recommendations on CAM from friends and family members were tend not to discriminate SD (90.37; p = 0.02). However, the received recommenda-
tions from the health care providers were more likely to discontinue CAM use (r = 0.3,
p < 0.001). Previous experiences of side effects due to CAM therapies was positively correlated (r = 0.14, p = 0.04) with CAM disclosure behavior. CONCLUSIONS: Understand the underlying beliefs of patients’ reluctance to disclose CAM usage to health care providers is important especially when they are on active cancer treat-
ment. A friendly non-judgmental discussion about CAM use by the physicians may improve patients’ CAM behavior towards CAM disclosure.

PCN28 A FEASIBILITY STUDY ON APPLYING PREFERENCE-BASED QUALITY-OF-LIFE MEASURES IN CHRONIC MYELOID LEUKEMIA OUTPATIENTS TREATED WITH IMATINIB IN TAIWAN

OBJECTIVES: Since the launch of imatinib in Taiwan, survival of chronic myeloid leukemia (CML) patients has significantly improved with the cost of use becoming a drug expenditure. Neither health-related quality-of-life (QoL) of CML patients nor term-long cost-effectiveness of imatinib, however, has been investigated in Taiwan. This study aimed to explore the feasibility of preference-based utility measures on CML patients with imatinib treatment. METHODS: This cross-sectional study was conducted at a medical center in southern Taiwan from June 2011 to January 2012 after approved by the Institutional Review Board. CML outpatients receiving imatinib were invited to participate the interviews, their QoL were measured by Taiwan adapted EQ-5D questionnaire, 100-mm visual analogue scale (EQ-SD VAS) and time-trade-off (TTO) method, and then transformed into utility value. Japanese preference weight was used to transform EQ-SD index into utility. Patients' demography, socioeconomic characteristics and progression history of CML were collected to adjust utility values by multiple regression. RESULTS: Of the 42 (mean age: 50.0 ± 16.0 years, male: 54.8%) participants, 36 (85.7%) have been regularly followed up over 1.5 years, and 13 (31.0%) had history of progressing to accelerated or blast phase. In EQ-SD survey, most participants choose “no problem” in the domains of mobility, self-care, and usual activities, and 10 (23.8%) and 7 (16.7%) participants choose “some problem” in pain/discomfort and anxiety/de-
pression, respectively. Mean utility values and response rates for EQ-5D, EQ-SD VAS, and TTO were 0.80 ± 0.09 (100%), 0.78 ± 0.13 (97.6%), and 0.80 ± 0.18 (92.9%) and there was no significant difference in utility between three measures. No associa-
tion between participants' characteristics and utility was found, except for utility derived from EQ-SD VAS was significantly associated with education level.

CONCLUSIONS: Preference-based utility measures are applicable to CML patients receiving routine treatments. Since no Taiwanese preference weight for EQ-SD assessment, further large-scale studies are needed, however, to vali-
date and cross-validate the measures.

PCN29 HRQOL DURING ADJUVANT CHEMOTHERAPY WITH CAPECITABINE IN PATIENTS WITH COLON CANCER: ADDITIONAL STUDY OF JFMCS-0801

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OBJECTIVES: The QoL in patients who received capecitabine monotherapy, or capecitabine combination therapy were recruited in this study. Their mean (SD) ages in the domains of mobility, self-care, and usual activities, and 10 (23.8%) and 7 (16.7%) participants choose “some problem” in pain/discomfort and anxiety/de-
pression, respectively. Mean utility values and response rates for EQ-5D, EQ-SD VAS, and TTO were 0.80 ± 0.09 (100%), 0.78 ± 0.13 (97.6%), and 0.80 ± 0.18 (92.9%) and there was no significant difference in utility between three measures. No associa-
tion between participants' characteristics and utility was found, except for utility derived from EQ-SD VAS was significantly associated with education level.

CONCLUSIONS: Preference-based utility measures are applicable to CML patients receiving routine treatments. Since no Taiwanese preference weight for EQ-SD assessment, further large-scale studies are needed, however, to vali-
date and cross-validate the measures.

PCN31 A CROSS-SECTIONAL ASSESSMENT OF THE QUALITY OF LIFE OF CANCER PATIENTS AND THEIR COMPLEMENTARY AND ALTERNATIVE MEDICINES (CAM) USE

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OBJECTIVE: To examine the prevalence of CAM use among Malaysian cancer patients and compare the differences in health-related quality of life (HRQoL) between CAM users and non-users. METHODS: This cross-sectional study was un-
ported with 393 patients at the oncology wards of Penang General Hospital, Malaysia. The HRQoL between CAM users and non-users was assessed by using EuroQol Group for Research and Treatment of Cancer Quality of Life Ques-
tionnaire (EORTC QLC-C30). RESULTS: The majority (46.1%) of the participants were frequent CAM users. The most common CAM therapies were dietary and nutritional supplements (41.3%), herbal products (30.4%), prayers for health rea-
sons including spirituality (22.8%), traditional Malay therapies (20.11%) and Tradi-
tional Chinese Medicines (14.1%). No significant difference was found between functional and symptoms scores among CAM users and non-users. However, global health scores/quality of life was significantly different (P<0.002) between CAM users and non-users. CONCLUSIONS: Patients’ interest in the use of CAM highlights the need of greater health care education in this field. This study pro-
vides evidence of CAM use and its overall effects on quality of life scores in a sample of patients with cancer. Patients should be aware of the potential benefits of CAM therapies for cancer. Health care professionals can play their role effec-
tively to encourage patients towards rational use of CAM therapies.

PCN32 QUALITY OF LIFE OF CANCER PATIENTS RECEIVING CAPECITABINE MONOTHERAPY AT NAKHON PATHOM HOSPITAL

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OBJECTIVE: To assess quality of life (Qol) among cancer patients receiving capeci-
tabine at Nakhon Pathom Hospital in Thailand. METHODS: Cancer patients rece-
iving capecitabine, either as monotherapy or in combination with other anti-
cancer drugs, at Nakhon Pathom Hospital, were recruited during July to September 2013. The version of the Functional Assessment of Cancer Therapy-General (FACT-G) comprising four subscales, physical well-being (FWB), social/family well-
being (SWB), emotional well-being (EWB) and functional well-being (FWB), was utilized to assess Qol of these patients. Demographic data (age, gender, status, educational level, occupation, and monthly income) as well as medical history (type, stage and duration of cancer) of the patients were also collected. RESULTS: Altogether 13 patients receiving capecitabine monotherapy and 24 patients receiv-
ing capecitabine combination therapy were recruited in this study. Their mean (SD) ages were 51.6 (9.6) and 50.8 (9.5) respectively. While the mean (SD) scores for SWB, FWB, EWB and FWB subscales were 8.60 (5.86), 19.91 (5.75) from 28, 7.38 (4.96) from 24 and 15.77 (7.88) from 28, respectively. The mean Qol in this group of patients were lower than normal rate. Only subcal FWB that higher than normal data was recorded. This study found that significant relationship was re-
vealed between demographic data and any subscales of the FACT-G in patients receiving capecitabine monotherapy. CONCLUSIONS: The Qol in patients who receive capecitabine monotherapy are lower than normal rate. Even though, no relationships are found between demographic data and any subscales. The activ-
ities to improve patients’ emotion should be establish to improve quality of life of the patients.