The majority were male, Caucasian, and insured. Average age was 59 years old. Based on variable clustering, the XSQ produced three scales—Xerostomia Interference (9-items), Pain (5-items), and Nausea and Vomiting Symptoms (3-items). Overall, internal consistency was acceptable (Cronbach’s alpha coefficients ranged from 0.81–0.96). Construct validity was demonstrated based on correlations between related items/scales. Known groups validity was upheld, as HNC patients reported statistically significantly lower scale scores (worse functioning) than NSCLC patients on all three domains (p < 0.05). As expected, no statistically significant differences were reported between the groups on the FACT-G scales. CONCLUSIONS: The XSQ was found to be reliable and valid in this population and should be a useful tool for clinicians to monitor their patients. Responsiveness will be evaluated in the future. The ECHO Registry is currently ongoing.

OBJECTIVE: To analyze the variations in QoL of newly diagnosed PC patients over the course of three months between public and private facilities. MEASURES: A total of 316 newly diagnosed PC patients recruited from the urology clinics of a private urban academic hospital and a veterans hospital completed SF-36 and UCLA-PCI prior to treatment, and at 3-month follow-up. RESULTS: General and Prostate-Specific QoL and demographics were compared across public and private facilities using t-test and chi-sq. Differences in utilities were assessed using the Wilcoxon Test (one-sided). Utilities for a 40% risk of impotence were 0.96 (SD.08) for cases and 0.91 (SD.16) for controls, which were not significant (p = 0.09). However, utilities for an 80% risk of impotence were 0.93 (SD.12) for cases and 0.85 (SD.18) for controls (p = 0.03). Utilities for a 30% risk of incontinence were 0.96 (SD.12) for cases and 0.85 (SD.22) for controls (p = 0.008). Utilities for a 10% risk of incontinence were 0.98 (SD.06) for cases and 0.91 (SD.21) for controls (p = 0.05). CONCLUSIONS: Patients treated with PB have significantly higher utilities for most levels of risk associated with impotence and incontinence as compared to those treated with 3DCRT. This is possibly related to either actual or perceived better sexual and urinary QOL for PB as compared to 3DCRT.

OBJECTIVES: To test whether individuals’ responses to standard gamble (SG) and visual analogue scale (VAS) questions do not depend on the time horizon of the health scenario presented. METHODS: Face-to-face interviews were conducted in a convenience sample aged 24 to 59 years at a Southern University in the US (n = 14). Preferences were estimated using SG and VAS. RESULTS: Analysis showed that the time horizon used did affect an individual’s preference rating for SG and VAS. For all three models tested (OP, ST, NV), main effects TIME (F(5,65) = 10.71, F(5,65) = 13.85, F(5,65) = 17.40) and METHOD (F(1,13) = 34.56, F(1,13) = 58.01, F(1,13)