ence from battling cancer such as side effects from conventional western cancer treatment. The findings of this study suggest that cancer patients regardless of stage strongly expect and satisfy with less toxic treatments with less side effects from their treatment.

**OBJECTIVE**: The national health care system encourages and supports the integration of T&CM into the conventional cancer treatment stream. The study aimed to explore the perceptions of physicians toward the integration of T&CM into their conventional therapies. **METHODS**: Qualitative methodology was adapted to collect in-depth information from consented patients recruited from one of the local hospitals with integrative medicines unit. After obtaining institutional ethical approvals with different types of cancer, the study was conducted. Data saturation point was reached after conducting 18 interviews as no new themes emerged with subsequent interviews. All interviews were audiotaped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS**: Mixed expectations were shown towards the integration of traditional and Western medical therapies to overcome side effects due to conventional therapies provided the therapies are proven for their safety with conventional medicines. For most of the patients, cancer was perceived as a fatal disease and use of traditional therapies is among the ways to put efforts for cure. Since the legitimacy of traditional medicines in the country is among the challenges faced by the lawmakers, patients appreciated that such efforts can prevent patients from being trapped by the quacks. **CONCLUSION**: Patients showed signs of approval towards the integration or traditional medicines. However, patients would like to oncologists to provide and supervise such therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners towards integration of traditional therapies into the modern cancer treatments.

**RESULTS**: NSCLC patients attributed the highest utility to treatment efficacy. Treatments that increased PFS with low severity of disease related symptoms, no fatigue, no nausea/vomiting, no diarrhea, no fever/infection, were severe. Utility was higher for treatments that had no fatigue (5.0; 95% CI: 2.7, 7.3), no nausea/vomiting (2.1; 95% CI: 0.4, 4.1), no pain (2.0; 95% CI: 0.1, 3.9) and absence of tumor burden (1.8; 95% CI: 0.0, 3.6), too. Patients were found to be indifferent to treatments associated with mild diarrhea and mild nausea/vomiting. Avoiding moderate fatigue was half as important as increasing PFS by seven months with improvement in symptom severity from severe to mild.

**CONCLUSIONS**: NSCLC patients attributed the highest utility to treatment efficacy. Treatments that increased PFS with low severity of disease related symptoms, no fatigue and oral administration were preferred.

**ORAL AND INTRAVENOUS CHEMOTHERAPY ON PHYSICIANS’ PREFERENCES: A DISCRETE CHOICE EXPERIMENT**

**OBJECTIVES**: Oral chemotherapy generates for hospitals additional resources for therapeutic education and health care coordination currently not taken into account in reimbursement tariffs. This may influence the prescription of oral chemotherapy. We estimated the relative influence of the route and tariff of administration, and the severity and tolerability on physicians’ preferences. **METHODS**: A Discrete Choice Experiment was performed among 203 French physicians qualified in oncology. From an online questionnaire with six fictive scenarios, first presented in curative setting then in palliative setting, respondents had to choose between treatments that differed with respect to efficacy, tolerability, adherence and route of administration. Three of these attributes (efficacy, tolerability, adherence) had two modalities (good vs. moderate) and the later (route of administration) had three modalities: intravenous (586–379/session in private and public hospital respectively), oral with a fictive tariff (€51/consultation and €63 for a patient support program). The relative influence of attributes was analyzed using a conditional logistic regression model. **RESULTS**: Efficacy was the predominant criteria in choosing a treatment either in curative or palliative setting (β=0.612, p<0.0001) or in palliative setting (β=1.063, p<0.0001). Oral route of administration had a positive effect in palliative setting (β=0.012, p=0.035 for the current tariff and β=0.062, p<0.0001 for the fictive tariff). Removing the efficacy attribute of the model, tolerability (β=1.228, p<0.0001) and adherence (β=1.223, p<0.0001) were influenced, but only in curative setting while the oral route was included, only in palliative setting (β=0.431, p<0.0001). **CONCLUSIONS**: The oral route of administration was influential in palliative setting, which is consistent with the priority to preserve quality of life at the advanced stage of disease. Physicians were sensitive to the fictive tariff for a patient support program, but as expected, in curative setting the key criterion remained efficacy.

**CANCER PATIENTS’ PREFERENCES TOWARDS THE INTEGRATION OF TRADITIONAL & CONVENTIONAL MEDICINES (T&M) INTO THE CONVENTIONAL CANCER TREATMENT: A QUALITATIVE INSIGHT**

**OBJECTIVE**: The benefits of systemic treatment NSCLC patients are greater compared to patients undergoing conventional therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners towards integration of traditional therapies into the modern cancer treatments. **METHODS**: Observational study with prospective follow-up (basal and 6-8 week visit) conducted. Data collected from stage NSCLC. About to initiate second-line treatment were included by 32 hospitals in Spain. Demographic and clinical data related to Lung Cancer Symptom Scale (LCSS) and the lung-specific Functional Assessment of Cancer Therapy Questionnaire (FACT-L) were collected. Specific questions evaluating impact of symptoms on daily living and HRQoL of the patients with advanced NSCLC. **RESULTS**: The benefits of systemic treatment NSCLC patients are greater compared to patients undergoing conventional therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners towards integration of traditional therapies into the modern cancer treatments. **CONCLUSION**: The benefits of systemic treatment NSCLC patients are greater compared to patients undergoing conventional therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners towards integration of traditional therapies into the modern cancer treatments.
of patients at the basal and final visits respectively. 93% (n=240) of patients re- ceived chemotherapy in first line and 78.2% received targeted therapies (mainly erlotinib) as second line therapies. Twenty-six percent of patients demonstrated disease progression at the final visit but FACT-L scores showed no difference be- tween visits; 48.8% of patients reported unchanged perceived health status and 28.1% reported an improvement. Patient and physician LCSS scores showed 86% of patients reported more symptoms than physician but this was not statistically significant and differences between visits. The impact of symptoms on daily life was slightly lower at the final than the basal visit. Statistically significant differences were observed between disease progression and the impact of cough (p = 0.040) and pain (p = 0.011). Conclusions: Stability and improvement of some symptoms corresponded to lower impact of the same symp- toms on patients. The number and type of symptoms were related to HRQoL and the degree to which patient daily life was affected.

PCN119
HUMAN PAPILLOMA VIRUS AND CERVICAL CANCER - KNOWLEDGE AND INTEREST OF MAN AND WOMAN
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OBJECTIVES: The aim of our research was to determine the degree of knowledge concerning cervical cancer screening and human papilloma virus (HPV) and to find out what information sources would be accepted gladly for these. METHODS: Research was based on quantitative cross-sectional study. Interview was made between students, workers from health and other sectors, between 15-55 years, from a South Transdanubian region. A self-designed questionnaire was used. Analysis was made by Chi square test, data processing by Microsoft Excel and SPSS 19.0.
RESULTS: Out of 200 people 150 women and 50 men answered the questionnaire. The number of women participating in gynecological screening was relatively high (66.7%) compared to the surveyed population knowing the meaning of HPV. In addi- tion, 98% of women with health knowledge as well as 74% of the laywomen knew, the connection between HPV and cervical cancer. 80% of qualified women and 49% of laywomen knew the screening method. There was a significant difference be- tween the two groups concerning the meaning of P3 category. 94% of female re- spondents and 58% of all men have heard of HPV, 68% of them had some knowledge about the connection between HPV and cervical cancer. However, only 14% of male knew that HPV could infect both sexes. 66.5% of the respondents show interest in HPV. For cervical cancer and 75.5% of them are only partially satisfied with the information provided. CONCLUSIONS: In summary, it is necessary to provide proper informative programs. There would be a great chance for citizens to receive enough information with comprehensive collaboration.

PCN140
RURAL - URBAN DIFFERENCES IN FATALISTIC BELIEFS ABOUT CANCER PREVENTION
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OBJECTIVES: Prior literature showed that people holding fatalistic beliefs, defined as events are controlled by external forces and humans are powerless to influence them, are less likely to engage in cancer preventive behavior such as smoking and exercising. The study aimed to assess rural-urban difference in fatalistic beliefs about cancer prevention. METHODS: The Health Information National Trend Survey (HINTS)–2007 data was used in this study; it is conducted biennially by National Cancer Institute to collect cancer related information from non-institutionalized adult population. Three fatalistic beliefs were captured in the database: 1) it seems like everything causes cancer; 2) there are so many different recommendations about preventing cancer, it is hard to know which ones to follow; and 3) there is not much you can do to lower your chances of getting cancer. All survey participants were included in the cohort. Multivariable logistic regression was used to assess rural-urban differences in three fatalistic beliefs adjusting for age, gender, race, region, education, employment status, income, health insurance, marital status, cancer history and cancer seeking information. All analyses were carried out using jackknife weights to account for survey design enabling us to extrapolate results at national level. RESULTS: Of 7674 participants, 54.59% agreed that everything causes cancer, 76.7% agreed that it’s hard to know which recommendations to follow and 28.29% agreed that they cannot do much to lower chances of getting cancer. Compared to urban residents, rural residents were 35% (OR: 1.35; 95% CI: 1.12-1.60), 36% (OR: 1.36; 95% CI: 1.01-1.68) and 51% (OR: 1.31; 95% CI: 1.07-1.60) more likely to hold fatalistic beliefs (i), (ii) and (iii), respectively. CONCLUSIONS: A sub- stantial proportion of Americans hold fatalistic beliefs about cancer prevention. Programs or interventions should be specifically designed for rural population to reduce fatalistic beliefs that might improve cancer prevention behaviors.

PCN141
QUALITY OF LIFE IN SMALL CELL LUNG CANCER: RESULTS OF AN OPEN-LABEL PHASE III CLINICAL TRIAL
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OBJECTIVES: Health status, burden of illness and quality of life are considered crucial for clinical decision making in lung cancer. The purpose of this study was to provide the statistical results associated with the patient-reported outcome end-points at the conclusion of this Phase 3, randomized, open-label, multinational study of Amrubicin compared with Topotecan. METHODS: Change in quality of life from Cycle 1 to end-of-study focused on change in lung cancer symptom and domain scores as well as minimally clinically important difference (MCID) as mea-