surveyed members of Kaiser Permanente (KP) Member Voice, a representative online panel of KP members. Questions focused on communication with the cancer care team overall and during specific phases (e.g., diagnosis, chemotherapy). Respondents indicating less than excellent communication were asked to describe how communication fell short. We asked all respondents what aspects of communication were most important during cancer care. **Results:** A total of 375 members diagnosed with cancer completed the questionnaire. Respondents represented all KP regions; 57% (212/375) were female; 62% (233/375) had at least a college degree. Overall communication ratings varied by phase of care; the percentage of respondents rating “excellent” was lowest for Diagnosis (62%; 225/365); corresponding percentages for other phases included Decision-Making 71% (248/352); Surgery 73% (212/290); Radiation 65% (68/105); Drug Therapy 76% (82/108); Completing Treatment 70% (237/340). Only 55% (189/342) of respondents “strongly agreed” they were told their diagnosis in a sensitive, caring way. Asked where communication fell short, patients cited problems in providers’ manner, as well as the amount, timing and clarity of information. Initial analysis of what was most important revealed themes related to being treated like a person, conveying caring and optimism and providing clear, complete and timely information. **Conclusions:** Patients are willing to provide feedback on their cancer care experiences and to identify problematic aspects of communication and when they occurred. These items can be used to assess patients’ experiences and to prioritize quality improvement efforts. **Keywords:** Cancer; Communication

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C2-3:

Cancer Prognostic Resources: A Systematic Review and Central Repository of Web-based Cancer Prognostic Calculators

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Background/Aims: Cancer prognosis is one of the leading topics of interest for cancer patients, their caregivers and providers. Literature suggests that nomograms that use prognostic algorithms integrating several predictors improve prognostic accuracy. There has been increasing interest in the availability and use of web-based tools by both health care providers and patients for obtaining information about health promotion and disease management. Our study aimed to review the available online cancer prognostic tools, to provide input on the implications for their use in clinical settings, and to create a centralized repository for providers to access.

Methods: Using a systematic approach, we searched the Internet, Medline, and consulted with experts to identify existing online prognostic tools. To be eligible, tools had to have an English version, focus on cancer, have an interactive component, and provide at least one of the following output measures: cancer or non-cancer specific mortality/overall survival; disease free survival (DFS)/recurrence; clinical response to treatment; progression free survival (PFS)/spread; cancer therapy induced side effects. Each tool was reviewed for content and format. **Results:** Twenty-two prognostic tools addressing 89 different cancers (min: 1, max: 84) were identified. We classified unique cancer sites under 13 main categories. Tools focused on prostate (n = 11), colorectal (n = 10), breast (n = 8), and melanoma (n = 6), though at least one tool was identified for most malignancies. The input variables for the tools included cancer characteristics (n = 22), with fewer having inputs for patient characteristics (n = 18) or comorbidities (n = 9). Effect of therapy on prognosis was included in 19 tools. The most common predicted outcome was cancer specific survival/mortality (n = 17) followed by disease free survival (DFS)/recurrence (n = 14). While all of the tools were available online, only four suggested usability by patients. **Conclusions:** The process of identifying available tools was time consuming as there was no one location where all existing cancer prognostic tools were easily accessible and compared. Using a systematic review, we identified and compiled a comprehensive repository of 22 currently existing online prognostic tools. A website was created for these tools: www.cancercalculators.org. Cancer prognostic tools hold great promise in facilitating patient-

centered communication and decision-making and helping patients prepare for life post treatment.

Keywords: Prognosis; Prediction

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C2-4:

Implementing an Evidence-based Breast Cancer Support Tool for Newly Diagnosed Breast Cancer Patients as Standard Care at Two Institutions

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Background/Aims: While many women turn to the Internet to obtain information, it is unlikely that unstructured internet use provides optimal benefit to women newly diagnosed with breast cancer, due to uneven quality, conflicting claims, redundancy, and search engine idiosyncrasies which may make finding desired information more difficult. To answer the need for information and support, an Interactive Cancer Communication System (“CHESS”) was developed, validated in several randomized trials, and is now being implemented to provide access to integrated information for decision-making, behavior change, and emotional support. We implemented a program to offer CHESS to all newly-diagnosed breast cancer patients as part of standard care (not as part of a research study) at two Denver healthcare systems: Kaiser Permanente Colorado (KPCO), and Exempla Health Care (EHC), which serves a larger proportion of minorities and those without insurance. **Methods:** All women who receive a breast cancer diagnosis at KPCO and EHC are to be offered access to CHESS during or very shortly after notification of their diagnosis and throughout the treatment process, thus making CHESS a part of standard care for hundreds of breast cancer patients. By qualitatively tracking the contextual factors related to CHESS implementation by date and occurrence, and through patient and provider interviews and surveys, this study is evaluating the real-world feasibility of CHESS integration into standard care. **Results:** We will report on the process of real-world implementation of CHESS at KPCO and EHC, the barriers to and facilitators of integrating the CHESS resource into standard care, and the expected and final process of how CHESS was finally integrated into standard care at each institution as a case-study example. We will also report on the initial impact of CHESS integration on the breast cancer care process and on providers at each institution. **Conclusions:** This case-study example demonstrates how CHESS implementation is informing dissemination to other KP regions and organizations and how the evaluation and tracking process provides guidance for implementation of other programs in large organizations.

Keywords: Breast cancer; Implementation

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PS1-48:

A Patient-centered Electronic Education Tool for Establishing Weight Loss Expectations after Bariatric Surgery

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Background/Aims: Bariatric surgery candidates often struggle when deciding between intensive lifestyle therapy, pharmacological therapy, and/or bariatric surgery for achieving their long-term weight loss (WL) goals. Moreover, they often have unrealistic WL expectations prior to surgery. Despite huge individual variation in surgically induced WL, patient education is currently based on average WL results derived from program experience or published literature. Improved patient education tools are needed to provide realistic individual expectations for surgical WL. The purpose of this study was to develop an electronic application for patient education that can aid in surgical decisions, establishing realistic WL goals, and monitoring WL success. **Methods:** Post-operative weight measurements from 2608 Roux-en-Y gastric bypass patients at Geisinger Clinic were collected over an eight