in Adult Cancer Survivor (QLACS), Quality of Life-Cancer Survivor (QOL-CS), and SF-36. We used Cronbach's alpha coefficient to estimate reliability. We estimated Pearson's correlation coefficients to examine convergent/discriminant validity. We hypothesized homogenous domains (e.g., physical functioning and pain) among 3 instruments would be strongly correlated with each other compared to heterogeneous domains (e.g., physical vs. psychological functioning). We used effect sizes to evaluate late effect known-groups validity which is the extent to which HRQOL scores differ by late effects (yes/no). **RESULTS:** Cronbach's alpha coefficients were acceptable (>0.7) for all domains. Physical domains of the QLACS (e.g., pain) were strongly correlated with the SF-36's physical component summary (PCS), but weakly with mental component summary (MCS). Mental domains of the QLACS (e.g., negative feelings) were strongly correlated with MCS, but weakly with PCS. However, both physical and mental domains of the QOL-CS were strongly correlated with MCS compared to with PCS, suggesting poor convergent/discriminant validity. Effect sizes suggest greater discrimination (>0.5) by the QOL-CS and SF-36 for late effect known-groups compared to the QLACS. **CONCLUSIONS:** The 3 HRQOL instruments are not superior to each other. We suggest using item response theory to select high quality items from different instruments to measure HRQOL for YASCAC more meaningfully.

PCN116

PILOT STUDY FOR EVULATION OF OUTCOMES OF BREAST CANCER WITH SPECIAL FOCUS ON ECONOMIC IMPACT AND QUALITY OF LIFE

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OBJECTIVES: A pilot study was conducted to evaluate the outcomes of breast cancer and its treatment focusing on economic impact and quality of life in a hospital setting **METHODS:** Patient interviews were held to measure the economic out come and standardized tool EORTC QLQ C 30 and its breast specific module QLQ BR 23 was utilized to measure the quality of life. Twenty-seven subjects diagnosed at different stages of the disease were studied. **RESULTS:** The respondent's age ranged between 33–65 yrs with mean age 49.65(SD = 9.011). The educational status was classified in to four groups, illiterate to university viz; illiterate (25.92%), primary education (22.22%) secondary education (48.14%), and college studies (3.70%). The marital status of the respondents was classified as married and widowed, 81.48% and 18.51% respectively. The distribution of respondents according to TNM staging of breast cancer was observed as first stage (none), stage II (29.62%), stage III (40.74%), and stage IV (14.81%). All patients were treated with a multimodality approach for management. The cost analysis revealed that there are significant differences among different modalities of treatments viz; module one (Rs.1.00 lakh), module two (Rs.1.57 lakh) and module three (Rs.1.09 lakh).The quality of life study revealed that there are differences in the functional scales as well as symptoms scales among the patients treated with different treatment regimens. **CONCLUSIONS:** Breast cancer is a disease, where there is a lot of scope for pharmaceutical care in order to improve the functional scales and global health and to decrease symptoms scales of breast cancer patients. Key words; Breast cancer, outcomes, quality of life.

PCN117

QUALITY OF LIFE SCALE FOR PATIENTS WITH HAND-FOOT SYNDROME : FIRST RESULTS

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OBJECTIVES: The aim of this study is to develop and validate a hand-foot syndrome-specific quality of life scale to be able to measure the impact of the condition on patients and to be able to assess the value of certain specific treatments in this indication. METHODS: Forty-four patients were included during clinical consultation. RESULTS: A total of 61.91% of patients declared having their first episode of HSFR. The mean age was 56.5 years and the population was represented by 75% of female. A total of 2.27%, 29.55%, 38.64% and 29.55% of patients graded 0, 1, 2, 3 in the disease severity; 14.63% of patients have their HFSR located on the hands, 24.39% on feet, 60.98% on both hands and feet. The mean global score of the HFS 14 questionnaire is 37.63 (2–100). The mean score in grade 1 patients is 16.68, 41.18 in grade 2 patients, 53.09 in grade 3 patients. There is a significant difference between these 3 mean scores (p < 0.0001). The HFS 14 score is positively and significantly correlated to the DLQI and the Skindex-16 scores. The correlation coefficient between the HFS 14 and the DLQI questionnaires is 0.71324 (p < 0.0001). The correlation coefficient between the HFS 14 and the Skindex16 questionnaires is 0.7347 (p < 0.0001). The HFS 14 score is negatively correlated with the SF-12 score. The correlation coefficient is significantly different from 0 concerning physical dimension (p = 0.0027). The correlation coefficient is not significantly different from 0 concerning the mental dimension. The p-value is 0.4457.The HFS 14 score is positively and significantly correlated to the pain measured by the visual analogue scale (p < 0.0001). The correlation is estimated 0.68142. **CONCLUSIONS:** The HFS 14 (or short version) meets requirements of QoL scale and is easy to use. The questionnaire is able to assess the clinical efficacy of new specific treatments developed for HFSR.

PCN118

USING DISCRETE CHOICE EXPERIMENTS TO ESTIMATE THE MARGINAL WILLINGNESS TO PAY OF INSURANCE PREMIUM FOR STOMACH CANCER TREATMENT IN KOREA

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OBJECTIVES: This study, using DCE method, figures out the characteristics of the decision-making for stomach cancer treatment and investigates the attributes affecting the respondents' choice. Also it ascertains marginal willingness to pay and relative preferences for stomach cancer treatment among the general population of 600 respondents in Korea. **METHODS:** In the survey, the respondents are asked to choose more than one discrete choice option, resulting in multiple observations for each individual. For each pair-wise comparison of choice set, the respondent will make a choice among three alternatives; A, B, or opt out. Thus, the nested-logit model using full maximum likelihood allows us to empirically estimate multi-levels of dependent variables. For the robustness check of our empirical results, we try considering the nature of distribution of error terms in the utility function in several ways. The survey questionnaire includes four attributes associated with stomach cancer in Korea (incidence rates, survival rates in five years after treatment, total treatment costs, and monthly insurance premium), socio-economic status, antecedent variables, along with questions regarding risk averseness and subjective health evaluation. **RESULTS:** The estimates of MWTP between survival rate and monthly insurance premium and MTWP between total treatment costs and monthly insurance premium, by employing "Hybrid Conditional Fixed Effects Logit Model" to figure out the existence of heterogeneity of any observed and unobserved components, are reflecting reasonable range of 176 KRW~194 KRW and 5408 KRW~6945 KRW, respectively. **CONCLUSIONS:** Compared to female counterparts, male respondents have higher MWTP of monthly insurance premium for two related attributes. Besides, currently married respondents, with higher income, and higher educational attainments have more MWTP compared to their respective counterparts. One interesting point is that dependents' MWTP is higher than that of insurance premium payers even after controlling for any other variables.

PCN119

USING DISCRETE CHOICE EXPERIMENTS TO ESTIMATE THE WILLINGNESS TO PAY FOR CANCER TREATMENT IN KOREA: A GENERAL POPULATION STUDY

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OBJECTIVES: This study, using DCE method, figures out the characteristics of the decision-making for cancer treatment and investigates the attributes affecting the respondents' choice. Also it ascertains marginal willingness to pay and relative preferences for cancer treatment among the general population. **METHODS:** In the survey, the respondents are asked to choose more than one discrete choice option, resulting in multiple observations for each individual. For each pair-wise comparison of choice set, the respondent will make a choice among three alternatives; A, B, or opt out. Thus, the nested-logit model using full maximum likelihood allows us to empirically estimate multi-levels of dependent variables. For the robustness check of our empirical results, we try considering the nature of distribution of error terms in the utility function in several ways. The key assumption of logit models is the independence of irrelevant alternatives (IIA), which results from the assumption that other alternatives are independent. The validity of IIA assumption can be simply conducted by a Hausman-McFadden test. We also consider an alternative specification where error terms are independently, but not identically distributed. And finally stand errors are calculated by using bootstrapping and compared to the previous results. **RESULTS:** In this DCE study, evidence of reliability was found at both input and output level. The estimates of MWTP between survival rate and monthly insurance premium and MTWP between total treatment costs and monthly insurance premium, by employing "Hybrid Conditional Fixed Effects Logit Model" to figure out the existence of heterogeneity of any observed and unobserved components, are reflecting reasonable range of 817 KRW~1,324KRW, and 23,690 KRW~38,139 KRW, respectively. **CONCLUSIONS:** Compared to female counterparts, male respondents have higher MWTP of monthly insurance premium for two related attributes. Besides, currently married respondents, with higher income, and higher educational attainments have more MWTP compared to their respective counterparts.

PCN120

USING DISCRETE CHOICE EXPERIMENTS TO ESTIMATE THE MARGINAL WILLINGNESS TO PAY OF INSURANCE PREMIUM FOR LUNG CANCER TREATMENT IN KOREA

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OBJECTIVES: This study, using DCE method, figures out the characteristics of the decision-making for lung cancer treatment and investigates the attributes affecting the respondents' choice. Also it ascertains marginal willingness to pay and relative preferences for lung cancer treatment among the general population of 600 respondents in Korea. METHODS: In the survey, the respondents are asked to choose more than one discrete choice option, resulting in multiple observations for each individual. For each pair-wise comparison of choice set, the respondent will make a choice among three alternatives; A, B, or opt out. Thus, the nested-logit model using full maximum likelihood allows us to empirically estimate multi-levels of dependent variables. For the robustness check of our empirical results, we try considering the nature of distribution