

23.4/100,000 respectively). Patients are often seen in late stages because of lack in screening programs and limited accessible Units, so the 5-years cancer mortality is high (81 and 55% respectively).

Aim of the study: Oncology for Africa is a Italian non-profit organization founded by several specialist working in oncologic field that actually works in agreement with St. Raphael of St. Francis Nsambya Hospital in Kampala, providing opportunities for female cancer prevention and treatment. A mission was held in January 2011 in order to assess the sustainability of a screening campaign, the population compliance and the effectiveness of nurses training.

Methods: The mission was organized in two-steps; in December 2010 informative pamphlets edited in local language announcing the coming screening were distributed to 1000 women living in Kampala and in two rural villages by the help of local AISPO-NGO and nurses. On January 2011a 3-weeks CC and BC screening was performed by 2 gynecologists, 1 pathologist and 5 nurses according to the local methods (VIA TEST for gynecological inspection and breast palpation – BP). Suspected cases were referred for further investigations to Nsambya Hospital. A specific data base was provided and managed in collaboration with the nurses involved in the screening.

Results: 844 women accepted screening (median age 36.8), irrespective of religion (513 in Kampala and 331 in rural areas) with a median accrual of 49 pts/die. We found 9.8% VIA and 3.4% BP abnormal cases, further addressed to PAP test/colposcopy or breast FNAB. The compliance to screening/further therapy was 84/79% respectively. Two pts (stage Ic BC, FIGO IB CC) underwent radical surgery, a FIGO IIIB CC pt has been addressed to concomitant CT+RT and 1 pt with CC did not accept operation. 6 pts with new-diagnosed HSIL (21.4% of total biopsies) were also found. The total mission cost was 12,000 Euros.

Conclusions: The screening campaign is affordable regarding women compliance, sensitization and training of the local paramedical staff. Our findings indicate a higher rate of CC compared to the existing data about cancer in Sub-Saharan countries. These descriptive results would also sensitize to the growing incidence of female cancer in Africa and stimulate collaboration with Sub-Saharan Health Units to ameliorate their efforts in the assessment of a better standard of care and screening organization.

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POSTER

Cost Identification of Nordic-FLIRI, Nordic- FLOX, XELIRI and XELOX in Palliative Colorectal Cancer in Sweden-a Clinical Practice Model Approach

K. Pettersson¹, G.U. Carlsson², C. Holmberg³, K. Källemark Sporrang¹.

¹Social Pharmacy, Department of Pharmacy, Uppsala, Sweden;

²Sahlgrenska University Hospital/Ostra, Department of Surgery, Gothenburg, Sweden; ³Roche, Roche Sweden, Stockholm, Sweden

Introduction: Nordic-FLOX, Nordic-FLIRI, XELIRI, XELOX are four commonly used chemotherapies in the first line treatment of metastatic colorectal cancer in Sweden. The role of health related economic research in the health and pharmaceutical sector is crucial due to the finite health care resources. In the decision-making, consideration is given to economic costs associated with therapies. Cancer treatments are no exception and need to be evaluated. There is an interest in conducting national and clinically adapted evaluations.

Aim: To describe and compare costs associated with four commonly used treatments for metastatic colorectal cancer in clinical routine practice.

Materials and Methods: The retrospective study was carried out using observations and a clinical database of cancer colorectal patients treated with the intravenous regimens Nordic-FLOX (n=163) and Nordic-FLIRI (n=58) or the partly per oral alternatives XELIRI (n=27) and XELOX (n=10) at an oncology clinic in Gothenburg, Sweden. All patients treated between 2003 to 2009 were included. The clinical outcome of the therapies was equal and median treatment time was six months. The treatments are used side by side in the clinical practice. A clinical economic evaluation model was designed. All direct cost associated with the base line treatment, administration of chemotherapy and drug costs were collected and evaluated.

Results: The maximal mean cost for the four treatments was estimated to be 60,000–65,000 SEK per patient for six months, adverse effects excluded. During six months the intravenous treatments include 17 more outpatient visits per patient compared to the per oral alternatives.

Conclusion: The results indicate that the two Nordic regimens are similar in terms of treatment costs and that the per oral alternative could be a cost saving alternative for the clinic. The main difference is the opportunity cost. This makes it possible to treat additional patients with the same labour force resources.

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POSTER

Psycho-Oncological Aspects of Chernobyl Disaster

Y. Malova¹. ¹Moscow State University, Psychological Department, Moscow, Russian Federation

Background: 25 years have passed since Chernobyl disaster. Thousands of "Liquidators" of the consequences of the explosion are dead or disabled. Psycho-neurological disorders are the leading in Liquidators. In cancer patients-Liquidators the mental co-morbidity is more than 75%. This research is focused on psychological factors of complex psycho-social and medical help in victims of radiological disaster.

Material and Methods: 300 Liquidators of Chernobyl disaster – patients of Russian Scientific Centre of Radiology – including 20 cancer patients were systematically psychologically tested since 1991 till 2010. Narrative interview and different personality tests were used as well as neuropsychological complex testing.

Results: The higher scores of personality anxiety and not-effective coping strategies positively correlate with the manifestation of the psycho-neurological and cardio-vascular diseases in 5–10 years after catastrophe and with the manifestation of cancer in 10–15 years. There is particularly Liquidators' victim pattern of coping. The brain functions disorders decrease the effective coping strategies.

Conclusions: The participation in the liquidation of the radiological disaster leads to the specific Psycho-Oncology consequences. Liquidators need the adopted complex psychological help.

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POSTER

Gender Differences in the Relationship Between Work and Psychological Distress in Cancer Physicians

C. Taylor¹, S. Michie², M. Hunter³. ¹King's College London – Florence Nightingale School of Nursing and Midwifery, Supportive Cancer Care, London, United Kingdom; ²University College London, Clinical Educational and Health Psychology, London, United Kingdom; ³Kings College London Institute of Psychiatry, Department of Psychology, London, United Kingdom

Background: Levels of psychological distress amongst physicians are high and have been attributed to the nature of their job. Few studies have examined gender differences although there are known differences in some vulnerability and protective factors related to psychological distress. The changing demography in medicine, with an increasing proportion of females entering the profession makes this an important issue to investigate.

Material and Methods: A mixed methods programme of research comprising: (1) Secondary analysis of a UK national survey of the mental health, job stress and job satisfaction of consultant physicians (surgical, clinical and medical oncologists, radiologists & gastroenterologists) (n = 1308, 78% response rate); (2) Exploratory interviews with 26 male and 26 female participants in Stage 1 survey; (3) the development of an explanatory framework for poor mental health in consultant physicians based upon relevant literature and findings from stages 1 and 2; (4) A confirmatory interview study involving 12 male and 12 female consultant physicians from male dominated (surgery) or balanced gender (radiology) specialty groups working at one of two UK NHS hospital trusts.

Results: Female physicians were more likely to report psychological distress (GHQ-12 score >3) compared to male physicians (39% vs. 31%, p=0.02). Equal levels of job stress were reported, but female physicians reported lower levels of job satisfaction (particularly for perceived work control and professional esteem) which was associated with their higher prevalence of psychological distress (Stage 1). This lower job satisfaction seems to relate to part-time working and/or domestic/childcare responsibilities, lack of 'social' support (managerial, emotional and practical support) and the perceived negative attitudes of co-workers and the organisation (Stage 2). The explanatory framework for poor mental health in hospital consultants was verified (Stage 4).

Conclusions: Attention should focus on ensuring that physicians are able to balance the high demand of their job with having sufficient control over, and satisfaction from, it. Organisational policies regarding childcare, maternity cover, career breaks and part-time working require review to determine how to best manage the implications of the changing workforce whilst protecting the mental health of physicians.

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POSTER

European Patient Online Information Needs

C. Maddock¹, I. Lewis¹, A. Kafait¹. ¹Tenovus, Research, Cardiff Wales, United Kingdom

Background: Good quality health information can help in disease prevention, promotion of self-care, inform treatment decisions and improve the effectiveness of clinical care [1]. Increasingly people are accessing