cancer, and the general population, respectively (0 = worst; 52 = least fatigue). Ten-year total per patient costs (drug, monitoring, physician visits, adverse events) for managing GIST patients with molecularly targeted treatment were estimated at £47,086–£70,811 compared to £3674–£4230 with best supportive care. CONCLUSIONS: Data suggest the incidence of GIST is similar across countries; lower incidence in one study is likely explained by differences in method of case ascertainment. Although patients with GIST present with fatigue comparable to other cancers, additional research is needed to comprehensively understand its HRQL burden. The increased cost associated with new therapies must be balanced against their expected benefits.

**PCN2**

**INCIDENCE AND SURVIVAL STUDY BY STAGE AND ESTIMATED PREVALENCE OF RENAL PARENCHYMA CANCER IN FRANCE**


**OBJECTIVES:** To determine incidence and five year survival rate of renal parenchyma tumours by TNM stage using cases recorded in seven French departments cancer registries. To estimate overall and with metastasis cancer prevalence, at the end of 2004, when diagnosed over the period 2000–2004. **METHODS:** Identification of patients using the databases of seven cancer registries. Data collected through medical records and administrative data (vital states). Assessment of raw global survival rate using Kaplan Meier curves. Determination of global prevalence by summing 2000–2004 annual incident cases for which corresponding global survival data have been applied. Same method for the estimation of prevalence without metastases. Prevalence with metastases is global prevalence minus prevalence without metastases.

**RESULTS:** A total of 597 cases were identified and analyzed. 84% of cases consisted of clear cell adenocarcinoma. Thus, the standardised levels of incidence (worldwide reference population) are estimated to be 9.91 per 100,000 men and 3.75 per 100,000 women. Stages I, II, III and IV had specific incidences respectively of 4.7, 1.1, 1.9 and 2.7 per 100,000 subjects. The 5 years survival rate in men and women was respectively 55% (CI95: 50–60) and 65% (CI95: 58–71). Survival decreased with age and with stage extension. The national number of cases is estimated to be 6,482 cases. Accordingly, the estimated partial global prevalence is 29,300 cases, including 4,860 with metastasis (16.6%), this rate increases with age: from 11% for patients aged less than 60 years to 29% for patients aged 80 years and over. **CONCLUSIONS:** This study is the first one to give an estimation of specific parenchyma cancer by stage incidence, on a population base. On this base, this study also provides prevalence estimations for evolutive cancers.

**PCN3**

**EPIDEMIOLOGIC, HUMANISTIC AND ECONOMIC BURDEN OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (mRCC)**

Banks J, Gupta K, Balu S, Chen E, Komatsuzaki Y, Charbonneau C, Pashos CL

1Abt Associates Inc, Lexington, MA, USA, 2Abt Associates Inc, Bethesda, MD, USA, 3Pfizer, New York, NY, USA

**OBJECTIVE:** Renal cell carcinoma has an asymptomatic course and 25–30% of patients present with metastatic disease at time of diagnosis. Molecularly targeted therapies (MTTs) represent a breakthrough in treatment of mRCC, prolonging life, reducing toxicity and the negative impact of treatment on health-related quality of life (HRQL), and offering viable therapeutic options to a broader patient population relative to immunotherapy. The objective of this study was to explore the burden of mRCC and the potential clinical, economic and humanistic value of MTTs.

**METHODS:** PubMed, scientific meeting and online databases were searched for articles relating to the epidemiologic, humanistic and economic burden of mRCC. Thirty-five articles were selected. Epidemiology and economic statistics for mRCC were estimated from international registries and published data sources. **RESULTS:** Approximately 1500–8600 new mRCC cases occur annually in major European and North American countries, and Japan. Standard immunotherapy is largely ineffective (less than 10% response rates; no benefit in most patients, especially the elderly) despite a high annual cost of treatment (e.g., $13,500–$82,000 across countries). In the absence of effective treatment, mRCC is rapidly fatal with 13% or fewer patients surviving and a median survival of less than 1 year. Two-year costs of care for mRCC have been estimated at $35,735/ year (US$). HRQOL of mRCC patients is comparable to congestive heart failure, diabetes and other cancer patients and may be further diminished by systemic immunotherapy. Recent studies show that MTTs produce marked improvements in response rates/survival, and tolerability without negative impact on HRQL. **CONCLUSIONS:** The need for MTTs for mRCC is characterized by the lack of effective treatment for the vast majority of patients, high mortality, and considerable humanistic and economic burden. Meaningful improvements in effectiveness and tolerability in this patient population suggest that MTTs offer economic and humanistic value in the treatment of mRCC.

**PCN4**

**A COMPARATIVE BUDGET IMPACT (BI) ANALYSIS OF ARANESP® (DARBEPOETIN ALFA) 500 μG Q3W VERSUS OTHER ERYTHROPOIESIS STIMULATING PROTEINS (ESP) IN CHEMOTHERAPY-INDUCED ANEMIA (CIA) IN SPAIN**

Pérez Alcántara E, Badia X, Arocho R

1Health Outcomes Research, Barcelona, Spain, 2Health Outcomes Research Europe, Barcelona, Spain, 3Amgen SA, Barcelona, Spain

ESP are standard treatment options for CIA. In this setting, both Epoetin (EPO) alfa and EPObeta are administered three times/week (TiW) or once/week (QW), while darbepoetin alfa (DA) is the only ESP approved to be administered as once every three weeks (Q3W). For ESP administered TiW or QW the SPCs states to double the dose if hemoglobin increases <1 g/dL after 4 weeks. Doubling the dose is not needed with starting dose DA 500μg Q3W. These administration differences might result in different treatment costs for each agent. **OBJECTIVE:** Estimate BI (mean cost/patient) of administering the different ESP in the treatment of CIA in Spain. **METHODS:** The following variables were considered in the economic model: ESP ex-manufacturer price in Spain, administration pattern, weeks of treatment (12 weeks), weeks of evaluation before increments of dose (4 weeks), dose increases, and overall cost of one administration (£59.72). In addition, a two-way sensitivity analysis was performed to test the robustness of the results, considering the following variables: 1) administration cost from a minimum of 0 to +25%, and 2) the lowest and highest percentage of patients needing to increase dose for EPOalfa and EPObeta from six studies found in the literature where this data was reported. **RESULTS:** In the base case scenario, assuming an incidence of doubling the dose with both EPOalfa and EPObeta of 29.60%, which was the mean value