

CRC; patients are now expected to survive longer and have the potential to experience various side effects related to chemotherapy. Knowing how patients value the outcomes and preferences of treatment options for CRC is important to oncologists and policy makers in planning and introducing treatment interventions. **METHODS:** Qualitative interviews with 27 CRC patients were used to identify seven treatment attributes and their levels with regard to chemotherapy for CRC, for inclusion in a discrete choice experiment (DCE) survey. These attributes were: life expectancy, fatigue, diarrhoea, oral symptoms, hair loss, pain, and nausea and vomiting. The survey was completed by 150 CRC patients to assess their preferences for the treatment of CRC. A conditional logit model was used to analyse the data using STATA v9.0. **RESULTS:** The results of the DCE survey showed that, with the exception of oral symptoms, all other attributes were found to be important factors when it came to treatment decisions made by participants. The results confirmed the prior hypothesis about the directions of attributes. For example, life expectancy had a positive coefficient value, which indicated that the greater the life expectancy, the more likely a participant would be to prefer that treatment. In contrast, the negative values for pain, diarrhoea, fatigue, nausea and vomiting, and hair loss indicate that participants would not prefer a treatment that produce these toxicities. Patients preferred to trade-off life expectancy for the reduction in the likelihood of specific side effects. **CONCLUSIONS:** The results indicate the types of risks and benefits that are important to patients with treatments for CRC. The findings are likely to assist health care professionals in prioritising issues that need to be discussed during treatment consultations.

PCN85

CANCER PATIENTS' PERCEPTION TOWARDS THE USE OF TRADITIONAL & COMPLEMENTARY MEDICINES (T&CM) FOR CANCER TREATMENT: A QUALITATIVE STUDY

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OBJECTIVES: This research study aimed to investigate the perception of cancer patients towards the use of Traditional & Complementary Medicines (T&CM) for cancer treatment. **METHODS:** Qualitative methodology was adapted to collect in-depth information from consented cancer patients who were recruited from the oncology wards at Penang General Hospital from May 2010 to August 2010. After obtaining institutional ethical approval, patients with different types of cancer and stages from the three major ethnic groups in Malaysia namely Malay, Chinese and Indians were approached. Twenty semi-structured interviews were conducted after obtaining informed consent. All interviews were audiotaped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS:** A total of 3 themes were identified from the interview analysis: 1) positive attitude towards spiritual ways of healing for cancer treatment, 2) concerns about the safety and efficacy of T&CM for cancer treatment; and 3) concerns towards the legitimacy of the claims made by traditional practitioners. Patients were willing to try non-invasive treatments such as prayers, spiritual and faith healing therapies for cancer treatment. Lack of a fixed dosing system, unknown side effects and standard methods of preparation were other reported reasons for rejecting T&CM use. The respondents showed a great concern towards the authenticity of claims made by traditional practitioners and the majority demanded that true and fair claims should be made by traditional practitioners in order to help patients in making decisions regarding cancer therapy. **CONCLUSIONS:** The respondents in this study did not appear to have attitudes regarding TCM that could lead to treatment delays but this may be due to the sampling method. Future studies are needed to evaluate perceptions among those who have defaulted treatment at any stage of cancer. The current study has contributed to a greater understanding of the use of T&CM among cancer patients that are not defaulting treatment.

PCN86

A Q-TWIST ANALYSIS COMPARING PANITUMUMAB PLUS BEST SUPPORTIVE CARE (BSC) WITH BSC ALONE IN PATIENTS WITH WILD-TYPE KRAS METASTATIC COLORECTAL CANCER

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OBJECTIVES: New treatment improves efficacy and often has toxicities. The quality-adjusted time without symptoms of disease or toxicity (Q-TWiST) analysis incorporates survival, toxicities and quality of life into a single metric providing an integrated measure of clinical benefit. Objective of this study was to use Q-TWiST analysis comparing quality-adjusted survival between patients with chemo-refractory wild-type KRAS metastatic colorectal cancer (mCRC) receiving panitumumab + best supportive care (BSC) versus BSC alone. Because the trial design allowed patients on BSC arm to receive panitumumab after disease progression, which may have confounded overall survival (OS), the focus of this analysis was on progression-free survival (PFS). **METHODS:** The time spent in the toxicity (grade 3 or 4 adverse events; TOX), time without symptoms of disease or toxicity (TWiST), and relapse (after disease progression; REL) states were estimated, and adjusted using utility weights derived from patient-reported EQ-5D measures. Quality-adjusted PFS was when the utility for REL was zero in the Q-TWiST analysis. Sensitivity analyses were performed in which utility weights (varying from 0 to 1) were applied to TOX and REL health states. **RESULTS:** The trial included 463 patients, KRAS status ascertained in 427 (92%) of patients. Of these, 243 (57%) having wild-type KRAS tumours (124 panitumumab + BSC, 119 BSC alone) were included in the analysis. Statistically significant difference between groups in quality-adjusted PFS favoured panitumumab + BSC (12.3 weeks versus 5.8 weeks, respectively,

$p < 0.0001$). The difference continued to favour panitumumab + BSC for all hypothetical utility weights applied to the TOX health state in sensitivity analyses. Although OS was confounded by 76% of patients in the BSC alone arm receiving panitumumab after disease progression, the difference in quality-adjusted OS was also statistically significant and favoured panitumumab + BSC. **CONCLUSIONS:** In patients with chemo-refractory wild-type KRAS mCRC, panitumumab + BSC significantly improved quality-adjusted survival compared with BSC alone.

PCN87

HOW DOES PATIENT-REPORTED OUTCOME DATA INFLUENCE THE CLINICAL DECISION MAKING OF PRACTICING ONCOLOGISTS?

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OBJECTIVES: Our objective was to understand how oncologists view patient-reported outcomes (PROs) and whether PRO data influences their clinical decision making. **METHODS:** Twenty oncologists participated in 1 of 4 semi-structured focus groups (5 per group). Topics for discussion included: relative value of PROs compared to other efficacy outcomes, impact of PROs on clinical decision making, and interpretation of PRO data. Transcripts were analyzed using Atlas.ti software. **RESULTS:** The oncologists represented a diverse sample in terms of gender (55% male), years in practice (4-25), practice type/size, and tumor specialty. Most oncologists had no experience with PROs, but were able to identify several concepts appropriate for PRO assessment (e.g., symptoms and functioning). All oncologists agreed that when treating curable disease, clinical efficacy (overall survival, progression free survival) and toxicity were the main drivers of clinical decision making. In the non-curative setting, all agreed that PRO data, particularly health-related quality of life data becomes paramount as a driver of treatment decision making. Some oncologists felt that patient-reported symptoms were on a par with toxicology, and saw a benefit to supplementing toxicity data with PRO data. All agreed that patients were the best source of data regarding symptoms and that many symptoms were consistent across tumor types. Concern over the subjectivity and interpretability of PROs, however, was expressed and most oncologists stated a preference for common toxicity criteria and performance status measures (e.g., Karnofsky). Most oncologists agreed that clear and concise reports of PRO data with clear explanations of the scale used and interpretability of change would increase their likelihood of reviewing PRO data. **CONCLUSIONS:** Oncologists prioritize clinical efficacy endpoints in their treatment decision making; however, in the non-curative setting PRO data becomes more influential. Improving the interpretability of PRO measures could increase the use of PRO data in treatment decision making.

PCN88

ATTITUDES OF YOUNG WOMEN ON HUMAN PAPILLOMA VIRUS VACCINATION

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OBJECTIVES: This study evaluated knowledge and attitude towards human papilloma virus (HPV) vaccination among women ages 18-24 years and examined predictors of attitude towards HPV vaccination. **METHODS:** A cross-sectional, self-administered questionnaire was delivered to a convenience sample of female University students in 2009. Questions on knowledge (9 items) and attitude (2 items) were measured using a 5-point Likert scale. The instrument also included questions on demographics, HPV vaccination status, source of HPV-related information, and healthcare professional's recommendation. For the purpose of modeling, knowledge (yes/no) and attitude (positive/negative) was reduced to a binary variable. Data was coded and analyzed using SAS v9.2, by conducting descriptive analyses, chi-square tests and logistic regression. **RESULTS:** A total of 136 subjects completed the survey with a response rate of 46.5%. The mean age of the sample was 20.67(±1.78) years with the majority being unmarried (88.97%) and insured (72.06%). HPV vaccination rate was 11%. The mean summary knowledge score was 4.4 (±3.0) with a reliability coefficient of 0.7. The mean summary attitude score was 2.7 (±1.2) with a reliability coefficient of 0.8. In the logistic regression model, health care professional's recommendation to administer HPV vaccine was a significant predictor of positive attitude towards the vaccine (OR=2.886, 95% CI=1.186-7.020, $p < 0.05$) after controlling for race, education, age, knowledge, and vaccination status. **CONCLUSIONS:** A healthcare professional's recommendation to consider the HPV vaccine was a significant predictor of attitude towards the vaccine. Sub-optimal knowledge and negative attitude towards HPV vaccination underscore the need for active education and accurate dissemination of information to women regarding HPV vaccination.

PCN89

HTA AGENCIES' PREFERENCES REGARDING QUALITY OF LIFE MEASURES FOR PROSTATE CANCER CLINICAL TRIALS

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OBJECTIVES: Inform clinical trial designs with regards to Health Technology Assessment (HTA) agencies' preferences regarding Quality of Life (QoL) measures for prostate cancer. **METHODS:** We searched the Centre for Reviews and Dissemination database and HTA Watch® for any publication by an HTA agency on prostate cancer and QoL using the search string "prostate cancer AND QoL OR quality of life". **RESULTS:** We identified 19 HTAs. Four HTAs evaluated drug treatments, 14 evaluated procedures and one evaluated screening. The year of publication ranged from 1996 to 2007. UK agencies published eight of the HTAs, including the four evaluating drugs, a Norwegian agency published three, and agencies in France, Spain and the US each published two, with the remaining HTA published by a German agency. The results of the HTA review demonstrate a consensus regarding a lack of