

PCN144

HEALTH-RELATED QUALITY OF LIFE IN PROSTATE CANCER – ONE YEAR FOLLOW-UP AND COMPARISON WITH GENERAL POPULATION NORMS

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OBJECTIVES: The incidence of prostate cancer has increased during the last two decades. Part of this increase has been attributed to prostate specific antigen (PSA) testing. As a consequence of testing many patients enter treatment at an early stage of the disease. This might be reflected in their health-related quality of life. **METHODS:** An ongoing observational follow-up study using the 15D generic health-related quality of life (HRQoL) instrument. Patients are asked to fill in the HRQoL questionnaire at baseline and 3, 6 and 12 months after entering treatment, and results are compared with those of an age-standardized general population sample. **RESULTS:** So far, 587 patients (mean age 66 years) have been assessed at baseline and 336 have completed the one-year follow-up. The mean HRQoL score (on a 0-1 scale) of the patients at baseline was statistically significantly better than that of the general population (0.904 vs. 0.874, $p < 0.001$). Furthermore, the patients were statistically significantly better off than the population on 9 of the 15 dimensions of the HRQoL instrument. Only the dimensions of elimination (i.e. urinating) ($p < 0.001$) and sexual function ($p < 0.05$) showed statistically significantly worse levels in the patients than in the general population. In patients having completed the one-year follow-up, the total HRQoL score fell from 0.913 to 0.886 ($p < 0.001$). The greatest deterioration was seen in sexual activity ($p < 0.001$). By contrast, elimination did not change in a statistically significant manner during follow-up. **CONCLUSIONS:** The HRQoL of patients entering treatment is surprisingly good. Although HRQoL of the patients showed slight deterioration during follow-up, patients were on many of the dimensions of the 15D instrument one year after diagnosis still better off than the general population. The only clear exception was sexual activity which showed marked deterioration in the patients during follow-up.

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MEASUREMENT PROPERTIES OF THE ENGLISH AND CHINESE VERSIONS OF THE FUNCTIONAL ASSESSMENT OF CANCER THERAPY – BREAST (FACT-B) IN ASIAN BREAST CANCER PATIENTS

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OBJECTIVES: To examine the measurement properties of and comparability between the English and Chinese versions of the Functional Assessment of Cancer Therapy - Breast (FACT-B) in Singaporean breast cancer patients. **METHODS:** This is an observational study of 271 patients. Known-group validity of FACT-B total score and Trial Outcome Index (TOI) were assessed in relation to performance status, evidence of disease and treatment status cross-sectionally; responsiveness to change was assessed in relation to change in performance status longitudinally. Internal consistency and test-retest reliability were evaluated. Factor analyses were performed to examine the factor structure of the FACT-General which consisted of the first four subscales of FACT-B, and the breast cancer subscale (BCS). Multiple regression analyses were performed to compare the scores on the two language versions, adjusting for covariates. **RESULTS:** The FACT-B total score and TOI demonstrated known-group validity in differentiating patients with different clinical status. They showed high internal consistency (Cronbach's alpha = 0.87 to 0.91) and test-retest reliability (intraclass correlation coefficient = 0.82 to 0.89). The English version was responsive to the change in performance status. The Chinese version was responsive to decline but inconclusive to improvement in performance status due to too few such respondents. Four factors identified from FACT-General corresponded to the four subscales except two items. Three factors were identified from the BCS, namely psychological distress, feminine satisfaction, and physical complaints. Two items concerning sexuality had a high item non-response rate (50.2% and 14.4%). No practically significant difference was found between the two language versions despite minor differences in two items. **CONCLUSIONS:** The English and Chinese versions of the FACT-B are valid, responsive and reliable instruments in assessing health-related quality of life in Singaporean breast cancer patients. Data collected from the two language versions can be pooled and either version could be used for bilingual patients.

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GOOD PROGNOSIS, GOOD QUALITY OF LIFE? – LONGITUDINAL ASSESSMENT OF QUALITY OF LIFE IN THYROID CANCER PATIENTS

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OBJECTIVES: Although the incidence of thyroid carcinoma is constantly rising, little is known about the issue of quality of life (QoL) in this patient group. A ten-year survival rate of 90% and therapeutic options with minor side-effects may blind physicians and researchers to the fact that patients not only have to face a cancer diagnosis and fear of recurrence, but are struggling with endocrine prob-

lems, severely affecting their QoL. Therefore, in the present study we aim at longitudinally assessing QoL in thyroid cancer patients from the beginning of radionuclide therapy onward. A further aim is to implement a computer-based QoL-monitoring. **METHODS:** Thyroid cancer patients admitted for inpatient stay (either for radionuclide therapy or aftercare) at the University Clinic for Nuclear Medicine were consecutively included in the study. Following an aftercare visit at 6 months after therapy, patients are monitored on an annual basis. QoL was assessed with the widely used EORTC Quality of Life Questionnaire (QLQ-C30) at each hospital visit. Data analysis was done using mixed linear models. **RESULTS:** Data from 55 patients (63.4% female, age 45.8+/-16.8) with a total of 236 measurements were analyzed. Patients showed significantly ($\alpha=0.05$) more severe impairments at the time point of therapy compared to aftercare visits on several QoL dimensions (functioning: physical, social, role, emotional; symptoms: fatigue, pain, dyspnea). On the majority of these dimensions females reported significantly more symptoms than males. During early aftercare QoL scores returned to general population levels. Computer-based QoL-monitoring is being currently implemented. Results will be showed at the conference. **CONCLUSIONS:** The results show that the QoL of thyroid cancer patients is diminished during the time of therapy until early aftercare. To alleviate symptom burden the need for medical or psychosocial intervention needs to be identified timely. This can be done using computer-based QoL-monitoring, allowing immediate action.

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HEALTH-RELATED QUALITY OF LIFE IN HEAD AND NECK CANCER PATIENTS - COMPARISON WITH GENERAL POPULATION NORMS

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OBJECTIVES: Head and neck cancer can profoundly affect patients' quality of life (QoL) but disease-specific QoL instruments alone may not give an appropriate view of this multidimensional disease. **METHODS:** An observational follow-up study using the 15D standardized, self-administered generic health-related quality of life (HRQoL) instrument which the patients were asked to fill in at baseline and at 3, 6 and 12 months after entering treatment. Results of 91 patients having so far completed one-year follow-up were compared with those obtained from age- and gender-standardized representative sample of the general population. **RESULTS:** Mean HRQoL score (on a 0-1 scale) of the patients entering treatment (mean age 62 years, 60 % men) was only slightly worse than that of the general population (0.870 vs. 0.888, $p=0.059$). However, on the dimensions of depression, distress and sexual activity the patients were at baseline clearly worse off than the general population ($p<0.001$). Lesser impairment was seen on the dimensions of sleeping, eating and speech ($p<0.01$). During the one-year follow-up the total HRQoL score showed slight deterioration from 0.870 to 0.845 ($p=0.019$). The most marked worsening was seen on the dimensions of speech ($p<0.001$) and eating ($p<0.01$). By contrast, the dimensions of distress ($p<0.01$) and depression ($p < 0.05$) showed at the one-year follow-up some improvement compared to baseline. **CONCLUSIONS:** The HRQoL of patients entering treatment is fairly good in comparison to that of the general population. Nevertheless patients appear to suffer from significant depression, distress and impaired sexual activity which should be taken into account in the treatment of head and neck cancer patients. During the follow-up the overall HRQoL score showed, despite of intensive treatment, only slight deterioration. The dimensions of eating and speech were negatively affected by treatment but the dimensions reflecting psychological well-being (distress and depression) showed some improvement compared to baseline.

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ESTIMATING QUALITY OF LIFE IN ADVANCED MELANOMA; A COMPARISON OF STANDARD GAMBLE, SF-36 MAPPED, AND EORTC QLQ-C30 MAPPED UTILITIES

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OBJECTIVES: In order to construct a cost-utility model, evidence is required of the Health Related Quality of Life (HRQL) experienced by patients suffering from the disease. In advanced melanoma, data is available from a vignette-based standard gamble (SG) study in the general population. However, patient reported HRQL data was also captured in the ipilimumab pivotal trial, MDX010-20, using the EORTC QLQ-C30 and the SF-36 generic health surveys. **METHODS:** Patient level EORTC data from the MDX010-20 trial was mapped using the EORTC-8D algorithm to produce EQ-5D utilities, which were then stratified according to disease progression (progression-free or post-progression), and treatment arm. This process was repeated with the patient level SF-36 data based upon a nonparametric Bayesian method to generate SF-6D utility values. The results were then compared with results generated from the vignette-based study. **RESULTS:** In the progression free health state, the SG and EORTC data show a high degree of correlation in utility (0.77 vs 0.80), with the SF-36 value being significantly lower (0.64). In the post-progression state, comparing to the utility values in the progression free state, the SG data shows a significant fall of 0.18 (23.4%) in expected utility, however, this is not mirrored in patient data, where there is a fall of 0.04 (4.7%) in the EORTC data, and 0.02 (3.3%) in the SF-36 data, showing patients do not appear to have a significantly worsened HRQL with disease progression. **CONCLUSIONS:** Despite the limitations of the study in both patient numbers, and being limited to a single disease, investigators should be aware different measures administered to the same patients may yield differing results. Equally further research should be carried out on HRQL associated with disease progression from the viewpoint of both patients and