2009;69[suppl]:66s. Abstract 13). It has been reported that women with new joint symptoms at 3 months after initiating an AI have a significantly lower risk for recurrence compared with women not reporting these symptoms (Cuzick J et al. *Lancet Oncol*. 2008;9:1143–1148).
Methods: Data from the Henry Ford Health System (1995–2005) were used to identify postmenopausal HR+ early BC patients who received at least 1 year of AI therapy after surgery. Total health care costs of managing A/M associated with hormone therapy as well as BC recurrences were estimated from charges incurred during health care encounters for these conditions.
Results: Of 834 eligible patients, the incidence of treated A/M was 21%, and the total health care cost was ~$429 per symptomatic patient/yr. The average annual cost of any BC recurrence was previously reported at ~$131,000/yr, with the greatest cost seen with DM at ~$265,783/yr (Wiederkehr D et al. *J Clin Oncol*. 2008;26[15s]:76s. Abstract 1141).
Conclusions: The economic costs of treating A/M are nominal, particularly in light of the superior efficacy of AIs and the economic burden of BC recurrences. DM is the most costly recurrence, and in BIG 1−98, reducing early DM appeared to impact OS. Discontinuing AIs or switching to less effective therapies in an effort to manage A/M should be weighed against the benefit of AI therapy in reducing BC recurrences, particularly DM, as well as the high costs associated the managing these recurrences.

3610 POSTER

Healthcare utilization and treatment patterns among cutaneous T-cell lymphoma (CTCL) patients in the United Kingdom and Brazilb

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Background: CTCL is a burdensome condition potentially associated with high healthcare utilization (HCU). Our objective was to quantify HCU and treatment patterns among a CTCL cohort requiring systemic therapy in the United Kingdom (UK) and Brazil.
Material and Methods: A retrospective chart review study of CTCL patients treated with ⩾1 systemic therapy at hospitals in the UK and Brazil. Patients were followed from initiation of systemic therapy (index date) for up to 1 year in Brazil or until death in the UK. Patients were required to have ⩾1 year follow-up, an index date on or after January 1, 2002 and have reached disease stage ⩾ IIB at index date or some point in the observation period for inclusion. CTCL-related treatments (systemic, skin-directed [SD], ancillary), clinical outcomes and HCU were abstracted from charts. HCU was evaluated as number per patient per year (PPY). The UK included only deceased patients.
Results: A total of 32 (UK) and 15 (Brazil) CTCL patients were included. Mean study follow-up duration and patient age were 2.0/1.0 yrs and 58/49 years for UK/Brazil, respectively. Disease stage at index date for UK/Brazil were ⩽IIA (43.8%/0%), IIB (15.6%/46.7%), III (21.9%/40.0%), IVA (15.6%/13.3%), IVB (3.1%/0). A total of 82 (1.26 PPY) and 20 (1.33 PPY) systemic therapies were observed in UK and Brazil. Patients received 1 (37.5%/66.7%) 2 (18.8%/33.3%) and 3−7 systemic therapies (43.8%/0%) in UK/Brazil. Interferon-alpha (IFN-α) and methotrexate were widely used systemic therapies in the first 4 therapy lines and baxarotene in subsequent lines in UK, while IFN-α was the predominant systemic therapy in Brazil. A total of 161 (5.03 PPY) and 15 (1.00 PPY) distinct concomitant SD therapies were used in 100%/73.3% patients in UK and Brazil. PUVA/Fucibet/dermovate/aqueous cream (UK) and PUVA/betamethasone cream (BRA) were widely used. Observed units of HCU are shown in the table.

HCU Type	UK		Brazil	
	# Units	Units PPY	# Units	Units PPY
Hospitalization episodes	27	0.41	5	0.33
Hospital days	1031	15.79	20	1.33
ER visits	0	0.00	1	0.07
Bone marrow transplantations	3	0.05	0	0.00
Blood transfusions	0	0.00	1	0.07
Lab tests	497	7.61	205	13.67
Outpatient visits	212	3.25	200	13.33

Conclusions: CTCL treatment is multi-faceted requiring significant HCU in studied UK and Brazilian institutions. These results quantify the burden of CTCL and may help evaluate the impact of new systemic CTCL therapies on overall healthcare use.

3611 POSTER

Establishing a concept of cancer literacy – a delphi study among Swiss oncology experts

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Background: Two types of studies have been conducted around the concept of health literacy, which in the last years has gained widespread acceptance in the field of Communication and Medicine: on the one side, empirical research on the different aspects of health literacy and their relationship with health outcomes (DeWalt et al. 2004; Paasche-Orlow et al. 2006; Sudore et al. 2006), and on the other side studies aimed at discussing and implementing new and existing theoretical definitions of the concept (Nutbeam 2008; Schulz & Nakamoto 2005). The present study is a tentative endeavour to contribute to the conceptual work around health literacy, i.e. to specify the concept with regard to the limited area of cancer. The main idea is that of elaborating and operationally defining a concept of cancer literacy. A key issue in this endeavor is the question of what to include in the concept, and what to omit.
Material and Methods: It is hard to know which features of laity communication competence are important to operationally define health literacy in general and cancer literacy in particular, without taking the knowledge and experience of health care providers into account. To achieve an operational definition of cancer literacy in the general population, building upon the professional experience of health care providers (oncologists, GPs, nurses from oncology wards, social workers, public health professionals), a Delphi study among cancer experts (N = 50) from the three linguistic regions of Switzerland has been conducted.
Results: The paper presents the main results of the three waves of the Delphi study that was the first to operationally define the concept of cancer literacy, highlighting its main aspects, their relative importance and the degree of agreement among the participants.
Conclusions: The study is the first step of a larger research project funded by Oncosuisse and carried out by a Swiss university, which foresees other studies in this area, such as a content analysis of the Swiss newspaper coverage of the aspects that have emerged as crucial constituents of cancer literacy, and the development of a measuring instrument that will help define the most health illiterate and cancer illiterate segments of the population and produce information on which aspects of health and cancer literacy are most in need of improvement. This will help designing information campaigns and public policies that are targeted to where the deficiencies are.

3612 POSTER

Improving chemotherapy capacity by switching from intravenous to oral vinorelbine: TAMINO, an international time and motion audit

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Background: Efficiency, safety and patient-centred care are key criteria for a world-class chemotherapy service. This paper describes a time and motion audit of patient pathways in eight European Union (EU) centres. A previous audit (Taylor et al) showed that patients treated with oral vinorelbine (NVBo) spent 1 h 30' less in hospital and required 33% less pharmacy time than patients treated with intravenous vinorelbine (NVBiv). The objective of TAMINO (Time And Motion International study with NAVELBINE® Oral) was to explore whether switching from NVBiv to NVBo as a single agent for patients treated at the hospital for advanced non-small cell lung cancer (NSCLC) or advanced breast cancer (ABC) would result in a similar conclusion for patients, doctors and pharmacists across the EU.
Material and Methods: Eight centres in four EU countries were selected to reflect the diversity of chemotherapy administration processes. Process and waiting times for 123 patients were measured: 72 NVBo (59%) and 51 NVBiv (41%), 81 (66%) NSCLC and 42 (34%) ABC. Treatment pathways were identified in each centre. Process and waiting times were measured for an average of 15.4 patients [8−20] at each centre and for each process the average and range calculated.