

and adult oncology wards during the period of data collection. Forty percent of the collected prescriptions fulfilled the criteria. We considered rounding to an amount within 15% for targeted therapy and 10% for cytotoxic drugs. Chemotherapy dosing was calculated according to body surface area. The potential cost savings from dose rounding per year was US\$ 192,800. Data was extrapolated from the determined monthly cost savings. The highest cost saving was for breast cancer drugs US\$ 80,819 (42%), followed by colorectal cancer US\$ 47,965 (25%), while in non-Hodgkin's lymphoma cost savings was US\$ 45,107 (23%) and for other types of cancer that include non small cell lung cancer, prostate and ovarian cancer, in addition to head and neck cost savings was US\$ 18,867 (10%).

Conclusion: Dose rounding of chemotherapy to an amount within 10% and up to 15% for targeted therapy would lead to significant cost savings. Although controversial, routine minor dose reductions might be acceptable to oncologists. Acceptance and opinion of oncologists in Saudi Arabia need to be surveyed.

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POSTER

The Development and Implementation of an Institution-based Communication Skills Training Program for Oncologists

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Background: Communication skills training (CST) has been shown to improve clinical communication. However, advanced CST programs in oncology have lacked institutional integration, and have not attended to institutional norms and cultures, the "hidden curriculum", that may counteract explicit communication skills training. The goals of this project were to develop an evidenced-based CST curriculum; address the "hidden curriculum" through faculty development; implement the program for the institution's fellows, residents and faculty; assess the effectiveness of the program.

Method: We developed an advanced CST program, made up of nine teaching modules. Training included didactic presentations and experiential small group work. Key faculty were identified to serve as facilitators and role models in the implementation phase. Trainees included residents, fellows, and faculty. Anonymous course evaluations and pre-post self-efficacy were completed at the end of each module. Skills uptake and behavior change were evaluated through coding of pre-post video recordings of actual and simulated patient encounters.

Results: Since 2006, 473 clinicians have participated in this training program. Course satisfaction was rated as *Agree/Strongly agree* in a range of 92%-97% for all modules. Pre-post self-efficacy significantly increased ($p < 0.01$) across modules for both attending physicians and trainees. The use of *Establish the Consultation Framework* and *Checking communication skills* were shown to significantly increase from baseline ($p < 0.01$).

Conclusion: Our initial work in this area demonstrates the implementation of such a program at a major cancer center to be feasible, acceptable, and beneficial.

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POSTER

Evaluation of Quality in Symptoms Management of Patients Receiving Home and Inpatient Palliative Care

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Background: Development of Palliative Care (PC) as a system was started in Georgia about ten years ago. Currently several significant successful steps have been taken: Amended legislation, supporting and promoting to PC development has been approved; Georgian-language educational-methodological material in PC are prepared and issued; PC pilot programs were implemented with financial support of Governmental Budget; The Georgian National Association for Palliative Care and the Office of Coordinator of PC National Program were established.

Aim: To support development of adequate symptoms management and quality of care in chronic incurable patients via recovering the deficit in knowledge and information:

- Reveal the barriers of adequate symptoms management caused by deficit of in knowledge and information of health care professionals (HCP), patients and their family members (FM);
- Reveal the barriers of quality palliative care caused by negative opinion of society toward opioids usage;
- Support the improvement of knowledge of HCP and Society in quality palliative care and symptoms management by preparation and delivery of educational-training courses and informational materials.

Methods: Resolution of objectives provided by using of questioning method. Elaboration of questionnaire performed correspondingly of international experience and WHO recommendations; the data-base created and analyzed.

Results: 350 chronic incurable patients, family members and care givers and also HCP were interviewed. Survey showed that in 267 (76.3%) cases were achieved quality pain and symptoms management. In 49 cases (14%) noted not significant improvement and 34 (9.7%) cases were exclude from date analysis.

Conclusion: The problems of quality symptoms management of end-of life patients in Georgia should be caused by lacking of: (1) legislative bases, (2) list and forms of opioids and their availability, (3) knowledge and experience of HCP, (4) Opioid phobia of the society and HCP, (5) problems in shearing bed news and communication; (6) lack of palliative care services in the country, (7) society awareness, (8) problems in decision making and clarification of goals of palliative care.

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POSTER

Integrated Care Pathways for Non Small Cell Lung Cancer (NSCLC) Patients: Avoidable Costs Analysis in a Quality Improvement Project

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Background: Among quality improvement strategies, Integrated Care Pathways (ICPs) have been proposed as effective means to translate guidelines into clinical practice. The quality of the existing care process for NSCLC patients (pts) referring to a University Hospital has been assessed, in order to estimate the potential room for improvement, to make the current care process more appropriate and to reduce the avoidable costs.

Methods: 175 NSCLC pts referring to the Oncology Department of the Udine University Hospital from 1/1/2008 to 31/12/2008 were identified. A multidisciplinary focus group composed by all the professionals involved in the management of NSCLC pts was formed. The focus group identified 11 quality of care indicators and corresponding benchmarks, both from previously published studies and from international professional guidelines. By means of the electronic information system of the hospital, the performance indicators were tested on the study population. In cooperation with the researchers of the Cergas Center, Bocconi University of Milan, the extra costs for inappropriate procedures were estimated by the sums through which the regional health care system funds the hospital.

Results: The gap between current practice and the benchmark objectives has been identified, allowing the quantification of the distance of real pathways from the benchmark standards, also in terms of avoidable costs. Preliminary data analysis evidenced that the most critical area was early disease stage pt management. However, even the follow up phase seems to be more intensive in terms of visits and procedures than the one suggested by the guidelines. The radiodiagnostic procedures and chemotherapy were the most frequent services delivered: 90% of the total cost (302,549€ out of 336,271€) was due to chemotherapy sessions and brain, chest and abdomen CTs. The average estimated costs for each pt were 6,482€ and 1,860€ for in- and out-pt, respectively. Overall, the management of early stages is more expensive than the management of the other stages.

Conclusion: The study shows that the analysis of ICP in NSCLC is feasible and allows the monitoring of the current application of international guidelines in a Public Hospital, not only in terms of better appropriateness, but also reduced avoidable costs. The extension of this methodology could produce interesting results that should be shared and discussed with the hospital managers in order to guide the redesign of ICPs.

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POSTER

Analysis of a Screening Campaign for Cervical and Breast Cancer in Uganda on Behalf of Oncology for Africa, Non-Profit Organization - Italy

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Background: Cervical cancer (CC) and Breast cancer (BC) are the most frequent female malignancies in Uganda (incidence 45.6/100,000,