mammography at age 40. OBJECTIVE: To develop a preliminary model to evaluate the cost-effectiveness of these guidelines, using similar assumptions and clinical trial evidence sources for the breast cancer mortality benefit as the ACS. METHODS: Interventions: Annual mammography until age 70 vs. no annual mammography. Design: Age-specific discounted lifetime costs and discounted quality-adjusted life expectancy were estimated for each intervention, and the incremental cost-effectiveness ratio (ICER) calculated. Life-expectancy estimates were generated by Markov model simulation starting from age 40. Direct costs included the management of early-stage and invasive breast cancer, and the costs of mammography and the workup of a positive result. Indirect costs accounted for the time spent getting mammograms. BC management costs with and without mammography were assumed to be the same. Time Horizon: Lifetime. Perspective: Societal. Target Population: The model was estimated in white females aged 40 and over. Data Sources: RCT Meta-analysis evidence sources used by the ACS, SEER data for BC mortality and life expectancy, NCHS life-tables data, studies of mammography performance, and quality of life/health utility studies. Sensitivity analysis was done to the discount rate, costs, sensitivity of mammography and costs of mammography. RESULTS: Base-Case Analysis: The ICER for annual mammography until age 70 was extremely high with a minimum value of $347,442/QALY at age 60. Annual mammography until age 80 was slightly more cost-effective, ranging from $424,058/QALY, $323,893/QALY and $271,773/QALY at ages 40, 55, and 70 respectively. CONCLUSIONS: Annual mammography starting from age 40 may turn out to be a very expensive policy. However, the economic model has some limitations: the mammography intervention may be associated with different BC management costs; and the data sources for BC mortality reduction with mammography have been widely disputed.

CANCER

CANCER—Quality Of Life/Patient Preferences

PCN21

SHORT-TERM PSYCHOSOCIAL COUNSELING FOR PATIENTS WITH NEWLY-DIAGNOSED PROSTATE CANCER

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OBJECTIVE: Prostate cancer can have significant physical, psychological, and social impact on patients, particularly early in the treatment course. While psychological intervention during oncologic care has been shown to improve all aspects of well-being, few studies have focused on men diagnosed with prostate cancer or have targeted the period between diagnosis and treatment. We evaluated the efficacy of an innovative, brief psychosocial counseling program delivered to men before and after prostate cancer treatment. METHODS: One hundred thirty-two men diagnosed with prostate cancer were randomly assigned to either intervention (n = 69) or control (n = 63) groups. Participants completed the Profile of Mood States (POMS), Index of Coping Responses (ICR), and scales measuring general and disease-specific HRQOL, at baseline (before treatment commenced) and at months 3 and 12. Both groups received standard medical care; and intervention participants received 2 sessions of counseling before treatment and one session 4 to 6 weeks after treatment completion. RESULTS: Intervention effects were evaluated using a mixed model analysis, adjusting for cancer treatment (radiation or surgery) and time. There were no significant differences between groups at baseline on the demographic or psychosocial measures. In the mixed model, intervention participants reported significant improvements over time on three outcomes: Vigor (POMS; p < 0.05) and Information Seeking and Affective Regulation (ICR; p < 0.01 and p < 0.05, respectively). CONCLUSIONS: While the brief intervention did not appear to influence HRQOL, or prostate-specific symptoms, it improved energy level and coping responses, particularly those relevant to managing information and emotions. These coping strategies may be especially important given the decision-making and treatment initiation tasks of early prostate cancer care. Source of financial support: California Cancer Research Program Grant #97–12013.

THE EUROPEAN ORGANIZATION FOR RESEARCH AND TREATMENT OF CANCER QUALITY OF LIFE CORE QUESTIONNAIRE (EORTC QLQ-C30): VALIDATION OF ENGLISH VERSION IN SINGAPORE

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OBJECTIVE: To assess the validity and reliability of EORTC QLQ-C30 in patients with cancer in Singapore. METHODS: A total of 62 patients at Cancer Center of National University Hospital were asked to complete independently QLQ-C30 and a generic questionnaire (SF-36). The sociodemographic data were obtained simultaneously. RESULTS: The QLQ-C30 demonstrated good internal reliability for most scales with Cronbach’s alpha more than 0.7 except cognitive functioning, physical functioning, and nausea and vomiting scale. The majority of item-scale Pearson’s coefficients (corrected for overlap) were more than 0.4 and higher as opposed to that between the item and competing scales in the same instrument. All functioning scales in QLQ-C30 had strong correlations with the scales measuring the similar aspect of QoL in SF-36. The correlation coefficients among all scales were significant but modest (ranging from an absolute value of 0.23 to 0.65). CONCLUSION: In our study, QLQ-C30 could be considered reliable and valid using to evaluate health related quality of life (HRQoL) in cancer patients in Singapore.

PCN22

PCN23

XEROSTOMIA SYMPTOMS: A NEWLY DEVELOPED PATIENT REPORTED OUTCOMES QUESTIONNAIRE

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OBJECTIVE: The majority of head and neck cancer (HNC) patients undergoing radiation experience xerostomia (dry mouth) which can range from mild to severe, even after completion of treatment. Its impact on quality of life (QoL) can be significant. The objective of this study was to evaluate the psychometric properties of a new questionnaire developed to assess the impact of xerostomia on QoL. METHODS: Data were obtained from radiation patients (RP) participating in the Evaluating Cytoprotection Health Outcomes (ECHO) Registry. ECHO, a prospective, longitudinal study of patients receiving amifostine prior to radiation and/or chemotherapy, collects clinical and outcomes information. All RP complete a questionnaire, including the Functional Assessment of Cancer Therapy-General (FACT-G) and a new questionnaire assessing xerostomia symptoms (XSQ) at baseline, 6-weeks (completion of radiation), and at 6 weeks, 3 months, and 6 months post treatment. RESULTS: A total of 104 with HNC, 43 with non-small cell lung cancer (NSCLC), and 38 with other cancer completed the questionnaire.