Two randomized, placebo-controlled, Phase III studies (AFFIRM and COU-AA-301) were identified that met prespecified criteria and included 14 unique HRQoL instruments. Important HRQoL issues for mCRC patients included pain, nausea/vomiting, and insomnia. The EQ-5D was commonly used. In 45% of patients, the EQ-5D was used to support patient-reported instruments. HRQoL items and scales varied between and within instruments. HRQoL was assessed by comparing it to a condition-specific measure, the MF Symptom Assessment Form (MFSAF) in 48 patients with MF with repeated measurement over 48 weeks using data from the ROBUST study. Convergent validity was based on correlation analysis between EQ-5D utility scores and dimensions (mobility, usual activities, self-care, pain/discomfort and anxiety/depression) and MFSAF total score and symptoms (pain, early satiety, night sweats, itching and bone or muscle pain). Responsiveness was based on change in EQ-5D compared to change in MFSAF using standardization and Cohen’s effects size (ES). Moderate to strong correlations (rho > 0.3) and comparable SRM and ES would indicate that EQ-5D was appropriate. RESULTS: EQ-5D had poor associations with key symptoms in MF (rho < 0.3), except for the ‘pain/discomfort’ and ‘anxiety/depression’ health dimensions (rho > 0.4). SRM and ES at week 4 for EQ-5D was 0.270 and 0.343 compared to SRM and ES of 0.911 and 0.826 for the MFSAF. A large proportion (15.56%) reported no problems (ceiling effect) for some of the individual dimensions of the MFSAF indicating that patients in this sample did not have all the common MF symptom. CONCLUSIONS: This exploratory analysis suggests that the EQ-5D’s ability to capture the effect of key symptoms in MF is limited to pain rather than the specific MF symptoms such as night sweats and itchiness. However, results of this analysis need to be interpreted with caution due to the small number of the patients.

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QUALITY OF LIFE DOMAINS ASSOCIATED WITH READMISSION

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OBJECTIVES: The aim of this study was to evaluate the associations between quality of life (QoL) domains and frequency of readmission to hospitals for different cancer patients. A secondary aim was to observe if the increased number of outpatient clinic admissions resulted an increased number of hospitalizations. METHODS: We evaluated QoL (EORTC Qol Questionnaire-C30) and hospital admissions in 250 patients with lung, breast, hematological, head and neck, colorectal, gastric, gynecological, and prostate cancers. The outpatient clinic admission and hospitalization data for each patient within 1-year of QoL assessment was obtained from the hospital finance database. Statistical analyses used nonparametric correlation coefficients to flag associations (r>0.3 and p<0.05) between overall, functional or symptom scales and number of hospitalizations or outpatient clinic admissions. RESULTS: QoL data was correlated with readmissions within 3 months of QoL assessment. The majority of readmissions were emotional functioning (r=0.42, p<0.003) and global health status (r=0.51, p<0.001) for gastric cancers. For readmissions within 1 year they were nausea/vomiting symptom scales (r=0.44, p=0.002) for colorectal cancer and global health status (r=0.46, p<0.001) for prostate cancer. The most meaningful readmission predicting scales (r=0.32, p=0.024) for breast cancers were associated with hospitalizations within 3 months. Diarrhea symptom scale (r=0.35, p=0.013) for colorectal cancers scale (r=0.53, p=0.0016) for prostate cancer was associated with hospitalizations within 1 year. In general, number of hospitalizations and admissions were not significantly correlated except for the head and neck cancers (r=0.32, p=0.022, within 1 year). CONCLUSIONS: Several quality of life domains might be associated with hospital admissions and hospitalizations. Although they may not always reflect causal relations, these HRQoL evaluations may be used to flag possible increases in contact with health care system and to timely notify the patient or their relatives of this possibility. Increased number of clinic visits does not necessarily result in increased hospitalizations for most cancer types.