what sort of cancer a PSA test screened for scored lower than those who did (p<.05). Overall, 35% of men had read or been given conflicting information about PSA testing; these men were more likely to report mixed feelings about PSA testing, would be less likely to find a normal result reassuring, and were less likely to believe that PSA testing reduces chances of dying from prostate cancer (p<.05). **Conclusions:** Many men in this study were unfamiliar with PSA testing. Most believed that PSA testing would reduce their chances of dying from prostate cancer, and were not aware of conflicting information about PSA testing. Patient education about PSA testing is needed.

Keywords: Prostate cancer screening, Health beliefs, Health literacy
doi:10.3121/cmr.2011.1020.ps2-25

C-B2-05:

Screening Colonoscopy: Benefits, Barriers and Conflicting Information

Kathleen Mazor, EdD[1]; Mark Mooradian, BS[1]; Mary Costanza, MD[2]; Terry Field, DSC[1]; Bridget Gaglio, PhD[3]; Sarah Greene, MPH[4]; Paul Han, MD[5]; Brandi Robinson, MPH[6]; Douglas Roblin, PhD[6]; Joann Wagner, MSW[1]; Andrew Williams, PhD[7]

[1]Meyers Primary Care Institute, UMass Medical School, Fallon Clinic, FCHP; [2]University of Massachusetts Medical School; [3]Kaiser Permanente Colorado; [4]Group Health Research Institute; [5]Maine Medical Center; [6]Kaiser Permanente Georgia; [7]Kaiser Permanente Hawaii

Background: Research suggests physician-patient discussions about colonoscopies may be brief or absent. We sought to investigate men and women's familiarity and experiences with colonoscopies, and perceived benefits and barriers. **Methods:** In the context of the multi-site CRN study "Health Literacy and Cancer Prevention" adults aged 40 to 70 were interviewed about knowledge, attitudes and experiences related to colonoscopy screening. **Results:** Of 1068 adults queried, 99% had heard of a colonoscopy, and 90% knew what type of cancer it tested for. 976 men and women had or intended to have a colonoscopy (accepters). The most common reasons cited for a colonoscopy were age appropriateness (59%), physician advice (56%), family history (16%), and colon-related symptoms (14%). 69 men and women had not had and did not intend to be tested (decliners). These participants cited lack of doctor recommendation (39%), age (16%), absence of family history (15%) and absence of colon-related issues (15%) as reasons. Most participants (92%) would find a normal result reassuring, and most (80%) believed having a colonoscopy would reduce their chances of dying from colon cancer. Overall, 41% would be nervous about what a colonoscopy might find and 69% agreed that having a colonoscopy is unpleasant. A statistically significant difference between accepters and decliners was found only on the latter belief, with 68% of decliners endorsing that a colonoscopy is unpleasant, compared to 82% of accepters (p<.05). There were no statistically significant differences between accepters and decliners on health literacy test scores, however those who did not know what sort of cancer a colonoscopy screened for scored lower than those who did (p<.05). Overall, 14% of participants had read or been given conflicting information about a colonoscopy; those who had were more likely to report mixed feelings about having a colonoscopy (p<.05). **Conclusions:** Almost all participants in this study were familiar with colonoscopy screening, and a large majority knew what type of cancer it screened for. While many participants were aware of age as a factor in screening appropriateness, not surprisingly physicians' advice (or its absence) also appeared to be influential.

Keywords: Colon cancer screening, Health beliefs, Health literacy
doi:10.3121/cmr.2011.1020.c-b2-05

C-B2-01:

Cardiotoxic Chemotherapy is Associated with Increased Heart Failure Risk Among Women with Breast Cancer in the Cancer Research Network

Erin Aiello Bowles, MPH[1]; Robert Wellman, MS[1]; Thomas Delate, PhD[2]; Larry Allen, MD[3]; Heather Spencer Feigelson, PhD[2]; Marianne Ulcickas Yood, PhD[4]; Robert Davis, MD[5]; Larissa Nekhlyudov, MD[6]; Catherine McCarty, PhD[7]; Laurel Habel, PhD[8]; David Magid, MD[2]; Adedayo Onitilo, MD[7]; Andrew Freedman, PhD[9]; Edward Wagner, MD[1]

[1]Group Health Research Institute; [2]Kaiser Permanente Colorado; [3]Univeristy of Colorado, Denver; [4]Henry Ford Health System; [5]Kaiser Permanente Georgia; [6]Harvard Pilgrim Health Care Institute; [7]Marshfield Clinic; [8]Kaiser Permanente Northern California; [9]National Cancer Institute

Background: The association between cardiotoxic chemotherapy for breast cancer treatment and congestive heart failure has been well documented in clinical trials. However, clinical trial populations often contain young, otherwise healthy people, and these results may not represent true associations in community settings. We used electronic administrative data from the CRN VDW to estimate the association between chemotherapy with anthracycline and/or trastuzumab and heart failure in a cohort of women with breast cancer. **Methods:** We included 13,497 women diagnosed with invasive breast cancer between 1999-2007 from eight CRN health plans. Using Current Procedural Terminology codes and National Drug Codes from the VDW, we determined whether each woman was exposed to anthracyclines alone, trastuzumab alone, anthracyclines plus trastuzumab, other chemotherapy, or no chemotherapy. We used International Classification of Disease codes and an algorithm based on number of inpatient, outpatient, and emergency department diagnoses to determine whether each woman had a prevalent (before breast cancer diagnosis) or incident (after breast cancer diagnosis) heart failure diagnosis. Using Cox proportional hazards models, we modeled the time to incident heart failure (censoring at disenrollment or death) associated with time varying exposures for each treatment category using hazard ratios (HR) and 95% confidence intervals (CI) adjusted for age, health plan, stage, year of diagnosis, and comorbidities. **Results:** Almost half of our study population received no chemotherapy (46.2%, 6420/13497); 28.6% (3857/13497) received anthracyclines alone, 1.2% (157/13497) received trastuzumab alone, 3.5% (470/13497) received both, and 20.4% (2748/13497) received other chemotherapy. One thousand forty-one women (7.7%, 1041/13497) were diagnosed with incident heart failure. The adjusted HR associated with anthracycline use alone was 1.19 (95%CI=0.97-1.46) compared with no chemotherapy, 3.02 for trastuzumab alone (95%CI=1.86-4.89), 6.05 for anthracycline and trastuzumab combined (95%CI=4.35-8.42), and 1.36 for other chemotherapy (95%CI=1.17-1.58). These associations strengthened after excluding women with prevalent heart failure or incident heart failure diagnosed <60 days after breast cancer diagnosis. **Conclusions:** Cardiotoxic outcomes after chemotherapy occur in the community setting; the combination of anthracycline plus trastuzumab in particular, is associated with an elevated heart failure risk. The CRN is an ideal setting to study chemotherapy, cardiotoxicity, and other survivorship-related outcomes.

Keywords: Breast cancer, Chemotherapy, Congestive heart failure
doi:10.3121/cmr.2011.1020.c-b2-01

C-B2-03:

10-Year Safety of Radiotherapy Among Older Breast Cancer Survivors

Reina Haque, PhD[1]; Marianne Ulcickas Yood, PhD[2]; Aruna Kamineni, PhD[3]; Chantal Avila, MA[1]; Jiaxiao Shi, PhD[1]; Rebecca Silliman, MD, PhD[4]; Virginia Quinn, PhD[1]

[1]Kaiser Permanente Southern California; [2]Henry Ford Health System; [3]Group Health Research Institute; [4]Boston University Medical Center

Background: Almost 75% of breast cancer patients worldwide are treated with adjuvant therapy, primarily radiotherapy (RT). However, little is known about the long-term effects on cardiovascular health, particularly in older women. **Aims:** We studied nearly 800 women aged 65 years or older with early-stage breast cancer who received care through integrated health care plans to determine if cardiovascular disease (CVD) is associated with radiotherapy. **Methods:** *Design & Data Elements:* The retrospective cohort study, Breast Cancer Treatment in Older Women (BOW), included 806 women aged 65+ years diagnosed with stage I-II breast cancer between 1990 & 1994. These women were treated with surgery (breast conserving surgery [BCS] or mastectomy) and followed through 12/31/2004. *Exclusions:* Participants with CVD disease at baseline; those who had chemotherapy; or underwent BCS only without radiation treatment (i.e., less than standard care). *Data elements:* Demographic, treatment, tumor and comorbidity data from medical records, automated membership databases & SEER-affiliated