

tients responded to the drug therapy based on Hgb levels. It was determined that in 28.5% (n = 33) of the patients, physicians did not follow the proposed guidelines. Of these patients 58% (n = 19) were either non-responders or questionable responders to drug therapy. Of those that were determined as outside the proposed guidelines, \$404.99/patient was spent in drug cost for those considered as non-responders or questionable responders, whereas, \$312.54/patient was spent on patients that responded to the therapy. **CONCLUSION:** An intervention by a pharmacist to monitor drug therapy could reduce drug cost and improve clinical outcomes. Further research with a larger sample size is required to validate the results.

PCN10

PSYCHOMETRIC VALIDITY OF QUALITY OF LIFE AND UTILITY MEASURES IN NON-SMALL CELL LUNG CANCER (NSCLC): A LITERATURE REVIEW

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The psychosocial implications of cancer and its treatments are well recognized. In NSCLC, many patients are diagnosed at an advanced stage with substantial impairment of QoL. While psychometric-based measures allow the assessment of patients in a descriptive profile of one or more QoL domains, utility measures allow the expression of the overall experience of QoL in a single number that represents patient preferences for different levels of QoL. However, the scientific validity of QoL and utility assessments is determined by the reliability and validity of the measures used. **OBJECTIVES:** To identify utility and psychometric-based instruments used in NSCLC and compare evidence in support of their validity, reliability and responsiveness. **METHODS:** We conducted a search of MEDLINE, EMBASE and within our Information Resources Centre from 1985 to date using various terms including NSCLC, QoL and utilities. **RESULTS:** Instruments were selected for review if they had been developed or used in a study population of which at least 20% were NSCLC patients. The search and selection yielded 26 original studies in which 4 utility measures (TTO, TrTO, HUI and EQ-5D) and 12 psychometric-based health profiles such as the SF-36, FACT-G and the EORTC-QLQ were applied. Our review of published data revealed striking differences between measures in terms of the coverage of QoL conceptual domains and psychometric properties. Compared to health profiles, relatively scant evidence was found in support of the psychometric validity of utility measures. **CONCLUSION:** Findings from this review suggest a need for further validation of existing utility measures in order to enhance the collection of scientifically valid preference-weighted QoL data during studies of patients with NSCLC.

PCN11

SYMPTOMATIC ANEMIA DURING CANCER CHEMOTHERAPY: rhERYTHROPOIETIN (rhEPO) AND QUALITY OF LIFE

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In light of the current emphasis in the health care environment on both minimising cost and maximising favorable outcomes, it makes good economic sense to incorporate quality of life (QOL) assessment in order to sensitively evaluate the impact of interventions on individual's well being. The aim of the study was to determine to what extent QOL is influenced by the Hb increase and if, in this way, patients who showed improved Hb levels also showed improvements in QOL domains. 26 anemic cancer patients undergoing chemotherapy with initial Hb levels = 9 g/dL, were analyzed. Exclusion criteria were: uncontrolled hypertension, serum-ferritin <50 ug/ml, acute infection, comorbidities that could contribute to the anemia, acute or chronic bleeding and inability to understand the questionnaire. Response was defined as an increase over baseline by greater than 1 g/dL. rhEPO treatment was given three times weekly, 150 IU/kg s.c. during 8 weeks. QOL was assessed using the Functional Assessment Cancer Therapy, and measured at baseline and after 2, 4 and 8 weeks. **RESULTS:** Reliability analysis (Chronbach's alpha) was satisfactory. All the patients showed improvement in Hb level >1 g/dL. Only 1 patient required transfusion. The questionnaire data demonstrated that increased Hb levels were associated with improved QOL outcomes. When scores at baseline and at 8 weeks were compared (paired sample t-test), the differences were statistically significant ($P < 0.01$) for the physical well-being (WB), social/family WB and functional WB domain. The difference also reached highly statistical significance ($P < 0.001$) for anemia and fatigue subscales. **CONCLUSION:** In our sample, treatment with rhEPO can safely increase Hb levels, decreasing transfusion requirements. Simultaneously, patients QOL was improved, and the difference from baseline to final assessment scores reached statistical significance. This study encourages the concept of QOL as a meaningful endpoint for determining which treatments have the optimal effects from the patient's perspective.

PCN12

RACIAL DIFFERENCES IN THE COST OF TREATING EARLY STAGE PROSTATE CANCER

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Although race has been associated with differences in the utilization and costs of medical services for a variety of conditions, no study has examined racial differences in