with the physician/Less than 6 months of survival/Intravenous administration. The factors that influence more on the treatment preferences were, symptoms' control (31% of the patients), confidence with the physician (21.6%) and immediate toxicity (18.7%). CONCLUSION: Through a conjoint analysis we may conclude that the most important attributes for the patients were symptoms' control followed by confidence with their physician.

PCN72

HEALTH-RELATED QUALITY OF LIFE (HRQOL) AND KIDNEY CANCER-RELATED SYMPTOMS IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (mRCC) TREATED WITH SUNITINIB VERSUS INTERFERON (IFN)-ALFA IN A RANDOMISED, MULTINATIONAL PHASE III TRIAL: RESULTS FOR EUROPEAN AND US SUBSAMPLE ANALYSES

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OBJECTIVES: Sunitinib malate is an oral, tyrosine kinase inhibitor that targets VEGFRs, PDGFRs, KIT, RET and FLT3, with antitumour and antiangiogenic effects. Sunitinib demonstrated statistically superior efficacy and HRQOL over IFN-alfa as first-line mRCC therapy (P < 0.001) in an international, randomised phase III trial [Motzer et al. NEJM 2007;356:115–24]. These analyses examine the association between geography and treatment effect on patient-reported outcomes (PROs). METHODS: Patients with mRCC (N = 750) were randomised 1:1 to sunitinib 50 mg/day orally in 6-week cycles (4 weeks on, 2 weeks off) or IFN-alfa (9 MU SC TIW). HRQOL was assessed on days 1 and 28 of each cycle using the following instruments: 1) FACT-Kidney Symptom Index (FKSI) and its disease-related symptom subscale (FKSI-DRS); 2) Functional Assessment of Cancer Therapy-General (FACT-G) and its 4 subscales; and 3) Quality of patient's life (QoL) subscale (FKSI-DRS); 2) Functional Assessment of Cancer Therapy-General (FACT-G) and its 4 subscales; and 3) Quality of patient's life (QoL) subscale. RESULTS: Sunitinib provided a significant benefit compared with IFN-alfa in the overall post-baseline least-square means for in all 9 PRO subsamples. The second was to develop new items specifically relevant for persons having false-positive lung cancer screening. The prevalence of hot flashes in patients undergoing ADT is approximately 70–80%. Fifty-five percent of patients report distress due to their hot flashes. There are many common psychosocial consequences of abnormal and false-positive screening mammography. It has two parts; one covering the period between abnormal screening and final diagnosis and one relating to the period following being declared free from cancer. The first aim of the study was to assess if COS (i.e. COS-BC without the breast specific items) was relevant for persons having false-positive lung cancer screening results. The second was to develop new items specifically relevant to participants in lung cancer screening. METHODS: A randomised study of lung cancer screening was launched in Denmark in 2005. Five focus groups were held with 20 people (13 women and 7 men; mean age 60.0 years) who had received an abnormal screening result in the prevalence round and were recalled for a scan after 3 months. They discussed their thoughts and feelings after being recalled and after receiving the final false-positive diagnosis. They completed the COS and discussed its relevance to their own experiences. The face and content validity of new items developed after the focus groups was tested by means of interviews with 6 participants from the focus groups. RESULTS: The items in the COS were all relevant for lung cancer screening. Three themes were extracted from the audio-taped interviews. Stigmatisation, Self-blame and Focus on symptoms. Twenty-six new items for part I and 16 for part II of the questionnaire (COS-1C) were generated. CONCLUSION: There are many common psychosocial consequences of abnormal and false-positive results in lung cancer screening: ADAPTATION OF A QUESTIONNAIRE

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OBJECTIVES: The Consequence of Screening in Breast Cancer questionnaire (COS-BC) assesses the psychosocial consequences of abnormal and false-positive screening mammography. It has two parts; one covering the period between abnormal screening and final diagnosis and one relating to the period following being declared free from cancer. The first aim of the study was to assess if COS (i.e. COS-BC without the breast specific items) was relevant for persons having false-positive lung cancer screening results. The second was to develop new items specifically relevant to participants in lung cancer screening. METHODS: A randomised study of lung cancer screening was launched in Denmark in 2005. Five focus groups were held with 20 people (13 women and 7 men; mean age 60.0 years) who had received an abnormal screening result in the prevalence round and were recalled for a scan after 3 months. They discussed their thoughts and feelings after being recalled and after receiving the final false-positive diagnosis. They completed the COS and discussed its relevance to their own experiences. The face and content validity of new items developed after the focus groups was tested by means of interviews with 6 participants from the focus groups. RESULTS: The items in the COS were all relevant for lung cancer screening. Three themes were extracted from the audio-taped interviews. Stigmatisation, Self-blame and Focus on symptoms. Twenty-six new items for part I and 16 for part II of the questionnaire (COS-1C) were generated. CONCLUSION: There are many common psychosocial consequences of abnormal and