did not affect women's treatment preferences. Younger women tended to judge improvements in survival sufficient to make adjuvant endocrine and chemotherapy worthwhile, as compared to older women. The comparisons were statistically significant in the 10% and 20% categories for endocrine therapy and chemotherapy.
Conclusion: Women prefer endocrine therapy to chemotherapy or trastuzumab therapy, given the same projected treatment benefits. Younger women prefer both chemotherapy and endocrine therapy as compared with older woman.

3633 POSTER

European Cancer Guidelines: a Patient Perspective

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Background: Patient and consumer involvement in Clinical Practice Guideline Development (CPGD) has been advocated from the early 1990s onwards. The aim of this research is to review their current extent of involvement in CPGD and also the general awareness of Clinical Practice Guidelines (CPG).
Material and Methods: A total of 24 people affected by cancer took part in focus groups or interviews (held Mar-Dec 2010). 2 participants had previously been involved in Guideline Development Groups (GDGs). The mechanism of recruitment involved convenience and purposive techniques. Thematic analysis of transcripts was carried out. Data from the European Cancer Guidelines survey study has also been included.
Results: In the survey of 30 European Oncology organisations [1], patients are often (38%) not involved in the development of guidelines.
Patient/representatives who had been involved in CPGD in our research felt that their input was valuable to themselves as individuals, to the GDG as a whole and also to the relevance of the resultant guideline for patients and carers.
Of the 24 focus group participants, only 12 had heard of CPGs. Knowledge of whom guidelines are intended for and what they contain is generally low. The consensus was that the general population's awareness of guidelines was low to non-existent. None of the participants had, during the course of their treatment communicated with health care practitioners about their treatment plan in relation to CPGs specific to their condition. Most participants thought that CPGs were a good idea, with certain provisos (Field and Lohr 1990 definition [2]).
Conclusions: In light of these results further research and activities are needed in relation to improving awareness, dissemination and implementation of guidelines and exploring how best to work with the patient and public (PP) stakeholders to improve the current mechanisms.
Certain countries have had extensive experience of PP involvement (UK, Netherlands) and we should look particularly to these for recommendations, guidance and resources.
This survey was performed as part of the Eurocancercoms project and supported by European Union funding.

References

[1] European Cancer Guidelines: a survey. Dirk Schrijvers, Marco Rosselli Del Turco; Carol Maddock; Lorenza Marotti
[2] Field, M.J. and K.N. Lohr (1990). Clinical Practice Guidelines: Directions for a New Program. 'Clinical practice guidelines (CPGs) are described as 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances'

3634 POSTER

European Priorities for Hepatocellular Carcinoma (HCC) Control: a Comparison of Current Needs in Five Countries

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Background and Aims: In 2007 the European Parliament designated viral hepatitis an urgent public health issue, calling for earlier diagnosis and wider access to treatment to prevent hepatocellular carcinoma (HCC). With a paucity of comparable data on HCC control, there has been little action on this declaration. We conducted a *needs assessment* for HCC control and tested the concordance of current performance across five countries.
Methods: Clinical experts in HCC were purposively sampled from France (FR), Germany (DE), Italy (IT), Spain (ES), and Turkey (TR). Needs assessment utilized the self-explicated method, a scientific stated-preference approach, to assess country performance on a 100 point scale. Experts valued ten dimensions of HCC control previously identified in the literature, including: clinical education; early risk assessment; HBV strategy; HCV strategy; life-style risk factors; national statistics; funding for detection; funding for treatment; political awareness; and public awareness. Results were analyzed using ANOVA, with concordance tested via the F-test.
Results: Twelve experts from each country completed the survey (response rate: 33%). Respondents included hepatologists (48%), oncologists (18%), radiologists (10%), and surgeons (17%); individuals self identified as having local/regional, national (30%) or international (35%) influence. Greatest need was assigned to political awareness (only 17.7 out of 100); public awareness (18.6), life-style risk factors (21.3), and national statistics (32.3). Cross-country valuations were relatively concordant ($p = 0.170$), but significant differences were found for funding for treatment ($p = 0.013$), funding for detection ($p = 0.015$), and HCV strategy ($p = 0.017$).
Conclusion: We herein report the first study to compare current needs for HCC control across Europe. Expert respondents identified greater public and political awareness as main priorities for HCC control, indicating a significant need for increased advocacy for liver disease in Europe. Any European effort on HCC control must also address discordances in funding for detection and treatment and priority given to HCV control across countries. Our data should help inform the discussion on HCC control and help identify benchmarks that will provide the basis for addressing this urgent European public health need.

Table 1. Needs assessment score

Variable	FR	DE	IT	ES	TR	P-value
Early risk assessment	40.3	34.5	35.5	50.0	30.7	0.187
	(22.7)	(18.6)	(14.9)	(24.1)	(20.3)	
Funding for detection	76.3	42.2	55.2	39.5	46.0	0.015
	(25.2)	(21.5)	(31.6)	(36.8)	(22.1)	
Political awareness	22.0	14.5	13.5	22.8	15.5	0.419
	(16.6)	(15.8)	(10.2)	(13.4)	(19.1)	
HCV strategy	58.8	52.0	40.3	55.2	31.0	0.017
	(9.0)	(26.2)	(20.9)	(23.5)	(25.7)	
Public awareness	14.3	21.3	11.0	22.0	24.5	0.264
	(10.5)	(26.7)	(6.9)	(16.2)	(17.6)	
Clinical education	24.7	25.3	23.8	27.8	39.5	0.195
	(14.8)	(18.8)	(16.0)	(17.3)	(21.7)	
Funding for treatment	75.3	59.8	68.7	45.0	34.7	0.013
	(28.4)	(34.4)	(29.6)	(35.7)	(26.0)	
Life style risk factors	20.8	25.7	18.7	23.7	17.7	0.639
	(13.7)	(13.2)	(13.9)	(20.5)	(9.3)	
HBV strategy	44.7	58.0	63.3	50.3	46.3	0.318
	(15.1)	(30.6)	(24.2)	(28.5)	(23.8)	
National statistics	12.3	14.0	32.0	32.5	20.8	0.050
	(10.6)	(15.2)	(28.9)	(24.2)	(20.4)	
All strategies	39.0	34.7	36.2	36.9	30.7	0.179
	(28.7)	(27.7)	(28.3)	(27.0)	(22.9)	
N	12	12	12	12	12	

Notes: Standard errors in parentheses. P-value test for concordance or valuation across countries.

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Pharmacoeconomic Impact of Dose Rounding for Cancer Therapy

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Background: The past ten years have seen a significant and progressive cost rising in medical oncology, largely due to the increase in cancer prevalence and the incorporation into clinical practice of novel, highly expensive drugs. Dose rounding is increasingly used in oncology departments to improve efficiency of outpatient clinics. The purpose of this project was to determine the theoretical cost saving related to a dose rounding process for adult biological and chemotherapy agents at Riyadh Military Hospital.
Material and Methods: Data was obtained prospectively during December 2010. All chemotherapy and targeted therapy orders prescribed in adult oncology out patient clinics as well as in-patient adult oncology wards have been collected. Prescriptions that include cancer therapy in doses that might be rounded according to study criteria were identified.
Results: Two hundred and thirty three orders of chemotherapy and targeted therapy were processed by Adult Oncology Satellite Pharmacy