1762P Chemotherapy-induced peripheral neurotoxicity (CIPN): What are patients telling us?

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Background: This is a secondary analysis of the original CI-PeriNomS study dataset to formally test in CIPN patients: a) which is the correlation between patients' perception of activity limitation and actual neurological impairment, and b) how the responses to simple questions regarding daily activities potentially related to sensory and/or motor impairment are interpreted by the treating oncologist.

Methods: For the purposes of the current study we have analyzed data on the presence (frequency) of CIPN-associated peripheral nerve damage, without taking into account its severity. Comparison was performed between the oncologists' responses and the scores obtained in strength and vibration detection threshold using the Total Neuropathy Score (clinical, TNSc) criteria compared to patients answers to 8 tasks scored as "impossible" to be performed by at least 5% of the patients.

Results: The distribution of the scores attributed by oncologists to each daily life maximum limitation ("impossible") allowed categorizing the responses into 3 groups: Group 1 included the limitations that the oncologists attributed mainly to motor impairment (item median motor score = 7, item median sensory score 2-3), Group 2 consisted of limitations mainly attributed to sensory impairment (item median sensory score = 8, item median motor score = 1-2) and Group 3 included limitations with uncertain motor and sensory impairment (item median sensory score = 4-6, item median motor score = 5). We demonstrate that the interpretation of patients' report provided by the panel of oncologist is poorly consistent with the actual neurological impairment, and that activity limitations capture more than simple impairments and reflect a broader impact than impairment measures.

Conclusions: These observations form a critical basis for further research on the core set of outcome measures needed for future trials in CIPN and at the same time suggest a careful use of available PROs alone as main endpoints in CIPN trials. Presented on behalf of the CI-PeriNoms study group.

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