

TNM stage T1-2, N0, M0 with PSA ≤ 10 ng/ml and Gleason score ≤ 7 , and localized PC as TNM stage T2, N0, M0. Next, we developed models for estimating the number of men in these two groups for the US, European Union (EU) and Japan. Finally, we populated these models with information derived from a comprehensive review of incidence and staging estimates from English-language literature and publicly available demographic and registry data. **RESULTS:** We identified over 100 relevant abstracts that yielded 67 manuscripts for review, 15 of which provided data for the model. The estimated number of newly diagnosed men with early-stage PC was 120,000 (US), 140,000 (EU), and 4,300 (Japan). The corresponding incidence rates per 100,000 males were 85, 58 and 7, respectively. The estimated number (incidence) of newly diagnosed men with localized PC was 89,000 (63), 71,000 (29) and 10,000 (15) in the US, EU and Japan, respectively. **CONCLUSION:** The number of men at risk for over- or under-utilization of radical prostatectomy due to inadequate diagnostic information is substantial and varies widely by country.

PCN57

BASIC ATTITUDE TO USE OF GENERIC ANTI-CANCER DRUGS FOR BREAST CANCER TREATMENT IN JAPAN

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OBJECTIVES: Although the use of various generic drugs is becoming national policy in Japan to reduce health care costs, many physicians tend to be reluctant to prescribe generic drugs, especially in cancer therapy. The purpose of this study was to investigate the attitude of physicians involved in breast cancer treatment towards the prescription and use of generic anti-cancer drugs in Japan. **METHODS:** Questionnaires were sent to 180 physicians who had registered with the multi-center trial group for breast cancer therapy in Japan (CSPOR). **RESULTS:** The respondents were 73 (response rate: 41%), their average age was 45.1, and their years of experience with breast cancer treatment averaged 14.1. Their basic attitude concerning generic drugs was "I would prescribe them if the patient asks" among 64%, "I am actively prescribing them" among 21%, and "I would prefer not to prescribe them, if possible" among 14% of respondents. 32% of physicians had no experience with the use of generic anti-cancer drugs. The reasons why they did not use them were "constraints of the ordering system" (49%), "my own policy" (21%), and "institutional policy" (13%). The policy for the selection of brand or generic anti-cancer drugs was "based on patients' preference" (44%), "commitment to generic drugs" (14%), "decide by the name of the drug company" (24%), and "follow the institutional policy" (24%). As to the selection of generic drugs, seventy-nine percent of respondents trusted generic drugs manufactured by a brand name company over those made by a specialized producer of generic drugs. **CONCLUSION:** A little less than 70 percent of breast cancer therapists had prescribed generic anti-cancer drugs. It became clear that the selection policy for brand or generic anti-cancer drugs was based on patient preferences.

PCN58

BREAST CANCER SCREENING PROGRAMS: EVALUATION ASIDE FROM CLINICAL AND ECONOMICAL ASPECTS

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OBJECTIVES: During the last decades, breast cancer screening programs have considerably increased in terms of number and improved in terms of clinical and technical standards. From an HTA perspective, clinical and economic issues are only two of several important aspects concerning breast cancer screening programs. The objective of research is to investigate to what extent societal and ethical aspects as well as the perspective of equal access for different groups of the population are addressed in breast cancer screening evaluation initiatives. **METHODS:** Systematic literature research; comparative analysis of societal, ethical and access aspects on the basis of several practical examples of screening programs in different countries and of theoretic scientific literature; evaluating structures of program-organisation along pre-defined indicators. **RESULTS:** In several countries breast cancer screening programs are also evaluated according to others than conventional indicators. These indicators do express attendance rates according to different social groups, and thus may explain differences in epidemiological outcomes of screening programs. **CONCLUSION:** Basic epidemiological indicators of the success of breast cancer screening such as prevalence can strongly vary depending on non-clinical and non-economic characteristics of screening programs. These societal, ethnic, ethical or equity aspects are primarily to be addressed via the organisational part of the programs. This is one reason why quality assurance in breast cancer screening should not only be strictly executed but also be improved in terms of a quality management.

PCN59

TREATMENT PATTERNS FOR PATIENTS WITH GLIOBLASTOMA MULTIFORME (GBM) IN GERMANY

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OBJECTIVES: Describe the treatment patterns of GBM patients in Germany. **METHODS:** Between January and February 2006, retrospective case histories of 50 adult GBM patients no longer receiving active treatment were provided by 10 physicians from 10 German institutions. **RESULTS:** Seventy percent of patients were diagnosed in 2004–5. 60% of patients were male; 58% were >50 years old. At diagnosis, patients were classed as fully active (26% with no neurological symptoms; 42% with minor symptoms); 22% were fully active with assistance with moderate symptoms, 6% were less than fully active with moderate symptoms and 4% were disabled with severe symptoms. 49 patients had their initial therapy recorded; all underwent surgery. Subsequently, 39% underwent chemoradiation, 39% radiotherapy, and 14% chemotherapy. Of those undergoing chemoradiation, 94% received temozolomide. Of those undergoing radiotherapy, 53% subsequently received chemotherapy before relapse; 90% received temozolomide either as a single-agent or in combination with doxorubicin. Disease recurrence was documented for 36 of 50 patients, of which 13% had no neurological symptoms, 41% had minor symptoms, 28% had moderate symptoms and were fully active with assistance, and 19% had moderate symptoms and were less than fully active. Forty-two percent (15/36) were treated with chemotherapy initially for their recurrence; patients received a variety of single-agent or combination regimens of

which temozolomide, nimustine, doxorubicin, and teniposide were most common. 53% of these patients received subsequent chemotherapy regimens. forty-four percent (16/36) underwent surgery initially for their recurrence, with 81% (13/16) of these patients receiving subsequent chemotherapy. Other drugs used in treatment of recurrent disease included doxorubicin and lomustine. **CONCLUSION:** Consistent with published guidelines, GBM patients in Germany with better functional status undergo active therapy. Patients initially undergo surgery, followed by radiotherapy. Chemotherapy is often used with or immediately following radiotherapy or at disease recurrence.

PCN60

IMPLEMENTATION AND EVALUATION OF CLINICAL PATHWAYS IN AN ONCOLOGY ELECTRONIC MEDICAL RECORD

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OBJECTIVES: This oncology-specific organization integrated into its electronic medical record (EMR) system a series of clinical pathways (CPs) based on national guidelines. The objective was to evaluate adherence to pathways and develop a process for communication to practices regarding performance. **METHODS:** The CPs are based on clinical and economic literature and are physician-led. Adherence is measured using a combination of patient disease, stage of disease, and line of therapy. A combination of methods has been used in the reporting process, including web-based reports; involvement of staff pharmacists to promote and monitor clinical pathway adherence at the local level; multiple teleconferences among pharmacists and physicians to discuss cases, share successes, failures, and ideas; and inclusion of network pathway reports for all attendees at the organization's biannual national P&T meetings. **RESULTS:** Eighteen practices have EMR pathway reporting capabilities, with new practices being added every month. Currently clinical pathways for 7 cancer types have been implemented into the EMR system. Pharmacists have increased their role in promoting pathway adherence. One of the greater challenges has not been to improve pathway adherence per se, but to increase completion of key elements of evaluation, including disease stage and line of therapy. **CONCLUSION:** Early evaluation shows monitoring of pathways can be conducted with use of an EMR. Regular feedback on missing data has encouraged providers to update clinical data entry. The complexity and dynamic nature of oncology treatment requires frequent evaluation of clinical pathways to ensure they are current and are based on both clinical and economic evidence.

CANCER—Methods and Concepts

PCN61

MULTI-STATE SURVIVAL ANALYSIS IN COST-EFFECTIVENESS STUDIES: THE CASE OF CAPECITABINE VERSUS DOCETAXEL IN METASTATIC BREAST CANCER (MBC) FOR A PRIVATE PAYER IN BRAZIL

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OBJECTIVES: Conventional cost-effectiveness analysis are usually supported by clinical data collected in phase III RCTs (Drummond, 2005) and it is typically based on time-to-event data. However, ignoring mean quality-adjusted survival for multiple transitions may introduce some estimates bias. Multi-state

models appeared to eliminate some limitations of Q-TWiST models such as the necessity for progressive states (Billingham, 1999), but the applicability of these models in health economics is still unclear. The aim of this analysis is to compare the results of two modeling alternatives: conventional cost-effectiveness analysis and multi-state cost-effectiveness analysis taking capecitabine versus docetaxel in mBC in Brazil as a study case. **METHODS:** Conventional and multi-state survival analysis techniques were applied on O'Shaugnessy (2001) data to perform both cost-effectiveness analysis. For the conventional survival analysis, a Cox and parametric approach were used, and the best fit was chosen analyzing Cox-Snell and deviance residuals, as well as AIC and BIC criteria. For multi-state survival analysis, the model estimation was based on Gardiner (2006), and assumed as a three-stage non-homogeneous Markov process. For costs, the resource use was obtained from O'Shaugnessy trial and unit costs were derived from published lists such as CBHPM 2004, Simpro magazine and PROAHSA report. **RESULTS:** In conventional analysis the incremental cost-effectiveness ratio (ICER) was R\$26,208 per QALY assuming log-logistic distributions which was the best fitted one, meanwhile in multi-state analysis, the incremental cost-effectiveness ratio was R\$19,320 per QALY using weibull distributions (Klein, 1994). PSA was performed using Monte-Carlo simulations that supported the robustness of the findings. **CONCLUSION:** Despite multi-state analysis demands more sophisticated statistical background, there is an evident superiority in multi-state estimates precision and accuracy when performing cost-effectiveness analysis. Regarding to capecitabine, it was observed that in both models its addition in this setting could be considered as a cost-effective alternative under the private payer perspective in Brazil.

PCN62

USE OF A 5-LEVEL EQ-5D IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA

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OBJECTIVES: To investigate the impact of chronic lymphocytic leukaemia (CLL) on health-related quality of life (HRQL) and the gain in terms of descriptive richness associated with using an EQ-5D with additional levels (EQ-5D-5L) in the CLL patient population. **METHODS:** The EQ-5D-5L employed in this study incorporates 5 levels of assessment but without additional labeling (Levels 2 and 4 are unlabeled). Our study involves a cohort of patients with CLL from 19 participating Dutch centres. Health-related quality of life (HRQL) is assessed at 6 monthly intervals. The following analysis is based on the initial HRQL assessment, which captured patients at various phases in their disease course. **RESULTS:** In March 2006, 134 patients had completed at least one EQ-5D-5L questionnaire of whom 63% were male of median age 66 years. Median age for females was higher at 70 years. Most patients (72%) were in remission at the time of the first HRQL assessment. Twenty-six percent selected at least one alternative level on the EQ-5D-5L. The dimensions where patients reported most problems were Pain/Discomfort (level 1: 57%, level 2: 8%, level 3: 32%, level 4: 1%) and Usual Activities (level 1: 62%, level 2: 7%, level 3: 28%, level 4: 2%, level 5: 1%), followed by the Mobility dimension (level 1: 69%, level 2: 8%, level 3: 22%). Few patients reported problems in terms of Self-care (5%). The mean VAS score was 75.08 (SD = 14.3). Utility scores were 0.88 (SD = 0.15) for the EQ-5D-5L, slightly higher than for the 3-level categorization at 0.84