BRAF/MEK inhibition. **METHODS:** To develop a DCE to assess preferences between immunotherapy options (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 section) and will be administered to patients and their treating physicians 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. **CONCLUSIONS:** DCE is a potential avenue to assess patient and physician preferences in innovative melanoma treatments. Understanding how patients and physicians can be jointly involved in understanding trade-offs in treatment decisions will provide valuable insight into the acceptance and optimize utilization of 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 in two Hungarian counties. 130 questionnaires were distributed, of which 118 proved to be evaluable. The study was performed in 2014 with $\chi 2$-test as a statistical method besides 95% probability ($p<0.05$). We used SPSS version 20.0 program. **RESULTS:** The respondent women's 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 as the most reliable source of information. Significantly more ($\chi 2=9.07$, $p=0.015$) 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 ($\chi 2=9.41$ $p=0.007$) 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 respondent women's knowledge was superficial. On the basis of the questions concerning knowledge on breast cancer risk factors and symptom only 36% of the women had adequate knowledge. Women with health education ($\chi 2=20.00$, $p=0.001$) were significantly better informed on the issues than their counterparts. **CONCLUSIONS:** Women reported an extremely high participation rate in breast screening, however, the overall knowledge about breast cancer of the respondents is superficial. The high participation rates were due to the invitation letter and the gynecologist. In the future, their triggering role is needed to enhance women's awareness.

PCN225

A DISCRETE CHOICE EXPERIMENT FOR ENGAGING PATIENTS IN REIMBURSEMENT 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 in reimbursement decision making. However, integrating the preferences of numerous patients towards complex healthcare technologies is challenging. We aim to generate patient preferences towards adjuvant chemotherapy, by deconstructing such preferences into different attributes. **METHODS:** We apply a discrete choice experiment to measure the relative preferences on the treatment route, length of treatment, accompanying cardiac toxicity, absolute relapse risk reduction and out-of-pocket payments. We further estimate the marginal 'willingness-to-pay' (WTP) for the favored characteristics. Staff at medical center Breast Surgery Clinics carried out interviews with 106 patients with Stage I or Stage II breast cancer. Each participant was asked to complete 12 formal choice tasks, with the participants being invited to choose one of two treatments in each choice task, or to opt out. **RESULTS:** Our findings reveal that daily oral intake, monthly injections and a reduction in relapse risk were all favored by the participants, whereas quarterly injections, accompanying cardiac toxicity and additional out-of-pocket payments were not. The marginal WTP for a 2 per cent (5 per cent) reduction in relapse risk, was 1.10 times (3.30 times) per capita GDP in Taiwan, whilst that for avoiding cardiac toxicity was about 1.43 times per capita GDP. The participants also had a WTP of 0.28 times (1.10 times) per capita GDP for a change in their treatment regimen from monthly (quarterly) injections to daily oral intake. **CONCLUSIONS:** The controversy between decision makers and certain groups of patients, with regard to the preference among the latter for longer dosing intervals, reveals an urgent requirement for increased education and dialogue for both of these groups of stakeholders, along with the involvement of patients in decision making.

PCN226

IS THERE A RELATIONSHIP BETWEEN PATIENT-REPORTED OUTCOMES (PROS) AND CLINICAL OUTCOMES IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC) POST-DOCETAXEL?

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OBJECTIVES: We explored the temporal relationship between PRO changes, which are used to 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 performance status of ≤ 2. Using data from COU-AA-301 (N = 1195) 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 important baseline clinical and PRO characteristics. **RESULTS:** 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 follow-up. Hazard ratios (95% confidence intervals) for OS in patients with improved fatigue intensity, pain intensity, PWB, FWB, and prostate cancer-specific symptoms 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 improvements in 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 PROs and clinical outcomes, and may complement clinical practice methods for monitoring patients for progression.

PCN227

WILL RATING SCALE TYPES AND DISEASE CONDITIONS INFLUENCE CONCORDANCE BETWEEN COGNITIVE FUNCTION REPORTED BY CHILDREN AND THEIR PARENTS?

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OBJECTIVES: Cognitive dysfunction is a common concern for children with brain tumors and those who received neuro-toxic treatment. Child- and parent-reported cognitive function (PCF) could be used to monitor children's cognitive performance overtime given their ease of administration, low cost and relevance to patients' daily lives. Understanding factors contributing to discordance between child- and parent-reported PCF could help investigators better interpret PCF. This study aims to evaluate whether rating scale types (intensity versus frequency) and disease status (cancer versus general population) influence the agreement between child- and parent-reported PCF. **METHODS:** Data from 1,409 children (mean age=12 yrs) drawn from the US general population and their parents and 515 children with cancer (53% brain tumor; mean age=14 yrs) were analyzed. For cancer sample, 34% received radiation therapy, 72% chemotherapy, 71% surgery and mean years post-treatment = 3.3. All completed two versions of a validated pediatric perceived cognitive function short-form (pedsPCF-SF). Both had the same 13 item stems but with different 5-point rating scales: 1) "frequency" ("none of the time" -- "all of the time") and 2) "intensity" ("not at all" -- "very much"). Weighted Kappa was used to evaluate agreement at individual item level between parent- and child-reported pedsPCF-SF. Intra-class correlation (ICC) was used to evaluate agreement at the scale level. **RESULTS:** For cancer sample, weighted kappas between children and parents were 0.27-0.39 for both intensity and frequency. For general population, weighted kappas were 0.53-0.67 and 0.64-0.70 for intensity and frequency, respectively. At the scale level, higher agreement was found on general population sample (ICC=0.77 and 0.81 for intensity and frequency, respectively) than cancer sample (ICC=0.46 and 0.38, respectively). **CONCLUSIONS:** Higher agreement was found on general population children/parents dyads compared to those with cancer/brain tumors at both item and scale levels. Results from this study can be applied to improving assessment in future pediatric studies.

PCN228

THE WILLINGNESS OF CANCER OUTPATIENTS TO COMPLETE PATIENT-REPORTED OUTCOME MEASURES OUTSIDE OF THE CLINIC

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OBJECTIVES: Patient reported outcome (PRO) tools at our institution have focused traditionally on in-clinic evaluation. In anticipation of real time home electronic reporting, we assessed whether patients were willing to complete symptom/toxicity PRO tools prior to their clinic visits. Such tools may be more accurate and reliable but depend on patient motivation. **METHODS:** One hundred and seventy-two cancer outpatients were recruited at the Princess Margaret Cancer Centre. Patients were surveyed on their preferences for completing a currently established institutional electronic symptom/toxicity PRO tool when administered outside the clinic on an electronic platform, such as on a tablet or smartphone. **RESULTS:** The median participant age was 56.5 years and 58% were female. 74% were Caucasian and 67% had some post-secondary education; 58% had local disease. Of the participants, 48% (83/172) indicated that they would not wish to complete the PRO tool in advance of attending their clinic appointments and only 15% (25/172) agreed or strongly agreed. Fair to moderate agreement (weighted kappa=0.41) existed between willingness/unwillingness to complete the PRO tool in advance and willingness/unwillingness to fill it out electronically. Lack of willingness was not associated with any clinico-demographic factors. Patients generally felt that the tool was not difficult to use (91%) and did not take too long (81%) to complete. **CONCLUSIONS:** Patients were not willing to fill out a PRO tool electronically in advance of clinic visits, even though