diarrhea, dyspnea, fatigue, insomnia, nausea, neuropathy, pain, and vomiting. The final recommendations provide guidance on selection of PRO measures, implementation methods and data analysis/reporting considerations.

**CONCLUSIONS:** The patient perspective is an essential component of CER. Standardizing PRO data collection in oncology trials will lead to greater comparability and improved patient-centered decision-making.

**PCN107**

**EXAMINING KNOWLEDGE AND INFORMATION SEEKING BEHAVIORS TOWARDS BLOOD TRANSFUSION AMONG INDIVIDUALS WITH CANCER**

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**OBJECTIVES:** Examine knowledge and information seeking behaviors towards blood transfusions among individuals with metastatic or recurrent cancer.

**METHODS:** An online survey was conducted from a nationally representative patient panel in 1Q2011. All respondents were patients’ perceived health, patients completed the questionnaire prior to receiving information on their tumor status. Patient demographic, disease history, treatment and adverse event data was identified from the patient chart. Utilites were calculated by applying the UK tariffs. Patients were stratified into 12 health states based on transfusion line and treatment response. Patients who had an advanced stage were as small as 18 years, received 1-4 lines of treatment having an ECOG performance status of 0-2 (scale: 0-4 with 4 being bedridden).

**RESULTS:** Mean age at advanced NSCLC diagnosis was 64.5 years [SD=9.97] with 61.8% of patients being male, and 80.3% with stage IV disease. Fifty-two percent, 27%, and 19% of patients were on 1st, 2nd, or 3rd/4th line, respectively. Patients with progressive disease increased treatment line; 15% (1st line), 27% (2nd line) and 46% (3rd/4th line) mean utility in the overall sample was 0.65 [SD=0.31]. Mean utility for progression free patients on 1st, 2nd, and 3rd/4th line treatment was 0.71 [SD=0.24], 0.72 [SD=0.26], and 0.62 [SD=0.46], respectively. Mean utility for patients who progressed after 1st, 2nd and 3rd/4th line treatment was 0.68 [SD=0.21], 0.59 [SD=0.34] and 0.46 [SD=0.38], respectively. **CONCLUSIONS:** Both line of treatment and transfusion line were found to impact patients’ HRQoL assessed using EQ-SD derived utilities.

**PCN110**

**EVALUATING MEANINGFUL CHANGE ON THE LUNG CANCER SYMPTOM SCALE IN SMALL CELL LUNG CANCER: RESULTS FROM A PHASE III CLINICAL TRIAL**

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**OBJECTIVES:** Meaningful improvement in symptoms and quality of life (QOL) are important in treating patients with small cell lung cancer (SCLC). This analysis assessed and evaluated minimally important differences (MID) on the Lung Cancer Symptom Scale (LCSS) for patients with amrubicin- or topotecan-treated SCLC. METHODS: A prospective, multicenter, open-label, phase III randomized design study. Patients compared efficacy and safety. Amrubicin to topotecan in treatment of SCLC. LCSS data were collected at baseline, day 1 of each cycle, and study end. The LCSS contains six symptoms (apetite, cough, dyspnea, fatigue, hemoptysis, pain), and three items (symptom distress, interference with activity level, global QOL). To assess clinically meaningful change on LCSS symptoms, MIDs were calculated as standard deviation change from baseline for each symptom item; for Symptom Burden Index (SBI) and Total Score, 1 standard error of measurement change from baseline was utilized to adjust for reliability in the SCLC population. RESULTS: 552 subjects with baseline and post-baseline LCSS data were analyzed. Clinically relevant minimally important symptom and QOL worsening were similar to studies in non-small cell lung cancer (NSCLC). Minimal values for detecting clinically meaningful differences were: for individual symptoms, 13.7-14.5, excluding hemoptysis (4.3); for SBI, 8.7; for Total Score 12. Patients on amrubicin experienced less deterioration in individual symptoms, less overall symptom burden, and improved QOL. The proportions of patients with clinically relevant deterioration in coughing favored amrubicin at Cycles 2, 6, and study end (p=0.0265, p=0.0026, p=0.0194, respectively); at Cycles 2 and 6, but not study end, deterioration in dyspnea favored amrubicin (p=0.001, p=0.0419, respectively). Similar trends favoring amrubicin were seen in the remaining symptoms.

**CONCLUSIONS:** Meaningful change on the LCSS, previously