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cational institution of Nagyatad town by a self-edited questionnaire. Women with an address in the city of Nagyatad and each having a 9-16-year-old daughter were chosen for the study. 247 questionnaires were distributed and 186 were returned for evaluation. The study was performed in 2012. RESULTS: 84.4% of the women knew the meaning of the acronym of HPV. Women living in marriage or cohabitation (p=0.5366, p=0.018) and with income above average (p=0.54, p=0.018) were significantly better informed on HPV than single mothers. Only 26.9% of the women knew the role of the virus played in lip and oral cavity cancer, and 38.7% of them described the possibility of the virus being transmitted by sexual contact. However, 17.9% of the women gave false information on HPV. Significantly increased awareness proved to be for those who have oral cavity cancer and 17.4% among patients with esophageal cancer. CONCLUSIONS: Non-random, accidental sample included persons aged between 23 and 65 without any formal education. They were supposed to understand and make decision for participating in the screening program. The results of the study have shown that the awareness of individuals on HPV is modest in the future. A wide range of information should be provided for them.

PCN31 UNDERSTANDING THE RATIONALE FOR RESPONSES TO A TIME-TRADE-OFF ASSESSMENT AND WILLINGNESS-TO-PAY IN LUNG CANCER IN WOMEN FROM THAILAND

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OBJECTIVES: The use of cost-effectiveness and valuation of the inherent value of health care interventions has been growing in Asia. To understand the thinking of Thai women in a time-trade-off assessment and willingness-to-pay assessment of subjects responding to a time-trade-off and willingness-to-pay assessment of subjects responding to a time-trade-off and willingness-to-pay assessment of the value of health, we aimed at exploring Hungarian women's relationship to screening tests with the Southern Transdanubian region of Hungary.

METHODS: We enrolled 220 patients with esophageal or cardiac lesion between September 2007 and January 2010. They were followed up with the EuroQol-5 dimension (EQ-5D) for QOL before treatment, 1, 6 and 12 months after primary treatment. We calculated QoL scores in terms of EQ-5D scores based on the five-item descriptive system of health states of the EQ-5D and the UK preference weighting system. RESULTS: In total, 74 patients with precancerous lesion, 88 with early stage cancer, and 58 with advanced cancer participated in our survey. Prior to clinical treatment, the average EQ-5D score of patients with advanced cancer was 0.81±0.17 (mean a standard deviation), significantly lower than that of patients with early stage cancer (0.87±0.09) or precancerous lesion (0.90±0.05) (P<0.01). For precursor lesion, the score declined in the first month (P<0.001), and gradually increased to a higher level at 12 months than before treatment (P=0.023). It showed a similar trend for early cancer (P=0.05), though it was not statistically significant (P=0.053). (0.85±0.14; P=0.226).

Regarding advanced cancer, the score showed a consistent decline, reached the lowest at 6 months, and finally rebounded to a similar level compared to that before treatment (0.80±0.13 versus 0.81±0.17, P=0.624). CONCLUSIONS: Our results indicate that patients with precursor lesion or early stage esophageal or cardiac cancer have better QoL than those with advanced cancer. Early detection and treatment improve QoL in the long run, despite QoL compromise in the immediate time. Patients’ attitude and extra care should be given in the early period of treatment for patients.

PCN32 BREAST CANCER AWARENESS SURVEY

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Breast cancer is the most commonly diagnosed malignancy worldwide. Our study aims at exploring Hungarian women’s relationships to screening tests with the Southern Transdanubian region of Hungary.

The objectives of the study were to assess the quality of life (QOL) among patients with esophageal/cardiac precursor lesion or cancer at different dates. METHODS: A quantitative cross-sectional study was conducted in 2011-2012 using an anonymous questionnaire. Our tool contained a visual analog scale (VAS) to measure the intensity of pain, Beck depression inventory (BDI) for depression, EuroQol-5 dimension (EQ-5D) for QOL before primary treatment, 1, 6 and 12 months after primary treatment. We calculated QoL scores in terms of EQ-5D scores based on the five-item descriptive system of health states of the EQ-5D and the UK preference weighting system. RESULTS: The study was performed in 2012.

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