

CANCER – Patient-Reported Outcomes & Patient Preference Studies

PCN48

RELATIONSHIP BETWEEN NON COMPLIANCE TO CLAIM MEDICATION IN PHARMACY AND INCIDENCE OF HOSPITALIZATIONS IN PATIENTS WITH BREAST CANCER

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OBJECTIVES: evaluate the relationship between the non compliance to the claim of medication and incidence of hospitalization in patients with breast cancer in oral antineoplastic therapy. **METHODS:** case-control study in patients with breast cancer, that claimed their medicines in pharmacies between January of 2012 and December 2014. Was defined as a case patients that during the observation period claimed their drugs in pharmacy <95% of the time. The sample size was calculated for a proportion of cases exposed 40% an OR of 3.7, a relation case-control 1:2, a 95% confidence and an potency 80%. The final sample was composed of 40 cases and 80 controls (randomly selected from the same cases population). For univariate analysis was used absolute and relative frequencies and summary measures. For binary analysis contingency tables, chi-square tests. The statistical measure of force used was the Odds Ratio. **RESULTS:** the proportion of hospitalized patients who did not comply with the claim of medicines in pharmacy was 45.7% (p<0.06). The non adherent patients were hospitalized 2.14 times more than compliant patients, (OR 2.14 [IC95% 0.94-4.8]). If we avoided the non compliance claim of medications in pharmacies, we would avoid 24% of hospitalizations (FA 24% [IC95% 5.4%-5.7%]). **CONCLUSIONS:** the non compliance to claim medication in pharmacy is an influence factor increased in the incidence of hospitalization in breast cancer patients.

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HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH LOCALIZED PROSTATE CANCER USING EQ- 5D- 3L

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OBJECTIVES: New treatments in prostate cancer intend to have more precise techniques to reduce side effects and improve quality of life. The aim of this study was to estimate health related quality of life of patients with localized prostate cancer undergoing robot-assisted laparoscopic prostatectomy or conventional open prostatectomy. **METHODS:** Prospective cohort study was conducted from March 2014 to January 2015. All patients that were diagnosed with localized prostate cancer answer the EQ- 5D 3L and then went to robot-assisted laparoscopic prostatectomy or conventional open prostatectomy as recommended by their doctor. They also answered the questionnaire at hospital discharge and at six month follow-up using, in a reference cancer hospital in Rio de Janeiro. **RESULTS:** Median age was 60.06 years, prostate specific antigen in the open surgery was 9.25±4.59 ng/dl and 8.15±4.34 ng/dl in the robotic surgery, blood loss was higher in the open surgery. Among the 18 patients in the open surgery and the 27 in the robotic surgery the most significant result was the loss of quality of life in the group of open surgery at hospital discharge with less 10 points in the VAS and less 10.9% in utility (statistically and clinically significant) comparing to baseline. The difference between the two techniques is 11% when observed the loss in the VAS of the open surgery group and the gain in the robotic surgery. At six months the change in quality of life was not significant when compared to baseline, suggesting that this is not sustained over time. **CONCLUSIONS:** This study helps in discussion about the benefits of robotic prostatectomy over the open procedure. Even with a significant difference between the two techniques in the immediate postoperative period favoring robotic surgery, this difference was not maintained at six months, which may not justify the higher costs of this procedure.

PCN50

BODY IMAGE AND SEXUAL PROBLEM IN YOUNG BREAST CANCER PATIENTS IN SOUTH INDIAN POPULATION

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OBJECTIVES: The purpose of this study was to determine the frequency of body image and sexual problems after 12 month of follow up among women diagnosed with breast cancer at age 35 or younger. Types of breast cancer treatment effect physical appearance as loss of the body part, disfigurement, scars or skin changes. The goal of this paper is to comprehend the body image and sexual distress of newly diagnosed younger survivors. **METHODS:** A multi-ethnic population-based sample of 72 out of 124 women aged 21-35 who were married or in a stable unmarried relationship were interviewed with in situ, or regional breast cancer. The women participating in this study were underwent treatment from 2003 to 2013 at 2 different hospitals located in south India. **RESULTS:** Body image and sexual problems were experienced by a substantial proportion of women after diagnosis or treatment. Different type of treatment patterns were used as 59 (81.94%) women underwent surgery, 39 (54.1%) were treated with CMF chemotherapy, 54 (72.2%) women underwent hormonal therapy and remaining with radiotherapy. The Hopwood Body Image Scale was used for the assessment of the body image perception which shown less physically attraction in most of the patients with self-consciousness, seeing themselves naked in mirror and dissatisfied with scars on their body. The Female Sexual Distress Scale (FSDS) was used to assess the sexual distress in women with breast cancer. The mean score was 24.4 (47%) which relatively shows higher sexual distress with the major sexual problem; distress about sex life, Frustration by the sexual problems, Dissatisfaction with sex life and inferiority because of sexual problem among the women. **CONCLUSIONS:** Difficulties related to body image and sexuality were common and occurred soon after surgical and adjuvant

treatment. Addressing these problems is essential to improve the quality of life of young women with breast cancer.

PCN51

DIFFERENCES IN PHARMACISTS' SKIN CANCER PREVENTION STRATEGIES BY AGE AND GENDER

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OBJECTIVES: The purpose of this study is to describe pharmacists' personal skin cancer prevention strategies and to determine if there were differences based on age and gender. **METHODS:** Pharmacists registered and living in Arizona with an email address with the State Board of Pharmacy were eligible for the study. A questionnaire was developed based on questions from the National Health Interview Survey. The questionnaire included preventive strategies, knowledge, clinical outcomes, and demographic questions. The questionnaire was administered by using an electronic, on-line survey form. Two emails with a link to the questionnaire site were used to recruit participants. Prevention strategies assessed included the use of sunscreen, protective clothing (wearing a hat, a cap, long-sleeved shirt or pants), or seeking shade. **RESULTS:** A total of 261 pharmacists responded; their average age was 44.9(SD = 13.7) and there were 167 women and 94 men. Men and women used a similar number of strategies (mean = 2.0, SD = 1.3; mean = 1.9, SD = 1.1, respectively; p = 0.058), however, the types of strategies used differed. Men were more likely to wear a baseball cap (p<0.001) and a long sleeved shirt(p=0.018). Women were more likely to use sunscreen(p=0.001). Older pharmacists(>40) were more likely to wear a hat than younger pharmacists (p<0.001). Clinical outcomes did not differ by gender but did differ by age. Older pharmacists were more likely to have had a sunburn with blisters than younger pharmacists(p=0.004) and older pharmacists were more likely to report a diagnosis of a precancerous skin lesion (p<0.001) or a diagnosis of skin cancer(p = 0.004). **CONCLUSIONS:** Men and women pharmacists used a similar number of skin cancer prevention strategies but women were more likely to use sunscreens. Older pharmacists were more likely to use protective clothing and to report a diagnosis of skin cancer.

PCN52

ACCESS INEQUALITIES BETWEEN PRIVATE AND PUBLIC INSURANCE AMONG CANCER PATIENTS: RESULTS OF A NATIONAL SURVEY IN BRAZIL

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OBJECTIVES: An estimated 70% of the Brazilian population is covered exclusively by the public healthcare system; consequently, many patients with cancer must rely on few public institutions for oncology care. This study investigated the impact of insurance type on access, health-related quality of life (HRQoL), mood and sleep related outcomes for real-world cancer patients in Brazil. **METHODS:** Data came from the 2011 (n=12,000), 2012 (n=12,000), & 2014 (n=9,082) Brazil National Health and Wellness Survey, an internet-based general health survey representative of the general population in age and gender. Among 33,082 respondents, 1,019 reported a cancer diagnosis. Respondents were categorized into public insurance (n=405) or private insurance (n=614). Initial analyses used one-way ANOVAs and chi-squares, and generalized linear models were used to control for demographic and health characteristics (e.g., income) to isolate differences in HRQoL, mood and sleep disorders, and healthcare resource use according to insurance type. **RESULTS:** Those with private insurance were more likely to be white (76.9%), have completed their degree (57.5%), have annual household income ≥R\$6501 (49.8%), be obese (23.9%), and drink alcohol (69.4%). Those on private insurance were also more likely to report having generalized anxiety disorder (9.0% vs. 4.7%) and overall sleep issues (50.2% vs. 43.5%) than those on public insurance. After controlling for covariates, those with private insurance reported a higher mean number of doctor visits (9.87 vs. 6.58), emergency room visits (1.05 vs. 0.57), and hospitalizations (0.54 vs. 0.32). There were no differences on HRQoL. **CONCLUSIONS:** Lower resource use among those on the public system indicates disparities in healthcare access among cancer patients in Brazil. HRQoL was not associated with insurance type, while mood and sleeping disorders were more common among those with private insurance. Further research is needed to understand why inequality of access is not reflected in HRQoL decrements in this population.

CANCER – Health Care Use & Policy Studies

PCN53

IDENTIFYING CURRENT TREATMENT PRACTICES IN NON-HODGKIN'S LYMPHOMA

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OBJECTIVES: Treatment for Non-Hodgkin's Lymphoma (NHL) is highly dependent on the subtype of NHL. Indolent Lymphomas (Follicular Lymphoma (FL), Waldenstrom's Macroglobulina (WM)) are slow-growing and are generally only treated once the patient becomes symptomatic. Aggressive lymphomas (Diffuse Large B-Cell Lymphoma (DLBCL), Mantle Cell Lymphoma (MCL)) have a poor prognosis, and treatment is expected to start at diagnosis. The objective is to quantify the distribution of NHL subtypes and then compare drug treatment practices across each subtype. **METHODS:** The study used ONCO-CAPPS, a proprietary database of patient chart abstractions collected through regular surveys of physician panels. The data includes demographic details, disease markers, and a summary of the patients' cancer treatments from the time of diagnosis. Data were collected each quarter in 2014 and used to categorize patients with NHL based on subtype and document their sequence of treatments. **RESULTS:** Out of all NHL patients being treated, 45% had FL, 33% had DLBCL, 7% had MCL and 4% had WM. The remaining 11% had other forms of NHL. The proportion of NHL patients with FL was found to