

recommendations on CAM from friends and family members were tend not to disclose their CAM use ($r = -0.17, p = 0.02$). However those received recommendations from their health care providers were more likely to disclose 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:** Understanding the underlying beliefs of patients' reluctance to disclose CAM usage to health care providers is important especially when they are on active cancer treatment. 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

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OBJECTIVES: Since the launch of imatinib in Taiwan, survival of chronic myeloid leukemia (CML) has significantly improved with the cost of numerous increasing drug expenditure. Neither health-related quality-of-life (QoL) of CML patients nor long-term 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 survey 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 EuroQol group 5-dimension (EQ-5D) questionnaire, 100-mm visual analogue scale (EQ-5D VAS) and time-trade-off (TTO) method, and then transformed into utility value. Japanese preference weight was used to transform EQ-5D index into utility. Patients' demography, socioeconomic characteristics and progression history 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-5D 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/depression, respectively. Mean utility values and response rates for EQ-5D, EQ-5D 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 association between participant characteristics and utility was found, except for utility derived from EQ-5D 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 transferring EQ-5D assessment, further large-scale studies are needed, however, to validate and cross-validate the measurements.

PCN29

HRQOL DURING ADJUVANT CHEMOTHERAPY WITH CAPECITABINE IN PATIENTS AFTER SURGERY FOR COLON CANCER: ADDITIONAL STUDY OF JFMC37-0801

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OBJECTIVES: The JFMC37-0801 trial is a phase III trial designed to validate superiority of 1-year treatment with capecitabine to 6 months treatment as adjuvant chemotherapy for stage III colon cancer. Health related quality of life (HRQOL) and cost-effectiveness have been evaluated as an additional study. We analyzed impact of prolonged treatment with capecitabine on patients' HRQOL. **METHODS:** Capecitabine (2500mg/m²/day) was orally given on days 1-14, followed by a 7-day rest. Enrolled patients were randomly assigned to group A (received 8 courses of capecitabine) or group B (16 courses). In patients agreed to participate to the additional study, HRQOL was evaluated by self-administered questionnaire at the start of the protocol treatment, 3, 6, 9, 12, 15 and 18 months. The questionnaire includes Functional Assessment of Cancer therapy-C (FACT-C) and EuroQol 5 Dimension (EQ-5D). **RESULTS:** In 1306 patients enrolled to the JFMC37-0801 trial, HRQOL of 171 participants (81 in group A, 90 in group B) were evaluated. Mean age of the patients in group A and B was 63.3 and 64.5 years-old, respectively. Among a total of 1197 points of survey, 959 questionnaires (80.1%) were retrieved. Recovery rates of questionnaires tended to decrease with time after finishing treatment. Through the entire survey period, mean score of FACT-C (96.9-103) and EQ-5D (0.85-0.93) were satisfactory. In longitudinal analysis of the change from baseline score, the scores tended to increase after finishing the treatment period in both group A and group B. Significant difference between the score of group A and group B was not observed in each survey point. No difference by age and tumor stage was also observed. **CONCLUSIONS:** HRQOL of the patients received postoperative adjuvant chemotherapy with capecitabine was satisfactory through the survey period. There was no significant difference of HRQOL between 8 and 16 courses of capecitabine treatment.

PCN30

USE OF MIND BODY COMPLEMENTARY THERAPIES (MBCTS) AMONG MALAYSIAN ONCOLOGY PATIENTS

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OBJECTIVES: Prayers, spiritual healing, yoga, meditation, tai Chi, Qi gong, support groups are classified as Mind Body Complementary Therapies (MBCTS). While the benefits of MBCTS in cancer care is continued to be investigated, the prevalence of such practices is not well known among Malaysian cancer patients. The study aims to examine the prevalence of MBCTS use and its potential effects on Health related quality of life (HRQoL) in a group of cancer patients. **METHODS:** This cross-sectional study was undertaken with 393 cancer patients at the oncology wards of Penang General Hospital, Malaysia. **RESULTS:** Out of 393 participants, 184 (46.1%) were reported to use some type of Complementary and Alternative Medicines (CAM). Among the CAM users, 75(40.7%) patients self reported using MBCTS for their cancers. The majority of the MBCTS users were female (60/75, p=0.01), aged between 38 and 57 (44/75), and were from Malay ethnicity (46/75). Socio-demographic factors including age ($r = 0.15, p = 0.03$) and monthly house hold income ($r = -0.25, p < 0.001$) were strongly correlated with MBCTS use. Prayers for health reasons was the highest 51 (27.7%), followed by spiritual practices 20(10.8%), meditation 7(5.9%), tai chi 7(3.8%), music therapy 4(2.1%), Qigong 1(0.5%), hypnotherapy 1(0.5%), and reiki 1(0.5%). Recommendations from friends and family members 53(70%) were the most common reasons of MBCTS use followed by patient's own will 22(29.3%). Health related Quality of Life (HRQoL) scores shows significant difference in functional and symptoms scores among MBCTS users and non-users. **CONCLUSIONS:** Nearly half of the CAM users utilized some types of MBCTS. Prayers specifically for health reasons and spiritual practices are somewhat common among cancer patients. Viewing MBCTS not as alternative but to complement cancer therapies to address emotional and psychological needs may help in improving health related quality of life (HRQoL) of cancer patients.

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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OBJECTIVES: 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 undertaken with 393 patients at the oncology wards of Penang General Hospital, Malaysia. The HRQoL between CAM users and non-users was assessed by using European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-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 reasons including spirituality (22.8%), traditional Malay therapies (20.11%) and Traditional 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 provides 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 effectively to encourage patients towards rational use of CAM therapies.

PCN32

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

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OBJECTIVES: To assess quality of Life (QoL) among cancer patients receiving capecitabine at Nakhon Pathom Hospital in Thailand. **METHODS:** Cancer patients receiving capecitabine, either as monotherapy or in combination with other anti-cancer drugs, at Nakhon Pathom Hospital, were recruited during July to September 2011. The Thai version of the Functional Assessment of Cancer Therapy-General (FACT-G) comprising four subscales, physical well-being (PWB), 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 receiving capecitabine combination therapy were recruited in this study. Their mean (SD) overall QoL score was 51.66 (9.33) from 108. While the mean (SD) scores for PWB, SWB, 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 normative data. Only subscale SBW that higher than normative data. The score of BEW<PWB<FWB<SWB. No significant relationship was revealed 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 normative data. Even though, no relationships are found between demographic data and any subscales. The activities to improve patients' emotion should be establish to improve quality of life of the patients.