with the use of a single approach (such as a single centre), (iii) the health state of the population, and (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 in using a broad spectrum of recruitment methods; (iii) minimizing patient burden. 

**OBJECTIVES:** To identify the ways in which hope and related constructs factor into cancer treatment and symptom remission. Measurement of hope and related constructs provide a more comprehensive picture of patients’ quality of life than do physicians’ ratings. Electronic data collection of PROs offers several advantages and allows assessments at patients’ homes: as well. This study reports on patients’ internet use, their attitudes towards electronic PROs, 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 and the feasibility of routine clinical-ePRO/home-ePRO with the Computer-based Health Evaluation System (CHES) software. 

**RESULTS:** In total, 158 patients completed the evaluation form. Most patients preferred to complete their self-reporting at home (64.4%). Patients reported high internet usage, attitudes and feasibility of routine clinic-ePRO/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 a few 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 some apparent and usable problems with the portal. A few patients were 10 years younger than those refusing clinic-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 clinic-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**

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**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 of 487 patients with breast cancer enrolled in the Japanese Clinical Oncology Group trial of adjuvant chemotherapy (N-SAS BC 02), which compared the effects of taxane-containing chemotherapy, as an approved sub-analysis numbered CSP-HOR22. A linear regression model was constructed with change in EQ-5D 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 on EQ-5D 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-5D score was 0.078, with a range of -0.613 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 regression models for each factor. 

**CONCLUSIONS:** 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**

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**OBJECTIVES:** To understand the ways in which hope and related constructs are applied to the cancer experience of patients with cancer. Targeted literature reviews were conducted in two areas: (1) Psychological assessments measuring hope, and (2) Measurements of psychological function in cancer-related care, including well-being and other positive psychological constructs. 

**METHODS:** To better understand the scope of psychological assessments of hope 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-related care were screened for publications focusing on the development of psychological instruments. In some cases, an article describing a promising instrument was selected and then used to identify the original validation study which was then substituted as the article selected for full text review. 16 measures with both hope focus or hope-specific items were identified for further review and 9 measures of positive psychological constructs developed for use in the context of cancer were identified for further review. 

**CONCLUSIONS:** Positive psychological constructs offer new ways to measure hope and other positive psychological constructs in patients with cancer and can potentially be used in the context of treatment and outcomes assessment. However, reliable and valid assessment of hope and related constructs depends on the availability of psychometrically sound instruments developed for this context of use. The current study demonstrates that while much work has been done in research settings to develop such measures, there is still a need for further refinement and development of these tools so that they are fit for use in a regulated research context.

**PCN243**

**DEVELOPMENT OF A WEB-BASED QUALITY OF LIFE PORTAL FOR BREAST CANCER PATIENTS**

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**OBJECTIVES:** Overall aim of this study is to evaluate acceptability and usability of the Quality of Life Portal (QOL-Portal), developed for breast cancer patients. The portal is designed for assessing information needs and patient’s QOL and enhancing patient education as well as health literacy. 

**METHODS:** Software development has been undertaken in close collaboration with healthcare professionals following an Extreme Programming approach. The means that software development was based on a stepwise process that included the evaluation of initial components with healthcare professionals for whom it has been informed by the previously gathered information. Further refinement and development of these tools so that they are fit for use in a regulated research context.

**PCN244**

**HEALTH RELATED QUALITY OF LIFE OF CARITGIVERS AND PATIENTS TREATED FOR METASTATIC NON- SMALL CELL LUNG CANCER (NSCLC) WITH ORAL VINORELBINE**

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**OBJECTIVES:** Oral chemotherapy was developed to reduce in-patient stays while providing the same level of efficacy and safety. This study assessed the health-related quality of life (HRQoL) of patients treated with oral vinorelbine for metastatic NSCLC and the outcomes. 

**METHODS:** A longitudinal survey assesses 2 visits documenting the second and third chemotherapy cycles. Patients had metastatic NSCLC and received oral vinorelbine (day 1 and 8 of 3-week cycles) and carboplatin (day 1). Baseline measures included demographic, anaesthesia, co-morbidities and current treatment. SF-12 was reported at the end of each cycle, on the patients and interestingly on the caregivers. 

**RESULTS:** Three Danish centers included 45 patients: median age: 66.9 y.o., 53.3% were male. Performance status (ECOG) was 0.33%: 3–51%, 2+ 15.6%. Main reason for choosing oral vinorelbine was convenience. Caregivers, mainly spouses (76.7%), were 57.8 y.o. No major change on SF-12 scores was reported between cycle 2 and 3. Physical summary scores (PCS) of patients (37.0–38.6, respectively cycle 2 and 3) were lower than those of caregivers (52.9–53.4) and general population (44). Mental summary scores (MCS) of patients (37.0–38.6, respectively cycle 2 and 3) were lower than those of caregivers (52.9–53.4) and general population (44). Mental summary scores (MCS) of patients (47.7–44.2) and caregivers (46.2–44.6) were much lower than those one of a population of same age (patient: 52, caregiver: 51). The most accepted patient scores were physical functioning (60–66), role physical (60–66), vitality (72). Social functioning (SF) was significantly high in patients and caregivers (76.9 vs. 78.9, patient vs. caregiver) while mental health of both patients and caregivers were lower (66 vs. 6.5) than SF. 

**Conclusions:** Improper assessments may have been done in research settings to develop such measures, there is still a need for further refinement and development of these tools so that they are fit for use in a regulated research context.