In the treatment of locally advanced HNSCC, we will not considerably influence the expenses of the Public Payer in Poland. Treatment with docetaxel improves survival compared with standard care.

**PCN24**

**THE ECONOMIC IMPLICATIONS OF RASBURICASE TREATMENT IN ADULT TUMOR LYSIS SYNDROME PATIENTS**

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**OBJECTIVES:** Rasburicase is a recombinant urate-oxidase enzyme that decreases high levels of plasma uric acid (UA) resulting from tumor lysis syndrome (TLS). Rasburicase reduces UA levels within four hours of administration, minimizing the complications from TLS. Treatment pattern analyses indicate rasburicase is often used in combination with allopurinol; however, no studies have evaluated the clinical and economic consequences of this pattern of care. This study compared hospitalization costs, length of stay, and duration of critical care in patients receiving rasburicase or without allopurinol.

**METHODS:** Patients within the Premier hospital database administered rasburicase or combination therapy in the first two days of hospital admission were eligible for study inclusion. Patients were excluded if they were aged < 18 years or received hemodialysis on admission. Patients were propensity score matched to rasburicase based on gender, race, hospital type, provider type, payer type, admission source, use of electrolyte modification therapy, critical care admission, and comorbid diagnoses. Differences in health care costs, length of stay, and duration of subsequent critical care were assessed using gamma distribution regression models with a log link function. Projection weights were used to produce national projected patient counts.

**RESULTS:** There were 280 rasburicase and 310 combination patients matched in the analysis. The mean age was 63.2 years, with 31% being female. No statistical differences existed in matched covariates across the cohorts. Rasburicase patients incurred an average total cost of $39,245 per hospitalization compared to $32,402 for combination patients (p = 0.0354). Rasburicase patients also had a lower length of stay (10.2 days) compared to combination therapy (16.1 days, p < 0.0001). Duration of critical care was similar in both cohorts (rasburicase = 2.9 days vs. 3.1 days, p = 0.792).

**CONCLUSIONS:** Combination therapy of rasburicase and allopurinol resulted in higher total hospitalization costs and a longer length of stay compared to rasburicase monotherapy.

**PCN25**

**DRUG UTILIZATION AND COSTS FOR ERYTHROPOIESIS STIMULATING AGENTS (ESA) IN PATIENTS WITH BREAST, LUNG, OR GASTROINTESTINAL CANCER RECEIVING CHEMOTHERAPY**

**Lafelleve MH**, McKenzie RS, Veiken P, Bailey R, Pichet CT, Lafebvre P

*Groupe d’analyse, Ltee, Montreal, QC, Canada; *Centorco Ortho Biotech Services, LLC, Hornsby, PA, USA; *Groupe d’analyse, Ltee, Montreal, QC, Canada*

**OBJECTIVES:** To evaluate recent utilization patterns and costs for epoetin alfa (EPO) and darbepoetin alfa (DARB) across tumor types in managed care cancer patients receiving chemotherapy.

**METHODS:** Medical claims from the Ingenix Impact National Managed Care Database between January 2006-June 2008 were analyzed. Patients who were enrolled for 13 weeks or more were included. A total of 9,790 patients (EPO: 8,812; DARB: 597) formed the study population. Breast, lung and gastrointestinal cohorts comprised 3,277, 2226, and 1755 patients respectively. The EPO group was slightly older (58.5 vs. 56.4 years, p = 0.001), had a lower proportion of women (64% vs. 68%, p = 0.001), and had similar treatment duration (EPO: 68 days; DARB: 67 days; p = 0.191), compared to DARB patients. The mean cumulative dose (SD) was 308,344 (257,539) Units for EPO and 1,222 (890) mug for DARB, resulting in a dose ratio of 252:1. Based on the observed utilization of ESAs, drug cost was 28% lower for EPO than for DARB (EPO: $4246; DARB: $5889; p = 0.001). Stratified analyses by tumor type resulted in similar lower drug costs for EPO-Breast: 29% (EPO: $4206; DARB: $5883); Lung: 26% (EPO: $4606; DARB: $6232); Gastrointestinal: 31% (EPO: $3,986; DARB: $5812); respectively (p < 0.001 for all comparisons).

**CONCLUSIONS:** This observational study of 9,790 cancer patients receiving chemotherapy reported a dose ratio of 252.1 which resulted in a 28% lower drug cost in the EPO group compared to the DARB group. Stratified analyses by major tumor types yielded similar findings.

**PCN26**

**COMPARISON OF EPOETIN ALFA AND DARBEPOETIN ALFA DOSING PATTERNS AND COSTS IN CANCER INPATIENTS RECEIVING CHEMOTHERAPY**


*Groupe d’analyse, Ltee, Montreal, QC, Canada; *Centorco Ortho Biotech Services, LLC, Hornsby, PA, USA; *Groupe d’analyse, Ltee, Montreal, QC, Canada*

**OBJECTIVES:** To examine recent real-world dosing patterns and associated drug costs of epoetin alfa (EPO) and darbepoetin alfa (DARB), two erythropoiesis-stimulating agents (ESA), in hospitalized patients with cancer who were receiving chemotherapy.

**METHODS:** An analysis of recent electronic inpatient records (2006-2007) from the Premier Perspective Comparative Hospital Database was conducted. Patients were 218 text sections provide detailed insights into the economic implications of rasburicase treatment in adult tumor lysis syndrome patients, focusing on the comparison of costs, length of stay, and duration of critical care between rasburicase and combination therapies. The study highlights the importance of considering the combined use of rasburicase and allopurinol in managing tumor lysis syndrome.

**PCN25**

**DRUG UTILIZATION AND COSTS FOR ERYTHROPOIESIS STIMULATING AGENTS (ESA) IN PATIENTS WITH BREAST, LUNG, OR GASTROINTESTINAL CANCER RECEIVING CHEMOTHERAPY**

**Lafelleve MH**, McKenzie RS, Veiken P, Bailey R, Pichet CT, Lafebvre P

*Groupe d’analyse, Ltee, Montreal, QC, Canada; *Centorco Ortho Biotech Services, LLC, Hornsby, PA, USA; *Groupe d’analyse, Ltee, Montreal, QC, Canada*

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