ence from battling cancer such as side effects from conventional western cancer treatment. The findings of this study suggest that cancer patients regardless of stage strongly expect and satisfy with less toxic treatments with less side effects.

PCN134

PATIENT PREFERENCES FOR NON-SMALL CELL LUNG CANCER (NSCLC) TREATMENTS

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OBJECTIVES: Treatments for patients diagnosed with advanced nonsmall cell lung cancer (NSCLC) require assessment of the risks and benefits of treatment. We sought to understand the patient perspective when making these choices by estimating utilities (preference weights and relative importance weights) for different hypothetical NSCLC treatment profiles. METHODS: One hundred-seven patients with NSCLC were recruited in the UK and completed a self-administered, web-based conjoint analysis questionnaire. The questionnaire presented patients with pair-wise choices of NSCLC treatment profiles which systematically varied the duration of progression-free survival (PFS), severity of disease symptoms, severity of the treatment-related adverse events (diarrhea, fatigue, infection, nausea/vomiting and rash) and mode of treatment administration (intravenous versus oral). Preference weights were estimated using a random-parameters logit model. Importance weights were calculated from the model coefficients. RESULTS: Eighty-nine patients (73% male) completed all choice tasks appropriately. The highest utility was associated with treatments that increased odds of survival, reduced disease-related symptoms from severe to mild (10.0; 95% CI: 6.1 to 13.9). However, patients preferred a reduction in PFS if disease-related symptoms were severe. Utility was higher for treatments that had no fatigue (5.0; 95% CI: 2.7 to 7.3). The importance weight was (2.7; 9.4), no nausea/vomiting (2.1; 12.4), no rash (2.0; 95% CI: 0.2 to 3.9) and as oral administration instead of infusion (1.8; 95% CI: 0.0 to 3.6). Patients were found to be indifferent to treatments associated with mild diarrhea and mild nausea/vomiting. Avoiding moderate fatigue was half as important as increasing PFS by seven months with improvement in symptom severity from severe to mild.

CONCLUSIONS: NSCLC patients attributed the highest utility to treatment efficacy. Treatments that increased PFS with low severity of disease related symptoms, no fatigue and oral administration were preferred.

PCN135

INFLUENCE OF ECONOMIC IMPLICATIONS RELATED TO THE PRESCRIPTION OF ORAL AND INTRAVENOUS CHEMOTHERAPY ON PHYSICIANS’ PREFERENCES: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: Oral chemotherapy generates for hospitals additional resources for therapeutic education and health care coordination currently not taken into account in reimbursement tariffs. This may influence the prescription of oral chemotherapy. We estimated the relative influence of the route and tariff of administration, and tariff and adherence on physicians’ preferences. METHODS: A Discrete Choice Experiment was performed among 203 French physicians qualified in oncology. From an online questionnaire with six fictive scenarios, first presented in curative setting then in palliative setting, respondents had to choose between treatments which differed with respect to efficacy, tolerability, adherence and route of administration. Three of these attributes (efficacy, tolerability, adherence) had two modalities (good vs. moderate) and the later (route of administration) had three modalities: intravenous (826–379/session in private and public hospital respectively), oral with the current tariff (628/consultation), oral with a fictive tariff ($31/consultation and $83 for a patient support program). The relative influence of attributes was analyzed using a conditional logistic regression model. RESULTS: Efficacy was the predominant criterion in choosing a treatment either in curative setting ($β=0.214, p<0.001) or in palliative setting ($β=0.163, p<0.001). Oral route of administration had a positive effect in palliative setting ($β=0.612, p<0.001). However, removing the efficacy attribute of the model, tolerability ($β=0.228, p<0.001) and adherence ($β=0.223, p<0.001) were only influenced in palliative setting ($β=0.431, p<0.001). CONCLUSIONS: The oral route of administration was influential in palliative setting, which is consistent with the priority to preserve quality of life at the advanced stage of disease. Physicians were sensitive to the fictive tariff for a patient support program, but as expected, in curative setting the key criterion remained efficacy.

PCN136

CANCER PATIENTS’ PREFERENCES TOWARDS THE INTEGRATION OF TRADITIONAL & COMPLEMENTARY MEDICINES (T&CM) INTO THE CONVENTIONAL CANCER TREATMENT: A QUALITATIVE INSIGHT

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OBJECTIVES: The national health care system encourages and supports the integration of T&CM into the conventional cancer treatment stream. The study aimed to explore the patients’ perception towards adding T&CM along with existing conventional cancer treatments into their conventional therapies. METHODS: Qualitative methodology was adapted to collect in-depth information from consented patients recruited from one of the local hospitals with integrative medicines unit. After obtaining institutional ethical approvals with different stages of cancer and reached saturation point was reached after conducting 18 interviews as no new themes emerged with subsequent interviews. All interviews were audio-taped, transcribed verbatim and translated into English for thematic content analysis. RESULTS: Mixed perceptions were shown towards the integration of traditional medicines into the modern cancer treatment. All patients agreed with integrating traditional therapies into their conventional health care plans only when the oncologists allow it. However, concerns were shown towards an implicit criticism of oncologists regarding traditional medicines and patients supported the need for added efforts to overcome side effects due to conventional therapies provided the therapies are proven for their safety with conventional medicines. For most of the patients, cancer was perceived as a fatal disease and use of traditional therapies is among the ways to put efforts for cure. Since the legitimacy of traditional medicines in the country is among the challenges faced by the lawmakers, patients appreciated that such efforts can prevent patients from being trapped by the quacks.

CONCLUSIONS: Patients showed signs of approval towards the integration or traditional medicines. However, patients would like the oncologists to provide and supervise such therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners to integration of traditional medicines into the modern cancer treatments.

PCN137

HEALTH STATE UTILITIES IN BREAST CANCER

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OBJECTIVES: Health state utilities are essential for health economic analysis. This study assesses the utilities for different health states in breast cancer (BC), compares different HRQoL instruments and explores factors associated with poor HRQoL. METHODS: An observational cross-sectional study among BC patients in the Hospital District of Helsinki and Uusimaa was carried out between September 2009 and April 2011. A total of 778 BC patients (aged 31-90) assessed their HRQoL with the generic 15D and EQ-5D-VAS and the cancer specific EORTC-QLQ C30 HRQoL questionnaires. Patients were divided into five mutually exclusive groups based on disease state: baseline before treatment (n=52), 1-year remission after diagnosis or recurrence (n=128), 2nd or following years after remission (n=405), metastatic disease (n=179) and terminal care (n=16). Linear stepwise regression analysis was used to evaluate the association between the VAS-score and clinical and demographic factors as well as the EORTC symptom and functioning scale scores. RESULTS: The mean (= SD) utility values with 15D were for baseline patients 0.893 (=0.120), 1st year remission 0.838 (=0.083), 2nd or following years after remission 0.848 (=0.103), metastatic disease 0.825 (=0.060), 0.300, respectively. The difference between the instruments was consistent in all states of the disease. In regression analysis, higher EORTC QLQ-C30 scores for social, role and emotional functioning were associated with improved HRQoL. However, the most important explanatory variable was higher education. CONCLUSIONS: The utility scores were highest at 1st year of remission and deteriorate slowly during the disease. The most important factors influencing HRQoL values than the EQ-5D. The choice of the HRQoL instrument has a significant effect on the utility values. Regression analysis showed that functioning has more impact on HRQoL than symptoms or clinical and demographic parameters except for education.

PCN138

THE IMPACT OF ADVANCED OR METASTATIC NON-SMALL CELL LUNG CANCER (NSCLC) SYMPTOMS ON PATIENT DAILY LIVING AND HEALTH RELATED QUALITY OF LIFE: FINAL RESULTS

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OBJECTIVES: The impact of cancer on patients’ daily living and quality of life (QoL). The study assessed data on HRQoL in patients with advanced NSCLC, about to initiate second-line treatment were included by 32 hospitals in Spain. Demographic and clinical data related to Lung Cancer Symptom Scale (LCSS) and the lung-specific Functional Assessment of Cancer Therapy questionnaire (FACT-L) were collected. Specific questions evaluating impact of symptoms on patient daily life were included. RESULTS: By gender, 79.4% of patients were men, the mean (SD) age was 63.7 (10.0) years. ECOG 1 was presented by 56.4% and 38.9%