BRAF/MEK inhibition. METHODS: To develop a DCE to assess preferences between immunotherapy (Ipilimumab plus nivolumab) and BRAF/MEK inhibition, a literature review was conducted and stakeholder interviews with melanoma patients and oncologists were performed to determine treatment attributes and levels. The final survey will consist of three parts (demographics, treatment preferences, and the DCE) and have a 10% admissibility rate. Data collection will be performed by trained nurses at the Huntsman Cancer Institute at the University of Utah. RESULTS: The general information in the survey, the defined attributes and levels for melanoma treatment, and DCE (questionnaires) will be reported. The target sample for survey administration is 200 patients and up to 60 physicians. A total of 485 patients with melanoma within the University of Utah Health Care system are available to survey and include 378 patients with stage I, 81 with stage II, 6 with stage III, and 20 with stage IV melanoma. HBORUS ID: DCE is a potential avenue for patient preferences in innovative melanoma treatments. Understanding how patients and physicians can be jointly involved in understanding trade-offs in treatment decisions will provide valuable insights into the acceptance and optimization utilize these agents for the treatment of melanoma.

PCN224
KNOWLEDGE ON BREAST CANCER AMONG WOMEN IN TOLNA AND BARANYA COUNTIES, HUNGARY
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OBJECTIVES: The main objective of our study was to assess a sample of the population's knowledge on breast cancer and screening and also to assess women's willingness to participate in the screening. METHODS: The quantitative, cross-sectional questionnaire survey was performed among women. 130 questionnaires were distributed, of which 118 proved to be evaluable. The study was performed in 2014 with y2-test as a statistical method. RESULTS: The average age was 50.87±5.7SD years. 83.9% of the respondent women went to breast cancer screening due to an invitation letter. The respondents named the gynecologist and the awareness of information. Significantly more women over 50 years of age (85.7%) stayed away from screening without their doctor's proposal than those of under 50 years of age (14.3%). Significantly more women with primary education (y2=9.41; p=0.007) stayed away from screening due to the cost than those with higher education. 85% of the respondent women heard about breast self-exam. The main source of information about it is the media among the respondent women. 25% of them did self-exam each month. Despite of high participation rates the respondents want to receive further information accompanying physician. CONCLUSIONS: Awareness of knowledge about breast cancer risk factors and symptoms only 36% of the women had adequate knowledge. Women with health education (y2=20.00, p=0.003) were significantly better informed on the issues than their counterparts. CONCLUSIONS: Willingness to participate in breast cancer screening is high. It is important to promote breast cancer awareness and early detection among the general population sample (ICC 0.0001) r=0.14 times per capita GDP for a change in their treatment regimen from monthly therapy, accompanying cardiac toxicity, absolute relapse risk reduction and other-pocket payments. We further estimate the marginal ‘willingness-to-pay’ (WTP) based on a discrete choice experiment. RESULTS: Preferences for completing a currently established institutional PRO tools prior to their clinic visits. Such tools may be more accurate and reliable but are not widely available. Methods: Data from 1,409 children (mean age 11.9 years) drawn from the US general population and their parents and 515 children with 53% brain tumor; mean age=14 years) were analyzed. The number of children receiving immunotherapy (PD-1 and/or CTLA-4 inhibition) and BRAF/MEK inhibition, a literature review was conducted and stakeholder interviews with melanoma patients and oncologists were performed to determine treatment attributes and levels. The final survey will consist of three parts (demographics, treatment preferences, and the DCE) and have a 10% admissibility rate. Data collection will be performed by trained nurses at the Huntsman Cancer Institute at the University of Utah. RESULTS: The general information in the survey, the defined attributes and levels for melanoma treatment, and DCE (questionnaires) will be reported. The target sample for survey administration is 200 patients and up to 60 physicians. A total of 485 patients with melanoma within the University of Utah Health Care system are available to survey and include 378 patients with stage I, 81 with stage II, 6 with stage III, and 20 with stage IV melanoma. HBORUS ID: DCE is a potential avenue for patient preferences in innovative melanoma treatments. Understanding how patients and physicians can be jointly involved in understanding trade-offs in treatment decisions will provide valuable insights into the acceptance and optimization utilize these agents for the treatment of melanoma.

PCN225
A DISCRETE CHOICE EXPERIMENT FOR ENGAGING PATIENTS IN REMISSION-ORIENTED DECISION MAKING: PATIENT PREFERENCES ON ADJUVANT CHEMOTHERAPY IN BREAST CANCER
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OBJECTIVES: Over recent years, decision makers worldwide have emphasized the need to engage patients in healthcare policies, such as considering patient values and preferences in innovative melanoma treatments. Understanding how patients and physicians can be jointly involved in understanding trade-offs in treatment decisions will provide valuable insights into the acceptance and optimization utilize these agents for the treatment of melanoma.

PCN226
IS THERE A RELATIONSHIP BETWEEN PATIENT-REPORTED OUTCOMES (PRO) AND CLINICAL OUTCOMES IN METASTATIC CAstration-RESISTANT PROstate CANcer (mCRPC) PATIENTS?
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OBJECTIVES: We explored the temporal relationship between PRO changes, which monitor patient’s measure therapeutic impact, and subsequent clinical outcomes in mCRPC. METHODS: COU-AA-301 was a multinational, double-blind, randomized phase 3 trial of abiraterone acetate plus prednisone compared with prednisone alone in mCRPC patients progressing after chemotherapy, with an Eastern Cooperative Oncology Group prostate-specific antitumor activity. RESULTS: In the first post-treatment response (N = 1,195) over the first 181 days of treatment, we explored relationships between changes in clinical time-to-event outcomes and PROs measuring fatigue, pain, physical well-being (PWB), functional well-being (FWB), and prostate cancer–specific signs and symptoms. Cox regression models were developed to assess the relationship between each PRO (separately and for all simultaneously), and overall survival (OS) and radiographic progression-free survival as dependent variables, adjusting for individual baseline clinical and PRO characteristics. In each individual model, patients with PRO improvements had a reduced risk of death and radiographic progression compared with patients with worsening or stable PROs during both tumor progression and at distant organ failure. Patients with improved fatigue intensity, pain intensity, PWB, FWB, and prostate cancer-specific signs were 0.17 (0.11-0.24), 0.27 (0.18-0.41), 0.12 (0.07-0.22), 0.21 (0.12-0.35), and 0.19 (0.12-0.28), respectively (all p < 0.0001). A significant (p < 0.0001) reduction in the risk of radiographic progression was seen in patients with improved fatigue intensity [0.59 (0.48-0.72)], pain intensity [0.52 (0.41-0.65)], PWB [0.47 (0.37-0.60)], FWB [0.55 (0.44-0.69)], and prostate cancer-specific symptoms [0.56 (0.46-0.67)]. When all end points were included in a single multivariate model, all except pain intensity were significantly associated with OS, whereas pain intensity, PWB, and FWB improvements remained significantly associated with reduced risk of radiographic progression. CONCLUSIONS: These results demonstrate a significant temporal relationship between two PROs and clinical outcomes, and may complement clinical practice methods for monitoring patients for progression.