

values ranged from 0.81–0.90. Pain, severity of disease, urinary and bowel function and performance status affected utility values in patients with PC. **CONCLUSIONS:** For BC and PC, disease progression, exposure to CT and worsening performance status were associated with decreases in utility values. For corresponding disease stages, utility values tended to be lower for BC than PC, although heterogeneity of data across study populations makes comparisons challenging. No studies reported utility values according to response to treatment. Further research is warranted to improve the evidence available for CEA.

PCN180

HEALTH STATE UTILITY VALUATION IN RADIO-IODINE REFRACTORY DIFFERENTIATED THYROID CANCER (RR-DTC)

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OBJECTIVES: The study is designed to capture health related quality of life (HRQL) weights for radioiodine refractory differentiated thyroid cancer (RR-DTC) health states. Current treatment options for RR-DTC are limited, with generally poor prognosis. As new treatments emerge for RR-DTC, associated cost-effectiveness evaluations require appropriate preference-weighted HRQL values. **METHODS:** Vignette descriptions for RR-DTC treatment response and adverse event (AE) health states were informed by qualitative work conducted with RR-DTC patients in the US and interviews with 6 clinicians and nurses in the UK and US with RR-DTC treatment experience. Health states included: stable disease, treatment response, progressive disease, stable + grade III diarrhea, stable + grade III fatigue, stable + grade III hand foot syndrome (HFS), stable + grade I-II alopecia. The vignettes were reviewed by the UK and US clinical experts and piloted with UK general public participants in cognitive debrief interviews (n=5). All vignettes were valued by a UK general public sample (n=100) using a visual analogue scale (VAS) rating and time trade off (TTO) interview. Data were analysed using descriptive and regression methods. **RESULTS:** The mean TTO health utilities for RR-DTC states ranged from treatment response (0.86; 95% confidence intervals (CI) 0.83, 0.89); through stable disease (0.80; CI 0.77, 0.84); to progressive disease (0.50; CI 0.45, 0.56). AEs had a significant effect also (stable + grade I-II alopecia (0.75; CI 0.71, 0.79), + grade III fatigue (0.72; CI 0.67, 0.77), + grade III HFS (0.52; CI 0.46, 0.58), and + grade III diarrhea (0.42; CI 0.36-0.48). **CONCLUSIONS:** TTO utilities from this vignette study show clear differentiation between RR-DTC states. The order and magnitude of HRQL impact demonstrated by the utility values reflected clinical opinion and elicited VAS scores. The values reported in this study are suitable for use in cost-effectiveness evaluations for new treatments in RR-DTC.

PCN181

FRENCH UTILITY ELICITATION IN PREVIOUSLY TREATED EUROPEAN PATIENTS WITH INDOLENT NON-HODGKIN LYMPHOMA (INHL)

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OBJECTIVES: Since October 2013, the Haute Autorité de Santé (HAS) requires cost-effectiveness evidence to assess innovative health technologies. For cost-utility assessments, the HAS strongly recommends using French utility values. To date, the EQ-5D-3L and the HUI3 are the only instruments with a set of preferences values obtained from a representative sample of the French population. In order to inform a cost-utility model assessing pharmaceutical treatments of previously-treated INHL, this study aimed to review available utility values in France and to collect such estimates if necessary. **METHODS:** First, a reproducible MEDLINE search was undertaken to identify studies documenting utility values of previously treated INHL and CLL in France. Then, a web-survey including socio-demographic and clinical questions as well as the EQ-5D-3L was conducted. Given the difficulty to recruit patients from the target population, the questionnaire was conducted in France, the United Kingdom, Germany, Italy and Spain. In line with the HAS guidelines, French tariffs from Chevalier et al. were applied to the collected EQ-5D data. Mean utility values were generated by health state: progression free and progressive disease. **RESULTS:** Only one French cost-utility model conducted by Deconinck E. et al was identified as relevant, but the study used English utility inputs previously published by Wild et al. Results from the EQ-5D-3L questionnaire conducted, illustrated that quality of life was substantially higher in patients with stable disease versus patients with progression disease. Utilities were calculated with the following scoring function, $U(E) = 1 - u1 - u2 - u3 - u4 - u5 - N3$. Values between u1 to u5 depending of the 3 levels of the 5 dimensions: u1=0; 0.15; 0.37, u2=0; 0.21; 32; u3=0; 0.16; 0.19; u4=0; 0.11; 0.26; u5=0; 0.09; 0.20 and N3=0.17. **CONCLUSIONS:** EQ-5D is a standardised and validated generic instrument which can be used to elicit utility in INHL patients. To our knowledge, these French utilities of previously-treated INHL patients are the first to be published.

PCN182

GENERATING HEALTH STATE UTILITY VALUES FROM FACT-OVARIAN DATA COLLECTED IN A PHASE II MAINTENANCE STUDY IN PLATINUM SENSITIVE RECURRENT OVARIAN CANCER (STUDY 19): A COMPARISON OF MAPPING ALGORITHMS

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OBJECTIVES: Where direct or indirect estimates of health state utility values (HSUVs) are not available, mapping algorithms can be used to generate HSUVs from health related quality of life data. In a phase II randomised study of olaparib maintenance therapy in platinum-sensitive recurrent ovarian cancer, the Functional Assessment of Cancer Therapy Ovarian (FACT-O) questionnaire was used. Although no FACT-O mapping algorithms are currently available, several algorithms using FACT-General (G) domains of FACT-O have been published. In this analysis, we applied FACT-G mapping algorithms to the FACT-O data collected in the olaparib study and compared the HSUVs generated. **METHODS:** FACT-O data were collected at scheduled visits, and on treatment discontinuation. Three

algorithms mapping FACT-G to EuroQol (EQ-5D) [(Cheung, 2009), Ordinary Least Squares (OLS) and Tobit (Longworth, 2014)] and one from FACT-G to Time-Trade-Off (Dobrez, 2007) were applied to data from the phase II study. The agreement between HSUVs was assessed using concordance correlation coefficients (CCCs), and paired t-tests for mean HSUVs. **RESULTS:** HSUVs were generated for 93% of patients in the study. Mean predicted HSUVs using OLS and Tobit were statistically consistent (p-value=0.947), whilst Cheung and Dobrez HSUVs were different from other algorithms (p-values < 0.05). The CCCs comparing OLS to Tobit and OLS to Cheung were 0.915 and 0.851, respectively. The CCCs comparing Dobrez to the EQ-5D algorithms were 0.629 (OLS), 0.619 (Tobit) and 0.783 (Cheung). The lowest and highest mean predicted HSUVs were estimated using OLS and Dobrez, respectively. **CONCLUSIONS:** HSUVs can be estimated from FACT-O using FACT-G mapping algorithms. Comparable HSUVs were generated using OLS and Tobit algorithms, whilst Cheung and Dobrez generated distinct HSUVs profiles. Without trial data directly comparing EQ-5D to FACT-O, it is difficult to identify the optimal mapping algorithm. Instead, a range of plausible mean HSUVs can be derived for use in cost-utility analyses.

PCN183

OBTAINING INDIRECT UTILITIES WITH THE SF-6D AND THE PORPUS-U IN PROSTATE CANCER PATIENTS

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OBJECTIVES: To compare indirect utilities for prostate cancer patients obtained with a generic (SF-6D) and a disease-specific instrument (Patient Oriented Prostate Utility Scale, PORPUS-U). **METHODS:** This was a cross-sectional study of 480 prostate cancer patients enrolled in two similar prospective cohorts. The first one included men diagnosed in 2003-2005 with localized prostate cancer (stage T1 or T2) treated with radical prostatectomy, external radiotherapy, or interstitial radiotherapy at 10 hospitals. The second cohort included patients with stage T2 or T3, treated with external radiotherapy alone or combined with brachytherapy, recruited in 2003-2006 at 6 hospitals. Annual computer-assisted telephone interviews carried out in both cohorts included several questionnaires: the SF-36v2 (from which is derived the SF-6D), the PORPUS-U, and the Expanded Prostate Cancer Index Composite (EPIC), measuring urinary, bowel, sexual, and hormonal domains. ANOVA tests were performed to compare the means of utilities among severity groups of severity defined by EPIC items (severe, small or no relevant problem). Effect sizes between extreme groups were calculated to estimate the magnitude of differences. **RESULTS:** Mean age was 66.8 years (SD=6.4) at prostate cancer diagnosis, 20.4% were treated with radical prostatectomy, 33.3% with brachytherapy, 26.7% with external radiotherapy, and 19.6% with combined radiotherapy. The utilities indirectly obtained ranged 0.83-0.99 with PORPUS-U and 0.61-0.84 with SF-6D. Both instruments showed significant differences according to problem severity of all domains measured with EPIC (p<0.001). Utilities for patients without problems were higher than patients with severe problems. The effect sizes between the extreme groups with PORPUS-U and SF-6D were: 1.23 and 1.24 for urinary; 1.03 and 0.75 for bowel; 0.98 and 0.96 for sexual; and 0.94 and 2.17 for hormonal domains. **CONCLUSIONS:** Our results suggest that both the generic index SF-6D and the disease-specific index PORPUS-U discriminated adequately the problems related to prostate cancer and their treatments.

PCN184

PATIENT SATISFACTION REGARDING THEIR TREATMENT AND DISEASE DECISIONS IN INFRA-CENTIMETRIC BREAST CANCER

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OBJECTIVES: The primary objective of this French prospective multicenter non interventional ODISEE study was to describe daily practice management of infra-centimetric Breast Cancer (BC). One secondary objective was to describe circumstances of diagnosis and disease announcement. Patients had to answer at inclusion a questionnaire regarding satisfaction of the management of their disease and upcoming treatment. **METHODS:** From May 2009 to March 2010, 616 women with infiltrating, unifocal pT1ab, pN0 BC who underwent surgery were recruited by 116 centers. Follow-up period is 10 years. Clinical data, treatments and outcome were collected in routine visits. Regarding patient's questionnaire at inclusion, seven topics (disease, treatment planned/organization/duration/ side effects, complementary exams needed and disease evolution) were to be discussed with their physician at disease discovery and patient's satisfaction was evaluated. **RESULTS:** 546 (89%) patients answered the questionnaire. All 7 topics were discussed with 52% of patients and none of them for 1% of patients. Disease and treatment planned was discussed for 98% of patients, for whom 67% were fully satisfied and 2% were not satisfied. While 60% of patients aged more than 50 years old felt fully involved in their treatment choice, only 44% of patients aged less than 50 years old felt involved. Overall 12% of patients have considered that they have not been involved in their treatment choice. When time between disease discovery/physician visit/surgery is short (< 10 days), patient satisfaction is high (>85%) and when time is greater than 1 month, patient satisfaction falls below 40%. Physician specialty (surgeon/oncologist/gynecologist-obstetrician) or location of disease management (public/private) does not show significant difference in patient's satisfaction. **CONCLUSIONS:** 57% of patients felt involved in the choice of their treatment, and 65% of patients were globally satisfied of their disease management. The shorter is the management of infra-centimetric breast cancer, the better is the satisfaction.

PCN185

PUBLIC PREFERENCES FOR GENETIC SCREENING FOR COLORECTAL CANCER: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: To explore individual's preferences concerning genetic screening for colorectal cancer (CRC) within a population-based CRC screening program and to calculate the initial uptake of genetic screening for different scenarios based on the three major categories of genetic CRC: familial adenomatous polyposis (FAP), hereditary non-polyposis colorectal cancer or Lynch syndrome and other familial non-polyposis colorectal cancer (FCC). **METHODS:** By means of ongoing data collection, a Discrete Choice Experiment (DCE) questionnaire was sent to a representative sample of the Dutch population aged 55-65 years. The DCE included nine D-efficient designed choice tasks. Panel-mixed-logit models were used to estimate the relative importance of the four included genetic screening attributes; risk of being genetically predisposed, risk of developing CRC, frequency of follow-up colonoscopies, survival rate. The potential uptake was calculated for the three screening scenarios. **RESULTS:** When the chance of being genetically predisposed increased, respondents were more likely to participate in genetic screening. Respondents preferred biannual and annual colonoscopies over having a follow-up colonoscopy every 5 years. Increasing predicted CRC survival rates were associated with increased willingness to participate in screening. The risk of developing CRC as a result of being genetically predisposed did not impact the willingness of respondents to participate in screening. The frequency of follow-up colonoscopies was relatively most important for respondents when deciding about participation in genetic screening. The calculated potential uptake rates were high with respectively 91.3% for the FCC, 91.9% for the Lynch and 91.0% for the FAP screening scenario. **CONCLUSIONS:** Individuals are willing to participate in genetic screening for CRC. This decision is mostly driven by the frequency of follow-up colonoscopies, CRC survival rate and the chance of being genetically predisposed. This interest of the general public in genetic screening should be taken into account when discussing about the possibility of introducing genetic screening in population-based cancer screening programs.

PCN186

BRIO: A EUROPEAN PROSPECTIVE OBSERVATIONAL STUDY TO ASSESS THE BURDEN OF DISEASE AND TREATMENT IN METASTATIC BREAST CANCER (MBC) PATIENTS TREATED WITH ORAL VINOORELBINE (NVBORAL) OR INTRAVENOUS VINOORELBINE (IVVINO)

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OBJECTIVES: MBC is an incurable disease for which NVBOral is a standard treatment available in 45 countries. The burden of disease, treatment patterns and motivation to choose across treatments and their consequences are seldom described in the real world. **METHODS:** A prospective observational study was conducted to assess the global burden of disease and treatment with NVBOral or ivVino in Czech Republic, France, Germany, Italy, Poland and Spain. Patients and disease characteristics at inclusion, events, tolerability, hospitalisations observed during one cycle of treatment, and reasons to choose either route of administration are described. Eligible patients received NVBOral either alone or combined with capecitabine, or ivVino either alone or combined with capecitabine or trastuzumab. **RESULTS:** 184 patients were registered in 6 European countries: 128 with NVBOral and 56 with ivVino. Patients' characteristics differed significantly only in term of age (64 years for NVBOral and 58 years for ivVino, $p=.001$) and time between diagnosis and inclusion (104 and 71 months respectively, $p=.002$). NVBOral was mainly given to patients with HER2-negative (90%), estrogen-positive (80%) and progesterone-positive (62%) disease (ivVino: 66%, 66% and 51% respectively). Patients in the two cohorts had similar performance status and were similarly distributed across chemotherapy lines. NVBOral was mainly chosen for patients' convenience (93%) and upon patients' request (21%) (ivVino: 30% and 12% respectively). The two treatments were similarly safe, with grade 3/4 neutropenia in 2% with NVBOral and 6% with ivVino, nausea and vomiting in 2% and none respectively. NVBOral was given without interruption, delay, or dose adjustment in 85% of patients (ivVino: 78%). Hospitalisation was required during the cycle observed for 14% and 26% of patients respectively. **CONCLUSIONS:** In this European prospective observational study, NVBOral appeared a safe, patient-convenient and easy to manage treatment for MBC patients. NVBOral is used particularly after hormonal therapy.

PCN187

HEALTH RELATED QUALITY OF LIFE AND PATIENT SATISFACTION IN PROSTATE CANCER PATIENTS TREATED THROUGH RADICAL PROSTATECTOMY

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OBJECTIVES: To determine HRQoL and patient satisfaction scores in prostate cancer patients treated through radical prostatectomy with a curative intent. **METHODS:** Were selected prostate cancer patients treated through radical prostatectomy. One

month after of the surgery we applied EORTC questionnaires QLQ-C30, PR25, and IN-PATSAT32. The scores for each questionnaire were calculated according formulas and instruction in the EORTC Scoring Manual. We calculated mean and standard deviation for each score. **RESULTS:** Global Health Status/QoL has a mean score 74.80 (± 20.74); the functional scales: physical 87.4 (± 18.08); emotional 80.3 (± 17.23); role 87.6 (± 24.44), social 89.4 (± 20.09). Symptoms scales: fatigue 15.6 (± 15.48); insomnia, 27.3 (± 30.00), pain 12 (± 17.27), constipation 18.4 (± 27.63), financial difficulties 17 (± 29.38) the others symptom scales showed mean scores under 10. For scales in PR25 questionnaire, the scores were: sexual activity 72.7 (± 20.68), sexual function 59.0 (± 31.45); urinary symptoms 32.5 (± 21.57), symptoms related with hormonal therapy 17.5 (± 14.13), incontinence support 29.2 (± 38.24). About scores for IN-PATSAT32, for doctors: Interpersonal skills 88.30 (± 16.72); technical skills 87.23 (± 19.95); capacity to bring information 89.01 (± 17.29); availability 88.56 (± 16.85); for nurse: interpersonal skills 87.41 (± 16.74) technical skills 86.52 (± 18.51); capacity to bring information 84.40 (± 19.00); availability 79.26 (± 20.89); other personnel kindness 80.85 (± 20.47), access 76.86 (± 23.16), waiting time 82.18 (± 21.45), exchange of information 77.66 (± 22.86), comfort/cleanness 80.85 (± 21.62) and general satisfaction 84.57 (± 18.46). **CONCLUSIONS:** The functional scales for QLQ-C30 showed a good quality of life, however symptom scales related to sexual function showed a diminished QoL, satisfaction with doctors and nurses is good, but not for other personnel.

PCN188

HEALTH RELATED QUALITY OF LIFE (HRQOL) IN MULTIPLE MYELOMA PATIENTS TREATED IN A TERTIARY REFERRAL HOSPITAL

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OBJECTIVES: To determine the HRQoL scores in multiple myeloma patients who are receiving treatment in a tertiary referral hospital. **METHODS:** Outpatients attended consecutively at the hematology department were enrolled, at any stage of treatment. We interviewed through EORTC questionnaires: QLQ30, MY20 and INPATSAT32. The medians and percentiles were calculated. Questionnaire scores were calculated according to formulas and instructions of the EORTC scoring manual. **RESULTS:** 23 patients were analyzed; the median of age was 62.21 years (interquartile interval 59.02-69.88). 69.56% were men. Global health status/QoL showed a median score of 66.67 (P25=62.5, P75=83.33), emotional functioning 83.33 (P25=58.33, P75=91.66), pain scale 33.33 (P25=16.66, P75=50.00), insomnia 33.33 (P25=0, P75=33.33), fatigue 33.33 (P25=16.66, P75=44.44). The median for the body image scale was 100.00 (P25=50.00, P75=100.00) and future perspective was 77.78 (P25=55.55, P75=97.22), the other medians: symptoms 27.78 (P25=13.88, P75=38.88), treatment-related side effects 20.00 (P25=8.33, P75=36.66). In the satisfaction questionnaire, the scores for the doctor showed: technical skills 75.00 (P25=54.16, P75=97.91), information provided 41.67 (P25=25.00, P75=58.33) for nursing: technical skills 75.00 (P25=58.33, P75=89.58) and information provided 75.00 (P25=50.00, P75=91.66), waiting times 62.50 (P25=50.00, P75=96.87) and in overall satisfaction average was 75.00 (P25=50.00, P75=93.75). **CONCLUSIONS:** Multiple myeloma patients treated in this hospital show favorable results on scores of quality of life in terms of symptoms of the disease and treatment-related side effects, especially in the fatigue. These results can be compared satisfactory accordingly with other reports from the international literature.

PCN189

HEALTH RELATED QUALITY OF LIFE AND PATIENT SATISFACTION IN COLORECTAL CANCER PATIENTS TREATED THROUGH RADICAL SURGERY IN CURATIVE INTENT IN A COLO-PROCTOLOGY CLINICAL DEPARTMENT

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OBJECTIVES: To determine HRQoL and patient satisfaction scores in colorectal cancer patients treated through radical surgery with a curative intent. **METHODS:** Were selected colorectal cancer patients treated through radical surgery. One month after of the surgery we applied EORTC questionnaires QLQ-C30, CR29, and IN-PATSAT32. The scores for each questionnaire were calculated according formulas and instruction in the EORTC Scoring Manual. We calculated median and percentual values 25 and 75 for each score. **RESULTS:** Were studied 83 colorectal cancer patients: 34 women and 49 men, the results for EORTC questionnaires are: Global Health Status/QoL has a median score 83.33 (70.83-100); the functional scales: physical 93.33 (83.33-100); emotional 83.33 (75-91.67); role 100 (83.33-100), social 100 (83.33-100). Symptoms scales: fatigue 11.11 (0.00-33.33); insomnia, 0.00 (0.00-0.00), pain 0.00 (0.00-16.67), constipation 0.00 (0.00-33.33), financial difficulties 0.00 (0.00-33.33). For scales in CR29 questionnaire, the scores were: body image 100 (83.3-100), anxiety 66.67 (66.67-100); sexual interest in women 0.00 (0.00-33.33), sexual interest male 33.33 (0.00-33.33), urinary frequency 16.67 (0.00-33.33), blood stool 0.00 (0.00-16.67), stool frequency 0.00 (0.00-16.66), urinary incontinence 0.00 (0.00-0.00). About scores for IN-PATSAT32, for doctors: Interpersonal skills 100 (91.66-100); technical skills 100 (95.83-100); capacity to bring information 100 (91.66-100); availability 100 (100-100); for nurse: interpersonal skills 100 (91.66-100) technical skills 100 (83.33-100); capacity to bring information 91.67 (70.83-100); availability 87.50 (75.00-100); other personnel kindness 91.67 (83.33-100), access 87.50 (62.5-100), waiting time 87.50 (62.5-100), exchange of information 100 (75-100), comfort/cleanness 75.00 (75.00-100) and general satisfaction 75.00 (75.00-100). **CONCLUSIONS:** The functional scales for QLQ-C30 showed a good quality of life, however symptom scales related to sexual