Abstracts

A METHODOLOGICAL APPROACH TO DEFINE A CLINICALLY RELEVANT CUTOFF POINT IN THE ORDINAL SCALE OF THE EORTC QLQ-C30 QUESTIONNAIRE


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OBJECTIVES: The objective of this analysis was to develop a new analytic methodology to identify a clinically relevant cut-off point in the EORTC QLQ-C30 ordinal pain score by comparing patient and clinician reporting for the same symptom. Ability to translate between clinician and patient reported symptoms will be useful in planned future analyses.

METHODS: Closed European Organisation for Research and Treatment of Cancer Randomized Controlled Trials, where the symptom pain was scored at baseline by the patient (EORTC QLQ-C30) and the clinician (Common Toxicity Criteria (CTC)), were pooled and analysed to test the optimal cut-off point. The CTC was dichotomized as 0.12 vs. 3.4; defined as a clinical relevant cut-off point for clinical practice. Percent agreement with various dichotomizations of the QLQ-C30 pain scale was calculated, and McNemar's test applied. Verification of the accuracy and generalizability of the findings was performed with a validation set, and by applying the same cut-off point on another symptom, i.e. fatigue. RESULTS: Data were available for pain (number of trials = 8, number of patients = 11241) and fatigue (n = 5, n = 123). Model and validation set were obtained by splitting the dataset in half. Percent agreement and p values for McNemar tests, between patient and clinician dichotomized scores using different cut-off points for the QLQ-scale, were: median (<2.19 vs. >2.19, 64%, p < 0.01), quartile (<vs. >, 3.0%, 81%, p = 0.55), decile (<4.0 vs. 4.0, 85%, 85%, p = 0.01). The quartile split reflects best the dichotomized CTC score. This was confirmed in the validation set (quartile cut-off point: 82%, p = 0.86). However, when the quartile cut-off was applied to the QLQ-C30 fatigue scale, a significant difference (p < 0.01) between patient and clinician results was found. CONCLUSIONS: Our results indicate that a quartile split of the QLQ-C30 pain score is optimal. However, a single cut-point may not generalize to other QLQ-C30 symptoms; symptom-specific cut-points may be required.

PCN91

PROVISION OF QUALITY OF LIFE INFORMATION AND PHYSICIAN TRUST AMONG FAMILIES OF CHILDREN WITH LIFE-LIMITING CONDITIONS

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OBJECTIVES: To examine what information that parents of children with life-limiting conditions want from physicians and whether the provision of this information promotes parents’ trust in physicians. METHODS: We conducted telephone surveys from November 2007 through April 2008 with a random sample of 266 parents whose children had life-limiting conditions and enrolled in Florida’s State Title V Children with Special Health Care Needs Program. Parents were asked if they wanted information about the following: the child’s quality of life, pain relief, prognosis, incorporating spiritual beliefs into the treatment plan, and the treatments used to change the child’s appearance, and clinical examination/labatory results. We used the Wake Forest Physician Trust Scale to measure parent’s trust in physicians. We tested the relationships between parent’s age, race/ethnicity, education, marital status, and parent-reported children’s health status and desired information. We also tested whether provision of this desired information was associated with greater trust in physicians. RESULTS: Most parents wanted information on their children’s quality of life (95%), followed by the prognosis (88%) and pain relief (84%). Forty-nine percent of the parents desired advice from family/friends. Compared to parents with a high school education or higher, parents with less than a high school education showed a greater desire for information on the child’s prognosis, incorporating spiritual beliefs into the treatment plan, and the impact of the treatment on the child’s appearance (p = 0.05). Providing information on children’s quality of life and pain relief was associated with greater trust in physicians after adjusting for parental characteristics (p < 0.05). CONCLUSIONS: Parents wanted information on their children’s quality of life more often than any other information category. Providing this information along with information about pain relief increased the families’ trust in the physicians.

PCN92

HOW DOES TRUST IN PHYSICIANS AFFECT PARENTS’ TREATMENT DECISION MAKING FOR THEIR CHILDREN WITH LIFE-LIMITING CONDITIONS?

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OBJECTIVES: To examine the association between characteristics of parents whose children are diagnosed with life-limiting conditions, trust in physicians, and problems in the shared decision making process. METHODS: This study used data collected from surveys of 266 parents whose children had life-limiting conditions and enrolled in Florida’s State Title V Children with Special Health Care Needs Program. Parents were asked if they wanted information about the following: the child’s quality of life, pain relief, prognosis, incorporating spiritual beliefs into the treatment plan, and the treatments used to change the child’s appearance, and clinical examination/labatory results. We used the Wake Forest Physician Trust Scale to measure parent’s trust in physicians. We tested the relationships between parent’s age, race/ethnicity, education, marital status, and parent-reported children’s health status and desired information. We also tested whether provision of this desired information was associated with greater trust in physicians. RESULTS: Most parents wanted information on their children’s quality of life (95%), followed by the prognosis (88%) and pain relief (84%). Forty-nine percent of the parents desired advice from family/friends. Compared to parents with a high school education or higher, parents with less than a high school education showed a greater desire for information on the child’s prognosis, incorporating spiritual beliefs into the treatment plan, and the impact of the treatment on the child’s appearance (p = 0.05). Providing information on children’s quality of life and pain relief was associated with greater trust in physicians after adjusting for parental characteristics (p < 0.05). CONCLUSIONS: Parents wanted information on their children’s quality of life more often than any other information category. Providing this information along with information about pain relief increased the families’ trust in the physicians.
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 determine parents’ decisional conflict and associated with physician. The three instruments were used to measure parents. 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 less 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.

ONCOLOGICAL PATIENT SATISFACTION IN ONCOLOGICAL 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 oncological 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 oncological patients with non hodgkin lymphoma, breast and colorectal cancer attended as outpatients since July to August 2008. Was performed an interview with EORC IN-PATIENTS 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 item was 4 (± 1.8) in patients with breast cancer, satisfaction level was 75 ± 1.8 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 (68.5 ± 27). The highest score were nurse care (86.1 ± 21), specially in lymphoma group (94 ± 1.1). CONCLUSIONS: The oncological patients’ (non hodgkin lymphoma, breast and colorectal cancer) group was satisfied with the medical care, particularly with the nurses group.

CANCER – Health Care Use & Policy Studies

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 BC, the perception of its risks and methods of diagnosis. METHODS: Quantitative study performed through personal and individual interviews. A representative sample of the population (N = 522) was used, composed by women between 30 and 60 years-old living in 4 capitals of Brazil (Rio de Janeiro, São 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 (33%). The main information sources of this neo- logical disease were relatives: television (26%), neighbors (15%), HSC (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 (33%) as a method that most importantly can increase the chance of an early diagnosis. This result 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 oncologists how they discuss costs with patients and about the factors they feel are important in decision making. RESULTS: 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 patients influenced their 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 LOSS 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 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 €110.78 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