from parents whose children have life-limiting conditions and enrolled in Florida's State Title V Program. Telephone surveys were conducted using 266 random parents between November 2007 and April 2008. The Wake Forest Physician Trust Scale was used to measure parents' trust in physicians. The Decisional Conflict Scale (DCS) was used to measure conflicts in decision making, e.g., uncertainty and uninformed and ineffective choices. The total score of DCS to represent the magnitude of decisional conflicts. We conducted multivariate analyses to test whether parent's age, race, education, personality traits, and parent-report of children's health status were associated with physician trust and decisional conflicts. We tested whether greater trust in physicians was associated with less decisional conflicts after controlling for parental characteristics. **RESULTS:** Parents with less than a high school education reported less trust in physicians as compared to parents with above a high school education ($p < 0.05$). Hispanic parents were less likely to trust in their physicians and had more decisional conflicts than White parents ($p < 0.05$). Parents with lower level of conscientiousness, emotional stability and openness to experiences were associated with less trust in physicians and more decisional conflicts as compared to their counterparts ($p < 0.05$). Parents' age and children's health status were not significant factors of physician trust and decisional conflicts ($p > 0.05$). Parents' trust in physicians were significantly related to conflicts in the decision-making process ($p < 0.05$). **CONCLUSIONS:** For children with life-limiting conditions, parents who were minority, less educated, and with negative personality traits reported less trust in physicians and more conflicts in the decision making process. Trust plays a significant role in parents' treatment decision making beyond the influence of parents' characteristics.

PCN93

ONCOLOGIC PATIENT SATISFACTION IN ONCOLOGIC SERVICES IN A TERTIARY REFERRAL CENTER AT THE SOCIAL SECURITY MEXICAN INSTITUTE

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OBJECTIVES: The aim of this study was to identify the oncologic patients' (non hodgkin lymphoma, breast and colorectal cancer) satisfaction grade with the medical care in a tertiary referral center at the Social Security Mexican Institute (IMSS). **METHODS:** A cross-sectional and descriptive study was performed within a tertiary referral center in Guadalajara City, Mexico. Were included oncologic patients with non hodgkin lymphoma, breast and colorectal cancer attended as outpatients since July to August 2008. Was performed an interview with EORTC IN-PATSAT32 in Spanish version, this instrument contents 32 items with Likert-like scale answers (1–5) to evaluate follow assumptions: medical care, nurse care, other personal care, waiting time, access facilities to hospital, information exchange, cleaning, comfort and general satisfaction (scale 1 to 100). Internal consistency was evaluated through Cronbach's alpha test. This questionnaire was previously validated to Mexico. ANOVA was used to identify differences between clinical stages and each disease. Statistical analysis was realized in SPSS 13.0. **RESULTS:** This study included 157 patients with breast cancer, 30 colorectal cancers and 14 non hodgkin lymphoma. Mean of satisfaction inter-item was 75 ± 18 (20–100), in patients with breast cancer, satisfaction level was 75 ± 18, non-hodgkin lymphoma 85 ± 13 and colorectal cancer 75 ± 19, without statistical difference between diseases ($p = 0.14$). The items with lowest score were cleaning (52 ± 34), and other personal care (68 ± 27). The highest score were nurse care (86 ± 21), specifically non hodgkin lymphoma group (94 ± 14). **CONCLUSIONS:** The oncologic patients' (non hodgkin lymphoma, breast and colorectal cancer) group was satisfied with the medical care, particularly with the nurses group.

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PCN94

LEVEL OF BREAST CANCER EARLY DETECTION AWARENESS OF BRAZILIAN WOMEN

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OBJECTIVES: According to the National Cancer Institute (INCA 2008), breast cancer (BC) is the malignant neoplasia which more affects Brazilian women (estimated 49,400 cases, with a crude incidence rate of 50.71 cases per 100 thousand women). Moreover, Health Ministry data shows that the mortality rate of the disease is increasing, in contrast developed countries, such as US (New England Journal of Medicine, 2005). This mortality may be partially explained by the advanced stages of the disease at diagnosis (III and IV), which represent 50% of new identified cases in Brazil (INCA 2005). This may be a result of population low awareness of BC and the importance of early detection. Thus, the objective of this study is to assess women's knowledge of this neoplasia, their perception of its risks and methods of diagnosis. **METHODS:** Quantitative study performed through personal and individual interviews. A representative sample of the population ($N = 552$) was used, composed by women between 30 and 60 year-old living in 4 capitals of Brazil (Rio de Janeiro, Sao Paulo, Porto Alegre and Salvador). A 20-question structured questionnaire was applied. **RESULTS:**

Ninety percent of interviewed women understand cancer as a disease that brings health risks, highlighting breast (79%) as the most threatening cancer. The majority pointed out self breast examination (82%) as the best diagnostic method for BC early detection, followed by mammography (35%). The main information sources of this neoplasia, which were spontaneously mentioned were: television shows (80%), hospitals (28%), and newspapers (22%). **CONCLUSIONS:** 79% of all Brazilian women are aware of the threat BC means to their health, but only some of them see mammography (35%) as a method that most importantly can increase the chance of an early diagnosis. These results will support informative continuous campaigns about the importance of early detection aiming to give population a greater chance of cure.

PCN95

STRUGGLING WITH EXPENSIVE NEW CANCER THERAPIES: A NATIONAL SURVEY OF ONCOLOGISTS IN THE UNITED STATES

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OBJECTIVES: We explored oncologists' attitudes toward the costs and cost effectiveness of cancer drugs and their views on various reimbursement policies in the United States. **METHODS:** We surveyed 1379 oncologists based in the United States, selected from the American Society of Clinical Oncology (ASCO) membership list. Self-administered surveys were disseminated by mail between January and August 2008. The survey covered the degree to which oncologists believe that treatment costs and patients' out-of-pocket spending influence their prescribing behavior. We also asked whether the oncologists discuss costs with patients and about the potential use of comparative effectiveness and cost effectiveness information. **RESULTS:** A total of 787 oncologists responded (response rate 57%). Sixty-seven percent of respondents stated that every U.S. patient should have access to effective cancer treatment regardless of cost; however, 56% stated that costs influenced their decisions about which cancer treatments to recommend, and 84% agreed that patient out-of-pocket costs influenced decisions. Only 42% said they always or frequently discussed cost issues with patients. A majority (80%) supported more use of cost effectiveness data in coverage and payment decisions; only 41% felt well prepared to interpret and use such information. Respondents leaned toward more government intervention: 57% agreed that government price controls for cancer drugs for Medicare were needed; 79% favored more government research on the comparative effectiveness of cancer drugs. After adjusting for other factors, older MDs were more likely to be influenced by cost and more likely to discuss costs with patients. **CONCLUSIONS:** Oncologists believe that costs influence their prescribing, yet relatively few report discussing costs frequently with patients. The results highlight the need to educate physicians about treatment costs and cost effectiveness and to develop better communication strategies. They also support research on the comparative effectiveness and cost-effectiveness of cancer therapies.

PCN96

ESTIMATING THE TIME OF PRODUCTIVITY LOST OF PATIENTS WITH CANCER AND MUSCULAR-SKELETAL DISEASES IN SLOVAKIA

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OBJECTIVES: Cancer and muscular-skeletal diseases are embraced in the group of diseases requesting a high number of the health care resources, imposing a substantial economic burden to patient, health-social insurance and to society in Slovakia. The objective of the study was to estimate the number of productivity lost days and calculate the indirect costs associated with the consumption of the health-social insurance system. **METHODS:** With the use of a national database of patients we developed a retrospective analysis with the identification of the number of productivity lost days due to cancer and muscular-skeletal disorders during the period of the year 2007. By the comparison-analysis we analyzed the differences between the longest and the shortest period of productivity lost focusing on the cancer and muscular-skeletal and we calculated the health-social insurance costs. **RESULTS:** Cancer shows the average number of productivity lost in males 104.2 and 74.3 in females, the longest period of days of productivity lost represent 151.4 days in males age 60 and more and 119.7 days in females age 55–59. Muscular-skeletal diseases showed these results: in average 41.2 days in males and 50.3 days in females. The longest period of days of productivity lost, is 64.4 days in males age 55–59, and 76.9 days in females age 60. One day of productivity lost costs the health-social insurance system in average €140.78 per patient, in this case, days of lost productivity due to cancer represent the average costs of health insurance €25.129,23 and due to the muscular-skeletal €12.881,37; in both gender together. This number represents indirect costs. **CONCLUSIONS:** This retrospective analysis highlighted the importance to pay attention to indirect cost during the overall management of decision-making process for the cancer and muscular-skeletal diseases due to their high supplies of health resources.

PCN97

PHYSICIAN REFERRAL PATTERNS AMONG ELDERLY PATIENTS WITH STAGE IV PROSTATE CANCER (PCA): AN ANALYSIS USING SEER-MEDICARE DATA

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OBJECTIVES: Little information is available about physician visit and referral patterns among patients diagnosed with Stage IV PCa. The objective of this study