with the use of a single approach (such as a single centre), (ii) the health state of the population, (iii) whether the text focused on the development of the oncology practice, (iv) the burden on site staff affecting recruitment. The protocol addresses issue (i) by describing effectiveness in terms of time to need for new treatment rather than disease progression as well as cognitive debriefing; issues (ii) & (iv) using a broad spectrum of recruitment methods; (iii) minimizing patient burden.

PCN240

PATIENTS’ PREFERENCES REGARDING THE SETTING OF ELECTRONIC PATIENT-REPORTED OUTCOME ASSESSMENTS

Holzer B1, Giesinger JM2, Zabernigg A1, Loth FL1, Rumpold G1, Winterer LM1
1Medical University of Innsbruck, Innsbruck, Austria, 2Ritsumeikan University, Kusatsu, Japan, 3Ritsumeikan University, Kusatsu, Japan

OBJECTIVES: Patients’ QOL results (PRO) provide a more comprehensive picture of patients’ quality of life than do physicians’ ratings. Electronic data collection of PRO offers several advantages and allows assessments at patients’ homes as well. This study reports on patients’ internet use, their attitudes towards electronic PRO assessments and the feasibility of these two assessment modes.

METHODS: At the Medical University of Innsbruck and Kufstein County Hospital, cancer patients who participated in clinic-ePRO/home-ePRO were asked to complete a comprehensive evaluation form on their internet usage, attitudes towards telephone- and internet-based PRO assessment (clinical-ePRO and home-ePRO) and the feasibility of these two assessment modes.

RESULTS: In total, 158 patients completed the evaluation form. Most patients expressed willingness to complete questionnaires concerning hope and related positive psychological constructs. 82.2% of participating patients were in favor of home-ePRO (70%) assessments in the future and to discuss such data with attending physicians (82.2%). The CHES software for home-ePRO was preferred over phone interviews by 95.7% of patients and 72.7% experienced it as easy to use. Only 9.6% of patients had minor suggestions for improvement were made. Overall satisfaction with home-ePRO was high with an average rating of 9.1 points (range 5-10 points). However, there were 14 out of 158 patients who did not consider the solution appropriate, as patients stated they were not always available to complete home-ePRO from home. A total of 107 patients were ten years younger than those refusing clinical-ePRO/home-ePRO. CONCLUSIONS: The use of clinic-ePRO/home-ePRO was in general shown to be feasible and well accepted. However, to be more inclusive in the implementation of clinical-ePRO/home-ePRO, educational programs concerning their particular benefit in oncology practice potentially could enhance patients’ attitudes towards, and consequently their acceptance of and compliance with electronic PRO assessments.

PCN241

EFFECTS OF ADVERSE EVENTS ON QUALITY OF LIFE SCORES IN A RANDOMIZED CLINICAL TRIAL OF ADJUVANT CHEMOTHERAPY FOR BREAST CANCER: N-SAS BC 02

Kunisawa S1, Shimozuma K2, Tange C3, Maeda S3, Imanaka Y4, Watanabe T4, Ohashi Y5
1Ospedale Treviglio-Caravaggio; Associazione Italiana di Oncologia Medica, Treviglio, BG, Italy, 2Ospedale Civile di Nocera Inferiore; Associazione Italiana di Oncologia Medica, Nocera Inferiore, Italy, 3Medical University of Innsbruck, Innsbruck, Austria, 4Kufstein County Hospital, Kufstein, Austria, 5Chuo University, Tokyo, Japan

OBJECTIVES: To investigate the effects of adverse events on quality of life (QOL) scores during adjuvant chemotherapy for breast cancer patients. METHODS: We analyzed the QOL data collected in the randomized trial of adjuvant chemotherapy for breast cancer which was performed by the National Cancer Institute - Common Toxicity Criteria (NCI-CTC) Version 2.0 collected from a national multicenter phase III randomized clinical trial: National Surgical Adjuvant Breast and Bowel Project (NSABP) B-02, which compared two types of taxane-containing chemotherapy, as an approved sub analysis numbered CSP-HOR22. A linear regression model was constructed with change in EQ-SD score as an objective variable, calculated as the worst scores minus the baseline (before chemotherapy) scores, and the incidences of adverse events as independent variables, set as binary variables regardless of grade. RESULTS: From 300 participants, 250 complete series of data of EQ-SD scores and adverse events were extracted. The average baseline EQ-5D score was 0.798. The average of worst EQ-5D scores for each participant during chemotherapy was 0.720 and the average change in EQ-SD score was -0.078, with a range of -0.619 to 0.464. Although QOL deteriorated in 140 patients, it improved in 54 patients. Seventeen adverse events were selected as independent variables excluding rare ones. The following three coefficients of the regression model were significant: edema; -0.056 (p<0.03), phlebitis; 0.068 (p<0.01), and sensory nerve disturbance; -0.084 (p<0.01), and these results are equivalent to simple linear regressions for each factor. CONCLUSIONS: The QOL improvement may have reduced the model’s descriptive power and caused a positive coefficient value. Since patients treated with taxane-containing chemotherapy often suffer sensory nerve disturbance as well as edema for a long period, even after the termination of chemotherapy, clinicians should provide selective care to avoid deterioration of patients’ QOL.

PCN242

MEASUREMENT OF HOPE IN PATIENTS WITH CANCER

Meyers O1, Higgins K2, Foley K1
1Tufts Health Analytics, Cambridge, MA, USA, 2Tufts Health Analytic, Ann Arbor, MI, USA

OBJECTIVES: To understand the ways in which hope and related constructs are applied in the context of cancer, the expectancy of cancer-free survival. Targeted literature reviews were conducted in two areas: (1) Psychological assessments measuring hope, and (2) Measures of psychological function in cancer-related care, including well-being and other positive psychological constructs.

METHODS: To better understand the scope of psychological assessments developed and currently in use to measure hope and related positive psychological constructs in the context of healthcare, a targeted review of the published literature was undertaken. MEDLINE and PsychINFO database searches were conducted for publications in English in the past 5 years. RESULTS: 876 abstracts on the measurement of hope and 639 abstracts on the measurement of psychological function in cancer were screened for the purpose of this study. Many new tools have been developed and there has been increased interest in assessing hope and hope-related constructs. However, reliable and valid assessment of hope and related constructs depend on the availability of psychometrically sound instruments developed for the context of cancer. The current tools for measuring hope are not yet ready for implementation. CONCLUSIONS: Further refinement and development of these tools will be essential to assess the range of hope and hope-related constructs in the context of cancer.