and EPO doses in a regression of AUC on those two variables, baseline hemoglobin, and tumor type. Studies were frequency-weighted by the number of subjects. DCRs with confidence intervals were calculated using a Monte-Carlo approach. Similar regressions were conducted to compare EPO three-times-weekly (TIW) with DARB once-weekly (QW) and DARB every-other-week (Q2W) and to compare EPO QW with DARB QW and DARB Q2W. RESULTS: The regression suggests a DCR of 166 (95% CI: 110–253). The comparison of EPO TIW to DARB QW and DARB Q2W yields DCRs of 180 (107–243) and 170 (101–233), respectively. The comparison of EPO QW to DARB QW and DARB Q2W results in DCRs of 116 (16–185) and 173 (146–196). CONCLUSION: The DCR of 260:1 estimated for payment purposes is somewhat greater than the DCRs estimated based on AUC.

**CERVICAL CANCER SCREENING IN THE PHILIPPINE SETTING: A COST-EFFECTIVENESS ANALYSIS**

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**OBJECTIVE:** Cervical cancer is preventable. However, in the Philippines, cervical cancer incidence remains significant with an overall survival rate of 44% in 5 years and about 10/100,000 women dying after 5 years. Limited resources, insufficient screening infrastructure and inadequate treatment services have all led to an inability of less-developed countries like the Philippines to implement an extensive cytology-based cervical cancer screening program. Our objective is to identify and recommend a cost-effective approach towards early detection of precursor lesions and early stage cervical cancer for the Philippines. **METHODS:** This economic evaluation investigated four screening methods namely: acetic acid evaluation (AA), magnified acetic acid visualization (MAA), Pap smear using spatula + cotton swab (SS) and Pap smear using a cervix brush (CB). It was undertaken concurrently with a standard criterion study involving a nationwide sample of 9 secondary and tertiary hospitals, 5 community health centers and their catchment areas. Cost per woman screened, cost per precursor/early cancer lesion detected, and cost per life saved in 5 years were calculated using a societal perspective, 8% discount rate and 1998 as base year. **RESULTS:** Cost per woman screened is highest for SS and lowest for AA (SS = 1,641,943.90PHP/40,132.25USD; CB = 1,289,000PHP/31,291.29USD; AA = 149,783.02PHP/3,662.80USD; MAA = 116,515.82PHP/2,849.28USD). Cost per life saved is lowest for MAA and highest for SS (MAA = 6,191.88PHP/151.42USD; AA = 6,561.63PHP/160.46USD; CB = 7,685.69PHP/187.95USD; SS = 8,921.00PHP/218.15USD). Variations in incidence of precursor/early cervix cancer lesions, sensitivity of different screening methods, target population coverage and discount rate did not change the results of cost per life saved due to cervical screening. **CONCLUSION:** Acetic acid visualization of the cervix (with or without magnification) is the cervical cancer screen method of choice for the Philippines.

**PREVALENCE RATES AND COST OF DEPRESSION AMONG PROSTATE CANCER PATIENTS**

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**OBJECTIVE:** While results from several surveys of oncology patients have found that depression is more prevalent among cancer patients than the general population, few retrospective studies have been conducted to confirm these findings. This study compares rates of depression among prostate cancer patients with controls, and examines the incremental burden of depression on healthcare expenditures. **METHODS:** The study population consisted of 2356 newly diagnosed prostate cancer patients in 1999 or 2000 in the MarketScan database. A randomly selected matched (age, insurance type, and geographic region) group of non-cancerous males were selected as controls (n = 7,495). Patients were followed for 12 months and classified as having depression if they had any inpatient or outpatient claims with a depression diagnosis. Chi-square tests were used to compare depression rates, as well as to investigate if cancer treatment regimen was associated with increased risk of depression. Expenditures accumulated during the study period were compared among prostate cancer patients using Mann-Whitney U-tests. **RESULTS:** The mean age of the study population was 68 years and over half (58%) of the patients had Medicare coverage. The rate of depression among prostate cancer patients was approximately twice that of the matched non-cancerous population (2.97% vs. 1.83%, p = 0.0008). Prostate cancer patients with depression had higher mean inpatient ($14,031 vs. $7,345, p = 0.0183), outpatient ($8,041, p = 0.0434), and total ($30,220 vs. $21,415, p = 0.1125) expenditures than prostate cancer patients without depression. Treatment regimen was not a factor in depression status. **CON-
CLUSIONS: Consistent with survey findings, prostate cancer patients were significantly more likely to be diagnosed with depression compared to cancer free individuals. Cancer patients with depression accumulated substantially higher expenditures than those without depression. Improved depression screening and treatment may lead to reduced healthcare costs and better quality-of-life for cancer patients.

OBJECTIVES: Variations in disease treatment and costs for US Colorectal Cancer (CRC) patients may be explained by factors beyond characteristics of disease and treatment. Patient characteristics may impact CRC treatment and costs. The aim of the study is to investigate whether patient characteristics such as payor, gender, and age impact inpatient health care resource use and costs for US CRC patients. METHODS: Primary study end-points—hospital length of stay (LOS) and average daily charges (ADC) among CRC patients were examined using data from Health Care Utilization Project (HCUP) Nationwide Inpatient Sample. Hospital discharges from 1993–1999 with principal discharge diagnosis of CRC were included. All charges were expressed in 2000 US dollars. Ordinal least square (OLS) models with log transformation of LOS and ADC were developed. Disease-specific risk factors were also included as potential confounders. RESULTS: We identified 213,875 CRC discharges. The mean LOS and ADC for the reference groups were: 9.9 days and $2878 for male; 8.5 days and $2944 for HMO; 9.9 days and $2875 for patients aged £54 years; 9.9 days and $2775 for non-teaching hospital; and 11.5 days and $2589 for the year 1993. Semi-log OLS models, after controlling for other covariates, indicated that female, Medicare, Medicaid, self-pay, older people, and teaching hospital were associated with longer LOS (P < 0.0001); female, Medicaid, Medicare, self-pay were associated with lower ADC, while teaching hospital was associated with higher ADC (P < 0.0001). Adjusted LOS declined at an annual rate of 3.7%, while ADC grew annually at 2.5%. CONCLUSIONS: Patient characteristics contributed to the variation of inpatient resource use for CRC patients. This association provides health care policy decision-makers information regarding treatment practices. Further research should examine whether the association is observed for other tumors and disease areas.

OBJECTIVE: To determine health care resource utilization and costs over five years among Veterans Administration (VA) patients with cancer of the sigmoid colon. METHODS: This retrospective study was limited to veteran patients in New Mexico diagnosed between 1995 and 2000. Demographic information and data for outpatient medications, imaging, chemotherapy, hospitalizations, number of clinic visits, and number of physician visits were collected using VA databases. Costs applied for all services other than outpatient medications and chemotherapy were based upon 2001 Medicaid reimbursement values. Drug costs were based upon 2001 VA prices. RESULTS: There were 46 total patients (45 male) identified and data for years 2–5 was available for 35, 21, 19, and 11 patients respectively. The mean age was 72 years (+/-7.78), with a range of 49–87. Twenty-two (48%) patients were in Stage 3 or 4, with lymph node involvement and/or metastases, at first diagnosis. The mean resource utilization per patient was greatest in year 1 ($8,269 ± 7,434), followed by year 2 ($2,792 ± 4,935), then year 3 ($3,395 ± 2,759). The top three cost drivers for years 1 through 3 were hospitalization, chemotherapy, and clinic visits versus hospitalization, imaging, and clinic visits for years 4 and 5. The mean costs for treating Stage 3 or 4 patients were significantly higher (p < 0.05) for years 1 and 5, year 1: ($10,959 ± 9,481 versus $5,867 ± 3,641) and year 5: ($1,496 ± 2,759 versus $470 ± 495). CONCLUSION: This initial economic analysis helps identify costs and costs drivers in the treatment of cancer of the sigmoid colon. The study can serve as a model for data collection processes in the VA regarding direct medical costs of cancer of the sigmoid colon. With additional data, pharmacoeconomic modeling research regarding prevention strategies and/or screening methods could be performed.

OBJECTIVES: Letrozole (Femara) offers increased life expectancy with tolerable side effects for the management of advanced breast cancer. The budget and population