QUALITY OF LIFE PROFILE OF MEN AT-RISK FOR PROSTATE CANCER: THE FIT AND THE WORRIED WELL
Kulkarni SG1, Watkins Bruner D1, Babb J2, Uzzo R3, Konski A3, Lai JS3, Cella D3
1Fox Chase Cancer Center, Cheltenham, PA, USA; 2Fox Chase Cancer Center, Philadelphia, PA, USA; 3Evanston Northwestern Healthcare, Evanston, IL, USA

OBJECTIVES: Men’s motivation to attend a Prostate Cancer Risk Assessment Program (PRAP) is under study. Previous PRAP work shows motivation to be unrelated to risk-knowledge and perceptions. This study assesses differences in quality of life profiles between two cohorts; men “at-risk” for prostate cancer (PC); and “normal” men without known risk of PC. METHODS: Functional Assessment Cancer Therapy (FACT) sub-scale scores were compared between cohorts; 331 men participating in PRAP in the NE United States and 456 men with complete FACT data, from an internet-based survey sample (1400 men randomly drawn from a demographically balanced sample of the United States population) recruited through Knowledge Networks, Menlo Park, CA. RESULTS: Three hundred seventy-six (82%) of “normal” men vs. 142 (43%) of “at-risk” men were Caucasian. Mean [median] age was 48.1 [46] for “at-risk” and 43.5 [42] years for “normal” men. Age and ethnicity were controlled in subsequent analyses. The “at-risk” group demonstrated higher physical and functional well-being (PWB/FWB) scores than the “normal” group (p < 0.0001). Analyses showed that the effect of PC risk on emotional well-being (EWB) depended on subject’s age (p < 0.027). When separated into 2 groups depending on the overall median age, both younger (<44 years) and older (>45 years) “normal” men showed significantly higher EWB scores than “at-risk” men; the difference being more pronounced among younger men. EWB score did not depend on the race of the subjects. CONCLUSION: The results indicate that although the men “at-risk” were older, they report being more physically fit than the younger “normal” group but had poorer EWB. Since risk knowledge and perceptions have been poor predictors of motivation to screen, it may be that motivation is associated with an emotional “gestalt” related to risk and a desire to stay fit to overcome risk.

FEAR OF CANCER RECURRANCE AFTER TREATMENT FOR PROSTATE CANCER: DATA FROM CAPSURE
Mehta SS1, Lubeck DP2, Pasta DJ3, Ye J3, Carroll P2
1TAP Pharmaceutical Products Inc, Lake Forest, IL, USA; 2University of California, San Francisco, San Francisco, CA, USA

OBJECTIVES: Fear of cancer recurrence has been well documented for colorectal cancer, breast cancer and bone marrow transplantation. Limited information exists for prostate cancer. This study describes fear of cancer recurrence (FOCR) in patients undergoing radical prostatectomy (RP) radiotherapy (XRT) and brachytherapy (BT) as prostate cancer treatment. METHODS: Five hundred twenty-seven patients who underwent initial treatment (RP = 328, XRT = 56, BT = 143) were identified from CaPSURE, a national longitudinal registry of men with prostate cancer. Patients in this analysis completed at least one pretreatment and two post-treatment health related quality of life (HRQOL) questionnaires and had complete clinical information. HRQOL was assessed using the SF-36 and the UCLA Prostate Cancer Index (PCI). FOCR was assessed with a five-question scale and was described at baseline and after treatment. All questionnaires at each time interval were used to calculate the cross-sectional mean FOCR score. Linear regression was performed to determine predictors of FOCR. RESULTS: RP patients were younger (mean 61.2) than XRT (mean 71.6) and BT (mean 69.3) patients. Clinical characteristics among groups were similar except mean PSA, which was higher for XRT (8.3) as compared to RP (5.7) and BT (6.2). Mean FOCR scores were similarly low pretreatment (more fear) for RP (64.1), XRT (60.4) and BT (62.3), increased after treatment (less fear) for RP (77.4), XRT (72.9) and BT (68.9) but did not change substantially over 24 months thereafter. Regression revealed that only general health was a significant predictor of FOCR. No other general or disease specific HRQOL domains or clinical characteristics were significant predictors. CONCLUSIONS: Undergoing treatment for prostate cancer decreases the FOCR that patients experience; however, fear level does not change substantially over time. General health is the strongest predictor of FOCR and thus evaluation of this one domain is important for understanding overall HRQOL outcomes in prostate cancer patients.

DIFFERENCES IN HUSBAND/WIFE PREFERENCES AND UTILITIES FOR PROSTATE CANCER THERAPIES
Bruner DW1, Hanlon A1, Kulkarni S1, Mazzoni S1, Linton S1, Konski A2, Pollack A2, Greenberg R2, Beck JR2
1Fox Chase Cancer Center, Cheltenham, PA, USA; 2Fox Chase Cancer Center, Philadelphia, PA, USA

OBJECTIVE: This pilot study compared the preferences and utilities for impotence and incontinence associated with prostate cancer (PC) treatments between men with PC and their wives. Several studies have shown little congruence between stated and observed preferences. We hypothesize that spousal influence may be a significant predictor of observed, versus stated, preferences. METHODS: Seven husband/wife dyads were recruited from radiotherapy and urology follow-up clinics. Each spouse was interviewed without the other present, using the Time Trade-Off Technique. RESULTS: The husband-wife dyads demonstrated disparate preferences 30% of
the time. Whereas 43% and 71% of husbands stated they would be willing to give up >6 mos of a 7-year survival to avoid a 40% and 80% risk of impotence, respectively, only 14% of wives would be willing for their husbands to give up to 6 mos of life to preserve potency at any level of risk. For incontinence 14% and 29% of husbands vs. 0 and 14% of wives stated they would be willing to give up, or have their husband give up, >6 mos of a 7-year survival to avoid a 10% and 30% risk of incontinence, respectively. When surgery, radiotherapy and watchful waiting (WW) were presented with the same life expectancy but a 99% risk of impotence with the first two options and potency with the latter, 57% of husbands vs 14% of wives chose WW. When the same treatment options were presented with the same life expectancy but a 99% risk of incontinence with the first 2 options and urinary continence with the latter, 71% of husbands vs 14% of wives chose WW. CONCLUSION: Wives had a higher utility than husbands for any treatment option vs. WW, that prolongs the husbands life regardless of level of risk of quality of life decrements. Wives’ preferences were more congruent with observed (vs. stated) preferences of the husbands.

**PCN22**

DEVELOPING A MEASUREMENT STRATEGY FOR PATIENT-REPORTED OUTCOMES: FINDINGS FROM THE NCI’S CANCER OUTCOMES MEASUREMENT WORKING GROUP

Snyder C1, Lipscomb J1, Gotay CC2
1National Cancer Institute, Bethesda, MD, USA; 2University of Hawaii, Honolulu, HI, USA

OBJECTIVES: The National Cancer Institute established the Cancer Outcomes Measurement Working Group (COMWG) in 2001 to assess the state of the science of cancer outcomes assessment and to identify areas requiring further research to move the field forward. During this session, we will focus on COMWG findings related to designing a patient-reported outcomes (PRO) measurement strategy. METHODS: As part of the COMWG’s mission, literature reviews of PRO studies in breast, colorectal, prostate, and lung cancer were conducted and the performance of different measurement strategies (generic, general cancer, cancer site-specific, unidimensional instruments) were compared. Also, the role of modern psychometric techniques was explored. RESULTS: In designing a measurement strategy, there is often a trade-off between comparability and sensitivity. The ability to compare and contrast findings across studies is enhanced when more generic and widely-used instruments are employed. However, using a specific instrument targeted to the particular dimensions hypothesized to differ between groups can enhance sensitivity. Targeted unidimensional measures were more effective at identifying differences between groups than generic and general cancer measures. The importance of using targeted measures that will be effective in identifying differences between groups was felt by many COMWG investigators to outweigh the potential usefulness of adopting a core set of measures to promote comparability, although, given sufficient resources, including both kinds of measures could be useful. In the future, the use of modern psychometric techniques, including item response theory, may render moot the debate between sensitivity and comparability. As item banks and computer-adaptive assessments are developed, specific targeting of items can occur and, because all items are calibrated using a common metric, comparability can be promoted. CONCLUSIONS: In designing a measurement strategy, the relative performance of the different approaches requires consideration. Modern psychometric techniques might contribute to designing a measurement strategy that provides both sensitivity and comparability.

**PCN23**

HEALTH-RELATED QUALITY OF LIFE BURDEN OF HEAD AND NECK CANCER

Lee JM1, Botteman MF1, Stephens JM1, Kornfield T2, Gramegna P3, Redaelli A1
1Abt Associates Clinical Trials, Bethesda, MD, USA; 2Centers for Medicare and Medicaid Services, Baltimore, MD, USA; 3Pharmacia Italia, Milan, Italy

OBJECTIVE: To examine the health-related quality of life (HRQL) burden of head and neck cancer (HNC) and HRQL issues related to its treatment. METHODS: A computerized, systematic literature search was conducted of the English-language literature published between 1990 and 2002. Augmenting the electronic identification of articles, manual searches were conducted of the retrieved article bibliographies and appropriate conference proceedings (1999-2002). Type of study and analyses conducted, specific domains affected, factors associated with short- and long-term HRQL, and impact of treatment modality were examined. RESULTS: Of 851 abstracts screened, 97 articles met selection criteria and were reviewed in detail. Forty-six were prospective, longitudinal studies; 51 were post-treatment studies with no baseline data. Less than one-fifth of the studies included longitudinal studies; 51 were post-treatment studies with no baseline data. Less than one-fifth of the studies included multivariate analysis. Before treatment, HNC patients have poorer HRQL than age-matched controls in emotional, physical, and social well-being. Impacts are greater among younger age groups. Treatment especially affects emotional, physical, and social well-being, pain, and eating ability. Important predictors of HRQL include speech and eating ability. Radiotherapy, chemotherapy and surgery have acute, domain-specific impacts on patient HRQL that are distinct from long-term impacts. Emotional well-being remains unchanged or improves with time, while eating ability worsens in the long-term. Physical well-being worsens in the short-term with radiotherapy/chemotherapy and in the long-term with surgery. CONCLUSIONS: HNC and its treatment substantially impact the HRQL of patients. Patients typically experience decreased HRQL during or shortly after treatment, but then improved HRQL in the longer term. Future studies should include multivariate analyses to control for...