there are established agencies that evaluate new pharmaceuticals to inform health policy decisions (e.g., the HAS in France and NICE in the UK). This analysis will consider the strengths and weaknesses of European health technology bodies (HTA) and provide insight for the implementation of CER and how lessons learned from the UK and France could help improve efficiency and outcomes in oncology and other disease areas.

METHODS: Secondary research will be used to review how HTA bodies evaluate oncology and assess their impact on market access. These countries were selected as they represent the extremes of HTA assessment in Europe. Findings from this research will then be contrasted against current market access in the US. RESULTS: While France evaluates new products on innovation and clinical value the UK largely bases market access decisions on cost-effectiveness. Consequently, many new oncology agents available in France have been denied funding in the UK. Meanwhile, insured Americans have relatively open access. CONCLUSIONS: Cancer remains a state-by-state issue as cancer seeks second opinions before choosing a management option. The nature of the physician-patient interaction and outcomes for second versus primary opinion visits are unknown. METHODS: Newly diagnosed local stage prostate cancer patients and physicians at urologic practices in three states participated in a survey of patient and doctor decision making following biopsy but prior to initiating treatment. Physicians were asked about the clinical status of the patient’s cancer, treatments discussed and recommended, and what factors most influenced the physician’s treatment recommendation(s). Patients were asked their treatment preference and what treatments the physician recommended. RESULTS: A total of 238 local stage prostate cancer patients and their urologists completed surveys. Patient characteristics were: 47% aged 60–69; 71% white, 16% black, 11% Hispanic; 49% had an income of $25,750,000. Ninety-five men were presenting for a primary consultation; 143 men were presenting for a second opinion. Among the initial consultation group, 64% were considering/planning a prostatectomy. Among the group seeking a second opinion, 83% were considering/planning a prostatectomy. Of those seeking a primary recommendation 19% had low risk disease, similar to the second opinion setting (14%). For the second opinion patients, recommendations reflected generally accepted surgery for 80%/90%, external radiation for 38%/16%, seeds for 52%/14%, and watchful waiting for 25%/16%. In multivariate analysis, during an initial consultation physicians recommended 0.51 more treatments (standard error 0.12, p < 0.001) and were half as likely to consider the patient’s preference as a factor in their recommendations (OR 0.49, CI 0.26–0.95). CONCLUSIONS: Patient preferences and physician recommendations differ substantially in secondary versus primary opinion settings. In secondary opinion visits, patients are more likely to want prostatectomy and physicians are more likely to consider patient preference when making recommendations. This is true even for men with low risk disease.

Abstracts

PCN143

COST-EFFECTIVENESS OBSERVATIONS AND ONCOLOGY DRUG REIMBURSEMENT RECOMMENDATIONS IN CANADA BY THE JOINT ONCOLOGY DRUG REVIEW

Cipappa CC1, Yunger S1, Shum D1, Million D1, Longo CJ2, Aissa F3

Hoffmann-La Roche Limited, Mississauga, ON, Canada; 2PM&Effectus, Hamilton, ON, Canada

OBJECTIVES: In Canada, the interim Joint Oncology Drug Review (JODR) conducts health technology assessments for all oncology products and provides funding recommendations to participating provinces. Summaries of these recommendations are publically available, however investigation of the potential factors that influence these decisions has not been conducted. Furthermore, the acceptable incremental cost-effectiveness ratio (ICER) used by the JODR has not been published. This analysis was conducted to assess the differences in the average ICER between the JODR’s positive and negative recommendations and determine the relative influence of cost-effectiveness evidence on decision-making. METHODS: A literature search for pharmacoeconomic data was conducted for all 24 drugs with cancer indications reviewed by the JODR and made publicly available between March 2007 and December 2009. Cost-effectiveness data was extracted and converted into Canadian currency using a $1.00 to $1.60 conversion rate. The JODR and Ontario Public Drug Plan (OPDP) recommendations and decisions were analyzed in the context of these ICER values. RESULTS: Cost-effectiveness literature was found for 18 of the 24 drugs and of those, only 15 had published ICER values. ICER values ranged from approximately CAD$10,000/QALY to CAD$312,000/QALY. The average ICER of those cancer drugs considered to be cost-effective by the JODR was CAD$44,269/QALY, whereas the ICER for drugs considered not-cost-effective was CAD$75,882/QALY (p = 0.10). Furthermore, drugs that were recommended for funding had a lower ICER when compared to those that were not recommended for funding ($57,578 vs. $81,490/QALY, p = 0.50). CONCLUSIONS: These findings suggest that while the ICER may be an important factor in the JODR decision-making process, a careful examination of all factors leading to the final reimbursement decision is necessary. Further research is required to determine if there are differences in the application of the ICER in decision-making processes for oncology medications versus other disease areas.

PCN144

COMPARATIVE KNOWLEDGE OF BREAST SELF EXAMINATION IN MIDWIFERY AND NURSING STUDENTS IN ISLAMIC AZAD UNIVERSITY KARAJ BRANCH

Ashkary P1, 2

Islamic Azad University Of Iran Karaj Branch, VARAJ, Tehran, Iran

BACKGROUND: Breast cancer is the most common type of cancer among women worldwide ranking second in mortality from cancer. BSE is a screening method that should be taught at an early age so as to educate women about the importance and early detection of breast cancer. OBJECTIVES: The aim of this study was to evaluate the knowledge of midwifery and nursing student regarding breast self–examination. METHODS: This study is descriptive on 23 midwifery and 69 nursing students. In a cross-sectional study the questionnaire was distributed. The study sample was 92 students; 23 midwifery and 69 nursing students. The sample size was calculated based on the percentage of 95% confidence interval and 5% error. Data were analyzed by descriptive statistics. RESULTS: Our results show that the average age range (19–35), 68.6% of the sample were single (67.4%) and 31.7% were married. Of the participants, 51.7% of the midwifery and 53.2% of the nursing students were aware of the importance of BSE. Our result showed the students of midwifery and nursing have mild knowledge. CONCLUSIONS: It seems that despite the importance of the BSE in early diagnosis of breast cancer the majority of women have poor knowledge and practice about BSE. Based on the results, nurses and midwives should be educated in that increasing the knowledge of women by education ways of breast cancer, especially BSE, this will be available by more attention of public health centers, TV and newspaper for increasing women awareness. Key word: breast, student, cancer, self examination.

PCN145

A COMPARISON OF PHYSICIAN AND PATIENT DECISION MAKING FOR FIRST VERSUS SECOND OPINIONS AMONG MEN WITH LOCAL STAGE PROSTATE CANCER

Zarei S1, Zakkat SB2, Bloogh DK2, Fedorchenko CR1, Mainpurn CM1, Hall JH3, Lea Smith P1, Elboware DU1, Fairweather ME1, Thompson Jr. IM2, Keane TE1, Penson D1

1Fred Hutchinson Cancer Research Center, University of Washington, Seattle, WA, USA; 2VA Puget Sound Health Care System, Seattle, WA, USA; 3University of Washington, Seattle, WA, USA, 4Center for Disease Control and Prevention, Atlanta, GA, USA; 5Centers for Disease Control and Prevention, Seattle, WA, USA, 6VA Medical Center, Seattle, WA, USA. 7University of Texas Health Science Center, San Antonio, TX, USA, 8Medical University of South Carolina Medical Center, Charleston, SC, USA, 9Vanderbilt University Medical Center, Nashville, TN, USA

OBJECTIVES: Expert groups and local teams may be the new trends for prostate cancer second opinions before choosing a management option. The nature of the physician-patient interaction and outcomes for second versus primary opinion visits are unknown. METHODS: Newly diagnosed local stage prostate cancer patients and physicians at urologic practices in three states participated in a survey of patient and doctor decision making following biopsy but prior to initiating treatment. Physicians were asked about the clinical status of the patient's cancer, treatments discussed and recommended, and what factors most influenced the physician's treatment recommendation(s). Patients were asked their treatment preference and what treatments the physician recommended. RESULTS: A total of 238 local stage prostate cancer patients and their urologists completed surveys. Patient characteristics were: 47% aged 60–69; 71% white, 16% black, 11% Hispanic; 49% had an income of $25,750,000. Ninety-five men were presenting for a primary consultation; 143 men were presenting for a second opinion. Among the initial consultation group, 64% were considering/planning a prostatectomy. Among the group seeking a second opinion, 83% were considering/planning a prostatectomy. Of those seeking a primary recommendation 19% had low risk disease, similar to the second opinion setting (14%). For the second opinion patients, recommendations reflected generally accepted surgery for 80%/90%, external radiation for 38%/16%, seeds for 52%/14%, and watchful waiting for 25%/16%. In multivariate analysis, during an initial consultation physicians recommended 0.51 more treatments (standard error 0.12, p < 0.001) and were half as likely to consider the patient’s preference as a factor in their recommendations (OR 0.49, CI 0.26–0.95). CONCLUSIONS: Patient preferences and physician recommendations differ substantially in secondary versus primary opinion settings. In secondary opinion visits, patients are more likely to want prostatectomy and physicians are more likely to consider patient preference when making recommendations. This is true even for men with low risk disease.

PCN146

REAL WORLD DATA ON MULTIPLE MYELOMA (MM) TREATMENT IN BRAZIL: GUIDANCE FOR THE PRIVATE HEALTH CARE SYSTEM (PHS)

Alves AFF1, Castro APC1, Clark LGO2, Santos FS3, Clark O4, Engel T5, Pegoretti B6

Evidencias, Campinas, Brazil

OBJECTIVES: New treatments in oncology frequently imply in higher costs. Historically there is a lack of statistical data on cancer treatments in PHS in Brazil. Higher costs combined to lack of information may result in waste of resources. We present here real world data (RWD) on MM treatment collected from a dedicated database of cancer treatments Evidencias® (www.evidencias.com.br). METHODS: In November of 2007 and October 2009 we retrieved all patients with MM registered of cancer treatments Evidencias® (www.evidencias.com.br). Here real world data (RWD) on MM treatment collected from a dedicated database. RESULTS: This is a real world data (RWD) on MM treatment collected from a dedicated database. Here real world data (RWD) on MM treatment collected from a dedicated database. CONCLUSIONS: Here real world data (RWD) on MM treatment collected from a dedicated database. Here real world data (RWD) on MM treatment collected from a dedicated database. Here real world data (RWD) on MM treatment collected from a dedicated database.