of patients at the basal and final visits respectively. 93% (n=240) of patients received chemotherapy in first line and 78.2% received targeted therapies (mainly erlotinib). The second-line chemotherapy was Topotecan. Twenty-six percent of patients demonstrated disease progression at the final visit but FACT-L scores showed no difference between visits. 48.8% of patients reported unchanged perceived health status and 28.1% reported an improvement. Patient and physician LCSS scores showed 86.4% of patients reported more symptoms than their physicians, but that there were no differences between visits. The impact of symptoms on daily life was slightly lower at the final than the basal visit. Statistically significant differences were observed between disease progression and the impact of cough (p = 0.040) and pain (p = 0.011). The LCSS-scale scores were more stable and improvement of some symptoms corresponded to lower impact of the same symptoms on patients. The number and type of symptoms were related to HRQol and the degree to which patient daily life was affected.

PCN139
HUMAN PAPILLOMA VIRUS AND CERVICAL CANCER - KNOWLEDGE AND INTEREST OF MAN AND WOMAN
University of Pécs, Pécs, Hungary
OBJECTIVES: The aim of our research was to determine the degree of knowledge concerning cervical cancer screening and human papilloma virus (HPV) and to find out what information sources would be accepted gladly for these. METHODS: Research was based on quantitative cross-sectional study. Interview was made between students, workers from health and other sectors, between 15-55 years, from a South Transdanubian region. A self-designed questionnaire was used. Analysis was made by Chi square test, data processing by Microsoft Excel and SPSS 19.0.
RESULTS: Out of 200 people 150 women and 50 men answered the questionnaire. The number of women participating in gynecological screening was relatively high (66.7%). 71% of the reviewed population knew the meaning of HPV. In addition, 98% of women with health knowledge as well as 74% of the laywomen knew, the connection between HPV and cervical cancer. 80% of qualified women and 49% of laywomen knew the screening method. There was a significant difference between the two groups concerning the meaning of P3 category. 94% of female respondents and 58% of all men have heard of HPV, 68% of them had some knowledge about the connection between HPV and cervical cancer. However, only 14% of male knew that HPV could infect both sexes. 66.5% of the respondents show interest in HPV. For cervical cancer and 75.5% of them are only partially satisfied with the information provided. CONCLUSIONS: In summary, it is necessary to provide proper informative programs. There would be a great chance for citizens to receive enough information with comprehensive collaboration.

PCN140
RURAL - URBAN DIFFERENCES IN FATALISTIC BELIEFS ABOUT CANCER PREVENTION
Mehta HB, Johnson ML
University of Houston, Houston, TX, USA
OBJECTIVES: Prior literature showed that people holding fatalistic beliefs, defined as events are controlled by external forces and humans are powerless to influence them, are less likely to engage in cancer preventive behavior such as smoking and exercising. The study aimed to assess rural-urban difference in fatalistic beliefs about cancer prevention.
METHODS: The Health Information National Trend Survey (HINTS)–2007 data was used in this study; it is conducted biennially by National Cancer Institute to collect cancer related information from non-institutionalized adult population. Three fatalistic beliefs were captured in the database: 1) it seems like everything causes cancer; 2) there are so many different recommendations about cancer prevention, it is hard to know which ones to follow; and 3) there is not much you can do to lower your chances of getting cancer. All survey participants were included in the cohort. Multivariable logistic regression was used to assess rural-urban differences in three fatalistic beliefs adjusting for age, gender, race, region, education, employment status, income, health insurance, marital status, cancer history and cancer seeking information. All analyses were carried out using jackknife weights to account for survey design enabling us to extrapolate results at national level.
RESULTS: Of 7674 participants, 54.59% agreed that everything causes cancer, 76.7% agreed that it’s hard to know which recommendations to follow and 28.29% agreed that they cannot do much to lower chances of getting cancer. Compared to urban residents, rural residents were 35% (OR: 1.35; 95% CI: 1.05-1.76) more likely to believe that cancer causes cancer, 76% (OR: 1.43; 95% CI: 1.28-1.59) more likely to believe that everything causes cancer, 80% of qualified women and 49% of laywomen knew the screening method. There was a significant difference between the two groups concerning the meaning of P3 category. 94% of female respondents and 58% of all men have heard of HPV, 68% of them had some knowledge about the connection between HPV and cervical cancer. However, only 14% of male knew that HPV could infect both sexes. 66.5% of the respondents show interest in HPV. For cervical cancer and 75.5% of them are only partially satisfied with the information provided. CONCLUSIONS: In summary, it is necessary to provide proper informative programs. There would be a great chance for citizens to receive enough information with comprehensive collaboration.

PCN141
QUALITY OF LIFE IN SMALL CELL LUNG CANCER: RESULTS OF AN OPEN-LABEL PHASE III CLINICAL TRIAL
Hudgin WD, Krasinskas A1, Jett JK, Furtado C, Smith AB1, Taylor M1, Parry D2
1Mapi Values, Boston, MA, USA, 2Celpurine Corporation, Summit, NJ, USA
OBJECTIVES: Health status, burden of illness and quality of life are considered crucial for clinical decision making in lung cancer. The purpose of this study was to provide the statistical results associated with the patient-reported outcome endpoints at the conclusion of this Phase 3, randomized, open-label, multinational study of Amrubicin compared with Topotecan.
METHODS: Change in quality of life from Cycle 1 to end-of-study focused on change in lung cancer symptom and domain scores as well as minimally clinically important difference (MCID) as measured by the 9-item Lung Cancer Symptom Scale. Longitudinal Mixed Models were conducted adjusting for Treatment, Disease Stage, Previous Treatment Response, and Treatment Received Data was calculated as 1 standard error of measurement from baseline to end of study. Additionally, change in individual symptom scores on the LCSS for appetite, cough, dyspnea, fatigue, heomoptysis, and pain were evaluated descriptively. RESULTS: A total of 607 patients were included in the study at baseline. The study was powered on 51.7% MCID for 2% of Topotecan patients. Amrubicin showed greater clinical improvements on LCSS total score and symptom burden as measured by the MCID analysis as well as the longitudinal analysis. Specifically, 65% of patients on Amrubicin improved or demonstrated no change on the LCSS Symptom Burden Score compared to 52% of Topotecan patients. On the same scale, 30.25% of Topotecan patients worsened compared to 20.24% of Amrubicin patients (MCID = 8.17; Chi-Square = 6.70, p = 0.0822).
CONCLUSIONS: Amrubicin has better symptom control (and QOL vs. Topotecan) on all symptoms (equivalence on hemoptysis). Subgroup analyses are consistent with this, which are all in favor of Amrubicin for: overall survival, progression free survival, and study response. Refractory patients later treated with Amrubicin have greater symptom control and QOL vs. Topotecan.

PCN142
METHODOLOGICAL LIMITATIONS OF PATIENT-REPORTED OUTCOME MEASURES (PROMS) IN ONCOLOGY: A META-REVIEW
2Taylor M, Curry C2, York Health Economics Consortium, York, North Yorkshire, UK, 3AstraZeneca, Macclesfield, UK
OBJECTIVES: The US Food and Drug Administration (FDA) published guidance (2008, 2009) on the use of patient-reported outcome measures (PROMs) in labelling claims. The focus was on emphasis on patient-reported outcome measures, and that these had to be measured using culturally valid instruments and virtually all RCTs reported timing of PROMs as part of claims. A systematic review of oncology patient-reported outcome measures (PROMs) used in randomized controlled trials (RCTs) was conducted adjusting for Treatment, Disease Stage, Previous Treatment Response, and Treatment Received Data enables longitudinal tracking of symptoms and screening for symptoms that may herald a deterioration of patients reported outcomes. Specifically, 65% of patients on Amrubicin improved or demonstrated no change on the LCSS Symptom Burden Score compared to 52% of Topotecan patients. On the same scale, 30.25% of Topotecan patients worsened compared to 20.24% of Amrubicin patients (MCID = 8.17; Chi-Square = 6.70, p = 0.0822).
CONCLUSIONS: Amrubicin has better symptom control (and QOL vs. Topotecan) on all symptoms (equivalence on hemoptysis). Subgroup analyses are consistent with this, which are all in favor of Amrubicin for: overall survival, progression free survival, and study response. Refractory patients later treated with Amrubicin have greater symptom control and QOL vs. Topotecan.

PCN143
ELECTRONIC PATIENT-REPORTED OUTCOME MONITORING IN TESTICULAR CANCER PATIENTS
1Öberg-Kahrling M1, 2Oberggenberger A2, 3Kemmler G1, 4Gamper F2, 5Steiner H2, 6Sutakany M2, 7Holzner B1
1Innsbruck Medical University, Innsbruck, Tyrol, Austria, 2Innsbruck Medical University, Innsbruck, Austria
OBJECTIVES: Testicular cancer (TC) is the most common cancer in young men and its incidence is increasing. The low mortality rate makes quality of life (QOL) an important issue in this patient group. Thus, this study aimed at monitoring QOL, and patient-reported physical and psychosocial symptoms.
METHODS: Patients with TC treated at the urological outpatient unit of Innsbruck Medical University were consecutively included in the study. QOL assessment was done with the general EORTC QLQ-C30 questionnaire and recently also with the TC-specific EORTC QLQ-TS26 (scale range 0-100) for electronic data capture and result presentation to physicians we used a software tool called Computer-based Health Evaluation System (CHES). RESULTS: Since January 2008, we included 408 patients in the electronic patient-reported outcome monitoring with a total of 1087 symptom assessments. Mean patient age was 43.3 years (SD 11.9). To optimize patient comfort and to provide support in case of any questions arising. Collected symptom data enables longitudinal tracking of symptoms and screening for symptoms that may herald a deterioration of patients reported outcomes. Specifically, 65% of patients on Amrubicin improved or demonstrated no change on the LCSS Symptom Burden Score compared to 52% of Topotecan patients. On the same scale, 30.25% of Topotecan patients worsened compared to 20.24% of Amrubicin patients (MCID = 8.17; Chi-Square = 6.70, p = 0.0822).
CONCLUSIONS: Amrubicin has better symptom control (and QOL vs. Topotecan) on all symptoms (equivalence on hemoptysis). Subgroup analyses are consistent with this, which are all in favor of Amrubicin for: overall survival, progression free survival, and study response. Refractory patients later treated with Amrubicin have greater symptom control and QOL vs. Topotecan.