collected on demographic and clinical parameters and were asked to complete the 5-level EQ-5D health-related quality of life (HRQoL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Students t-test. Categorical variables were summarized with proportions. P-values < 0.05 were taken to indicate significance. Data analyzed using SPSS-19. RESULTS: There were 31 (76%) males. 38 (93%) had contracted HCV through drug abuse or venereal drug use. Median HCV utility was 0.71 (+/- 0.16). Mean HRLQ utility was 0.38 (+/- 0.1). There were no significant differences in HRQoL among groups.

PHS63 PATIENT PERCEPTION OF AN ORAL SYSTEMIC ANTI-CANCER THERAPY HOME CARE SERVICE
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METHODS: Evaluate from the patients perspective an oral anti-cancer therapy home care service METHODS: A pilot project was undertaken at the Royal Surrey County Hospital in England, where three oral anti-cancer drugs were prescribed by hospital clinicians but dispensed by a home care company. Patients were asked at the point of recruitment by the oncology pharmacists at the Royal Surrey County Hospital whether they were willing to take part in the home care project. A questionnaire was developed with the input of patients. The questionnaire was tested with five patients for acceptability and their comments fed into the design of the final questionnaire. The questionnaire consisted of open and closed questions and was sent out by the homecare company to all patients who were receiving home care six months after the start of the project. The questionnaire was returned to the Cancer Network Pharmacist for analysis. RESULTS: Ninety-one patients were approached to take part in the project by the oncology pharmacy staff at the Royal Surrey County Hospital. When first approached 38 (41%) refused to take part in project, some declined and others required time to decide. The questionnaire was sent out to 85 patients. A total of 49 questionnaires were returned but some were not included in the analysis as they were from deceased patients or had been completed by a carer. Of the 40 questionnaires analysed 34 patients were willing to continue to receive their medication via homecare, 38 specifically stated a benefit was not waiting at the hospital for their medicine and 4 patients specifically stated they preferred to receive their medicines via homecare than from a community pharmacy. CONCLUSIONS: Patients find homecare acceptable for the delivery of systemic anti-cancer therapy and some prefer it to waiting at hospital for their medication or going to a community pharmacy to have their prescription dispensed.

PHS64 PATIENT INVOLVEMENT IN TREATMENT DECISIONS AND ITS PERCEIVED IMPACT ON PATIENT OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE): A COMPARISON OF PHYSICIAN AND PATIENT PERSPECTIVES
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OBJECTIVES: Understand physician and patient perspectives with respect to patient involvement in treatment decisions and the perceived impact on patient outcomes in SLE. METHODS: This was a cross-sectional U.S survey of independent (geographically spread) primary care rheumatologists (with at least 1 year of patient experience) and adult SLE patients recruited from panels & clinics. Study participants completed a one-time web-survey covering perceptions of SLE-management, patient-physician-communication and expectations. Analysis included descriptive statistics and subgroup comparisons using chi-square and t-tests. RESULTS: 218 physicians (Caucasian 68%, African-American <1%, mean age 49ys) and 166 patients (Caucasian 61%, African-American 30%, mean-age 47ys) completed the survey as of April 2012. Overall, 61% and 76% of physicians and patients, respectively, reported high-patient-involvement (often/very often) in treatment decisions. Physicians and patients in high-patient-involvement groups (vs. low-patient-involvement groups) a) reported greater satisfaction with physician-patient interactions (physicians: 8.1 vs 7.5; p<0.02; patients: 9 vs 6.3; p<0.001) and b) were more likely to discuss daily impacts all/most of the time (physicians: 57% vs 0%; p<0.001) and in patients with CD4 counts <200 (0.41 versus 0.70, p<0.002). Among physicians, no differences were observed between high-vs.-low-patient-involvement groups in being hopeful about patient future (95%vs.95%) and ratings of their bedside manner (3.5 vs 3.5; p = 0.26). CONCLUSIONS: HRLQ was found to be reduced in patients with advanced HIV and HCV. Since HCV evolution to cirrhosis has been shown to reduce quality of life, the importance of treatment of both HIV and HCV infection to prevent progression of liver disease is emphasized.