right breast (53%) while about 43% had of left breast. Patients with breast cancer were mostly married (99%) & patients were belonging to poor socioeconomic status. Diagnosis was performed for the cancer patients were mammography, biopsy, USG, X-ray & MUGA & bone scan and about 60% of the population had undergone mammography. CONCLUSIONS: Infiltrating ductal carcinoma (96%) was found the most common type of breast cancer in southern Punjab. The reported status of the patients might affect the prevalence of breast cancer in patients.

PCN123
THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINES (CAM) AMONG PATIENTS WITH CANCER: A DESCRIPTIVE STUDY
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OBJECTIVES: To evaluate the prevalence and patterns of CAM use among cancer patients in Malaysia. In addition, the study focuses on the perceived effectiveness of CAM over conventional therapies, information seeking behaviour and CAM disclosure to family members. METHODS: The study was designed as a questionnaire based, cross sectional analysis. A prevalence based sample of 393 cancer patients attending the oncology clinics at Penang General Hospital was hereby selected for the study. Adult patients (18 years old), having diagnosed with cancer (any type), able to read and understand Malay (national language of Malaysia) or English language were recruited between August to November 2011. RESULTS: Overall, 393 questionnaires were completed and included in the analysis, showing that 46% of cancer patients had used CAM, with most (57.6%) believing that CAM therapies assisted the body’s natural forces to heal. CAM usage was significantly associated with gender (P=0.021), education level (P=0.001), employment status (P=0.02) and monthly income (P<0.001). Among the frequently used CAM were biologically-based therapies including nutritional supplements (used by 75.5% of the participants). Friends and family members were the most common source of CAM information (for 75.5% of the participants). Only 13% reported side effects from using CAM. CAM use disclosure to the doctors was 43%; however, doctors had specifically asked about CAM use in 33.4% of the cases. The most common reason given for non-disclosure was not to inform the doctors to know about CAM use (34.2%). CONCLUSIONS: Cancer management and treatment requires compliance to effective therapies at early stages. Health care providers should engage cancer patients in an open non-judgmental dialogue to ascertain better understanding of cancer and its treatment options.

PCN124
INDIVIDUAL RISK PROFILING FOR BREAST CANCER RECURRANCE: TOWARDS TAILORED FOLLOW-UP SCHEMES
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OBJECTIVES: Current international guidelines for breast cancer follow-up are not specific to individual risk of local regional recurrences. Instead, for personalized follow-up, patients should be classified to have more or less risk for recurrence based on their individual risk. This study investigated the recurrence probability as a function of time. The objective of this study is to determine the probability of local regional recurrence of breast cancer were identified due to a three-step funnel analysis. Multivariate regression analysis. Quantification of the prognostic value of each factor enables quantification of risks for local regional recurrences as a function of time depended, over the five-year follow-up period. The calculated prognostic risk of local regional recurrence risks are not distributed uniformly, and it is unlikely to be sustained at this level in the future. These two studies reported BRA of mammography. Three studies addressed positron emission tomography (PET): two studies assessed BRA of full body PET in cancer screening and one study assessed BRA of PET in lung cancer diagnostics. The remaining eight studies reported BRA of computed tomography. Of the four studies published in English, benefits were reported in terms of life extension, and harms were reported as radiation-related cancer risk of 0.004%. Studies used micro-simulation modeling, epidemiological or survey methods. CONCLUSIONS: This review illustrates that a gap exists between the number of studies referring to the need for assessing the benefit-risk balance in medical imaging and the number of studies measuring that balance. Challenges such as translating imaging information into impacts on patient outcomes, multiple applications of imaging tests, difficulty in measuring harms from ionizing radiation and additional procedures spurred on the need for more quantitative results. This calls for the study of value, the necessary movement toward using quantitative methods. Meeting the goals of patient-centered outcomes and understanding areas of appropriate use, overutilization and underutilization requires further development of a framework for quantitative BRA of medical imaging tests.

PCN126
WHICH IS MORE VALUABLE, LONGER SURVIVAL OR BETTER QUALITY OF LIFE? ISRAELI ONCOLOGISTS’ AND FAMILY PHYSICIANS’ ATTITUDES TOWARD THE RELATIVE VALUE OF NEW CANCER AND CONGESTIVE HEART FAILURE INTERVENTIONS
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OBJECTIVES: Our objective was to assess the extent of quantitative benefit-risk analyses (BRA) in the allocation of hospital capacities and resources, local regional recurrence risk rates. Instead, for personalized follow-up, patients should be classified to have more or less risk for recurrence based on their individual risk. This study investigated the recurrence probability as a function of time. The objective of this study is to determine the probability of local regional recurrence of breast cancer were identified due to a three-step funnel analysis. Multivariate regression analysis. Quantification of the prognostic value of each factor enables quantification of risks for local regional recurrences as a function of time depended, over the five-year follow-up period. The calculated prognostic risk of local regional recurrence risks are not distributed uniformly, and it is unlikely to be sustained at this level in the future. These two studies reported BRA of mammography. Three studies addressed positron emission tomography (PET): two studies assessed BRA of full body PET in cancer screening and one study assessed BRA of PET in lung cancer diagnostics. The remaining eight studies reported BRA of computed tomography. Of the four studies published in English, benefits were reported in terms of life extension, and harms were reported as radiation-related cancer risk of 0.004%. Studies used micro-simulation modeling, epidemiological or survey methods. CONCLUSIONS: This review illustrates that a gap exists between the number of studies referring to the need for assessing the benefit-risk balance in medical imaging and the number of studies measuring that balance. Challenges such as translating imaging information into impacts on patient outcomes, multiple applications of imaging tests, difficulty in measuring harms from ionizing radiation and additional procedures spurred on the need for more quantitative results. This calls for the study of value, the necessary movement toward using quantitative methods. Meeting the goals of patient-centered outcomes and understanding areas of appropriate use, overutilization and underutilization requires further development of a framework for quantitative BRA of medical imaging tests.

PCN127
CANCER DRUG PRICING TRENDS IN THE UNITED STATES AND THE UNITED KINGDOM (2011-2013)
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OBJECTIVES: To understand relative price differential for cancer drugs in the U.S. and the U.K. Develop implications for pricing strategy and patient access for new drugs. METHODS: Ten branded cancer drugs were selected and their prices for similar dose and packaging were compared in the U.S. and the U.K. Prices were analyzed for the end of 2011 and 2012. Historical exchange rates were used to convert British pounds to US dollars. Relative price discount was calculated for each drug. KOL and patient interviews were conducted to understand current and future implications of this price differential. RESULTS: The median price discount for selected ten branded cancer drugs in the UK versus the United States was -50%. The range of discount for 10 branded cancer drugs was 27%-61%. The price discount for oral small molecule drugs was higher than for biologics (55% vs. 45%). Since the U.K. is one of the few remaining free pricing markets in Europe, other European markets are likely to have even higher discounts relative to the prices in the U.S. Due to the high cost of pharmaceutical products, U.S. cancer patients bear significantly higher costs than patients in the U.K. KOL and patient interviews suggest U.S. pricing trends for cancer drugs are unlikely to be sustained in the future. CONCLUSIONS: U.S. cancer drug prices are significantly higher than the prices in the U.K. This price differential is unlikely to be sustained in the future.