMP). TOPS has 8 subscales from SF-36 Health Survey and 14 TOPS domains measuring physical, functional, and psychosocial status. We evaluated TOPS in cancer-related pain. METHODS: TOPS was administered to 150 patients with advanced cancer-related pain at three US academic hospitals. Data were collected on demographic variables, primary site of cancer, and cancer treatment status. Pain was measured on a visual analogue scale. Internal consistency reliability (Cronbach’s alpha) was assessed for the 8 TOPS SF-36 subscales and 14 TOPS domains. Cases were compared by treatment status, physiologic sources of pain, and pain severity using Student-t tests and the Mann-Whitney U tests. RESULTS: Physical, functional, and psychosocial status differed by treatment status. There were no significant differences in TOPS SF-36 and TOPS domains for subjects experiencing neuropathic compared to non-neuropathic pain. However, those with somatic pain reported greater Body Pain (p = 0.01) and Pain Symptoms (p < 0.05), and had worse Total Pain Experience (p < 0.05). Greater pain was associated with significantly poorer outcomes on 5 of the 8 SF-36 subscales, with more Pain Symptoms (p < 0.001), greater family disruptions (p < 0.001), poorer Passive Coping (p < 0.05), and less Patient Satisfaction with Outcomes (p < 0.01). Reliability for SF-36 subscales and TOPS domains were all > 0.70, similar to prior TOPS usage in CNMP. CONCLUSIONS: TOPS demonstrated acceptable reliability with cancer-related pain and detected significant differences by treatment status, source of pain, and pain severity. That TOPS SF-36 and TOPS domains differed by pain severity supports its validity as a measure to assess pain outcomes and HRQL in cancer. TOPS may also be a useful clinical tool to identify patients at risk for impaired physical function, symptoms, emotional distress, disruptions in social relationships, and negative perceptions of satisfaction with health care.

**PCN21**

**COMPARISON OF PAIN OUTCOMES AND HRQL USING THE TREATMENT OUTCOMES IN PAIN SURVEY (TOPS) IN CANCER-RELATED PAIN**

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