

istics were similar between treatment groups with regard to age, weight, cancer type and Hb. The proportion of patients transfused was similar between groups (~30%). Mean Hb values were consistently higher in the EPO group compared to the DARB group at Weeks 4, 8, 12, and 16. A repeated measures model showed a significant Hb increase from BL at each timepoint assessed in both groups as well as a significant difference between the two groups. Mean cumulative administered dose was 342,959 Units for EPO and 1239 mcg for DARB with overall ESA drug cost significantly lower in the EPO group compared to the DARB group (EPO \$4503, DARB \$5669 $p < 0.001$). **CONCLUSION:** In patients with Hb < 10 g/dL prior to ESA initiation, mean Hb levels were higher in the EPO group than the DARB group throughout the study, with ESA drug costs 21% lower in the EPO group than the DARB group. Such findings inform decision-makers on ESA-associated outcomes based on initiation as imposed in certain coverage policies.

PCN85

EFFECT OF AGE AND PLACE OF RESIDENCE ON COLORECTAL CANCER TREATMENTS IN NEBRASKA CANCER REGISTRY FROM 1998 TO 2003

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OBJECTIVE: The National Cancer Institute indicates surgery, chemotherapy, and/or radiation treatments in colorectal cancer (CRC). Data on the effect of age and place of residence on accessing CRC treatments in the Midwest region of United States is limited. Therefore, using Nebraska Cancer Registry we tested the hypothesis that CRC patients' residence-county and age would be associated with receipt of surgery, radiation, and chemotherapy treatments. **METHODS:** In a retrospective study, we examined treatments of 6813 CRC patients identified by incident ICD-O CM codes between January 1998, and December 2003 from the Nebraska Cancer Registry data. In multivariate logistic regression analyses, we studied the association of age and the year 2003 Urban Influence Code based residence-county with each of the three CRC treatments. **RESULTS:** After adjusting for patient's demographics, insurance payer, county-specific provider-to-population ratio, and stage and anatomical site, CRC patients living in small urban counties were more likely to receive chemotherapy than were those living in rural counties (adjusted Odds-Ratio, OR, 1.53; 95% confidence-interval, CI: 1.25–1.88, $p < 0.001$). However, there were no significant rural-urban differences in receiving any CRC treatment. Compared with 19-to-64-year-olds, patients aged 75 years and older with local CRC stage were less likely to receive surgery (OR, 0.22; 95% CI: 0.07–0.76, $p < 0.001$), patients aged 75 years and older were less likely to receive radiation (OR, 0.36; 95% CI: 0.24–0.55, $p < 0.0001$), and patients aged 75 years and older were less likely to receive chemotherapy (OR, 0.21; 95% CI: 0.16–0.27, $p < 0.0001$). **CONCLUSION:** Nebraska CRC patients living in rural counties were less likely to receive chemotherapy than were those living in small urban counties. Elderly CRC patients were less likely to receive surgery, radiation, and chemotherapy treatments. Despite limitations of registry data, these findings warrant the attention of decision-makers to age and geographic access issues in planning future delivery of CRC treatments.

PCN86

DRUG UTILIZATION AND COST CONSIDERATIONS OF ERYTHROPOIESIS-STIMULATING AGENTS (ESAs) IN PATIENTS WITH MYELODYSPLASTIC SYNDROMES (MDS)
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OBJECTIVE: To assess current real-world utilization of ESAs in patients with MDS, recent epoetin alfa (EPO) and darbepoetin alfa (DARB) dosing patterns and ESA treatment costs were examined. **METHODS:** A retrospective analysis was conducted using medical claims from approximately 45 health plans nationwide during the period of January 2004–June 2007. Patients included in the study were ≥ 18 years old, had ≥ 1 claim for MDS (ICD-9 code: 238.7) prior to initiating ESA therapy, and were newly initiated on EPO or DARB with ≥ 2 doses of either drug during the treatment period. Patients with cancer before initiating ESA treatment for MDS were excluded. The study period terminated with the last ESA treatment dose, end of data availability, initial AML diagnosis, or initial stem cell transplant, whichever occurred first. Mean cumulative ESA dose was used to calculate ESA cost (based on October 2007 WAC) and dose ratio (Units EPO : mcg DARB). **RESULTS:** The study population consisted of 275 patients who received EPO and 155 patients who received DARB. Mean age and gender distribution was similar between the two groups. Mean treatment duration was also similar for both groups (EPO: 75 days; DARB: 71 days; $p = 0.638$). The mean cumulative ESA dose administered was 374,415 Units for EPO and 1475 mcg for the DARB group, corresponding to a dose ratio of 254:1 (Units EPO: mcg DARB). Based on these doses, ESA cost was \$2139 (31%) less for EPO than for DARB (EPO: \$4688; DARB: \$6827; $p = 0.010$). **CONCLUSION:** These real-life clinical practice findings in the MDS population show significantly lower drug cost in the EPO group compared to the DARB group and a dose ratio of 254:1 (Units EPO : mcg DARB) between the two agents.

PCN87

USE OF PHARMACOECONOMIC MESSAGES IN ONCOLOGY PROMOTIONAL MATERIALS

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OBJECTIVE: To evaluate the presence of pharmacoeconomic messages in the US, France, Germany, Italy, Spain, and UK for ten representative oncology products (Alimta, Avastin, Gemzar, Herceptin, Neulasta, Novantrone, Sutent, Tarceva, Taxotere, and Velcade). **METHODS:** This qualitative assessment covered the following data sources: 1) Government websites (Canadian Agency for Drugs and Technologies in Health, National Institute for Health and Clinical Excellence, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, La Haute Autorité de santé, and Cochrane Reviews); 2) company sponsored product websites; 3) FDA and EMEA products labels; and 4) promotional materials (detail aid brochures, direct mail, and professional journal/newsletter ads). These data sources were searched for relevant pharmacoeconomic messaging including statements regarding cost, QoL, utility, patient preference, etc. **RESULTS:** While health technology assessments have a clear impact on market access, specific examples of pharmacoeconomic data in promotional messaging was limited. Pharmacoeconomic messages, with particular focus on QoL, were more prominent in promotional materials of oncology