

PCN18**COLORECTAL CANCER SCREENING: AWARENESS, UTILIZATION, AND BARRIERS**Straus W¹, Schaffner P¹, Gold K², Pashos C³, Mansley E¹¹Merck & Co., Inc, West Point, PA, USA; ²Abt Associates Inc, Cambridge, MA, USA; ³Abt Associates Clinical Trials, Cambridge, MA, USA

BACKGROUND: Screening can reduce colorectal cancer mortality, yet screening rates remain low. Data from the Centers for Disease Control and Prevention (CDC) for 1999 suggest that only 33.7% of US adults over 40 have ever received a sigmoidoscopy (SIG) or colonoscopy (COL), and 31.1% have ever received a fecal occult blood test (FOBT). **OBJECTIVE:** To inform policy that may improve screening rates, we sought to characterize the barriers associated with low screening compliance. **METHODS:** A national random sample of US adults 50 years and older was conducted via random digit dial methods. A computer assisted telephone survey was administered to 502 subjects. Data including utilization of FOBT, SIG, COL and x-ray with barium enema (XBE), as well as demographics, awareness, concerns, attitudes and beliefs about those tests were collected. **RESULTS:** Screening rates were low, with awareness and screening rates lower for Blacks/Hispanics than for Whites. For example, Blacks and Hispanics were less aware of screening tests (aware of FOBT = 73.3%; SIG = 51.7%; COL = 70%; XBE = 68.3%) than Whites (88.1%, 81.8%, 87.6% and 80.1%, respectively) ($p < .05$). Significantly lower screening compliance is apparent with FOBT screening rates of 21.7% (Blacks/Hispanics) compared with 34.8% (Whites). Other significant barriers to screening found were: discomfort with exam; low health care seeking behavior; low belief in value of prevention; and low perceived personal health threat (all $p < .05$).

	Knowledge of Test	Ever Had Test	Compliant with Standards
FOBT	86.7%	70.3%	33.5%
SIG	78.1%	52.0%	29.7%
COL	85.1%	40.7%	31.1%
XBE	78.1%	38.5%	17.5%

CONCLUSIONS: Lack of awareness about screening still exists, especially among Blacks and Hispanics. Barriers to screening have been observed and can potentially be addressed by outreach and education programs.

PCN19**COLORECTAL CANCER SCREENING TESTS: VARIATION IN PREFERENCES BASED ON GENDER AND RACE**Straus W¹, Schaffner P¹, Gold K², Pashos C³, Mansley E¹¹Merck & Co., Inc, West Point, PA, USA; ²Abt Associates Inc, Cambridge, MA, USA; ³Abt Associates Clinical Trials, Cambridge, MA, USA

BACKGROUND: There exists a larger number of screening procedures for colorectal cancer than for any other type of cancer. Unfortunately, screening rates remain low. Data from the Centers for Disease Control and Prevention (CDC) for 1999 suggest that only 33.7% of US adults over 40 have ever received a sigmoidoscopy (SIG) or colonoscopy (COL), and only 31.1% have ever received a fecal occult blood test (FOBT). **OBJECTIVE:** To better understand the types of barriers associated with each screening method (stool-based, scope-based, x-ray/enema-based) in order to develop patient-based preference profiles that could be used to increase compliance with one of the recommended screening regimens. **METHODS:** A national random sample of US adults 50 years and older was conducted via random digit dial methods. A computer assisted telephone survey was administered to 502 subjects. Data including utilization of FOBT, SIG, COL and x-ray with barium enema (XBE), demographics, concerns, attitudes and beliefs were collected. **RESULTS:** There were significant gender differences in screening rates based on procedure. Overall, 26.2% of women were in compliance with SIG recommendations compared to 38.6% of men ($p < .01$). White respondents appeared to be the source of this difference. Black/Hispanic men and women had similar SIG screening rates. Conversely, there was a significant difference in stool-based screening compliance between Black/Hispanic men (40.0%) and women (15.6%) with no gender difference among Whites. The importance of some potential barriers differed significantly with exam type ($p < .05$), with respondents being less bothered by, and associating less discomfort with, the FOBT. **CONCLUSIONS:** Preferences and perceptions with respect to screening procedures varied by patient characteristics. The impact of screening barriers varied by procedure. Understanding these variations may help in education and information dissemination and may also assist in directing patients to more compatible screening regimens. This might increase screening rates for this largely preventable disease.

PCN20**COST MINIMIZATION ANALYSIS OF CEFEPIME VERSUS IMIPENEM-CILASTATINE IN CANCER PATIENTS WITH SHORT-DURATION FEBRILE NEUTROPENIA**

Vorobjov P, Fisenko V, Gerasimov V, Avxentieva M, Moscow Medical Academy, Moscow, Russia

OBJECTIVE: To perform pharmacoeconomical comparison of cefepime versus imipenem-cilastatine used for empiric therapy in cancer patients with short-duration febrile neutropenia in Russia. **METHODS:** The decision tree was designed to analyse the costs and outcomes of studied treatment. Probabilities of clinical success, adverse events, switching to a new drug and adding extra antibiotics were extracted from a published multicenter randomised clinical trial. Firstly the study was planned to be a cost-effectiveness analysis, but data obtained from the trial, demonstrated equal efficacy of both drugs. So fi-