with the use of a single approach (such as a single center), (iii) the health state of the patient, 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 using a broad spectrum of recruitment methods; (iii) minimizing patient burden including the development of the instrument has been informed by lessons learnt from previous research. An analysis of the issues identified as limitations in previous studies in collecting patient preference data allows improvements in protocol design.

PCN240

PATIENTS’ PREFERENCES REGARDING THE SETTING OF ELECTRONIC PATIENT-REPORTED OUTCOME ASSESSMENTS
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OBJECTIVES: Patients’ quality of life (QOL) have reduced the model’s descriptive power and caused a positive coefficient value. Electronic data collection of PRO offers several advantages and allows improvements at patients’ homes as well. This study reports on patients’ internet use, their attitudes towards electronic and web-based PRO assessment (clinic-ePRO and home-ePRO) 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 participants were satisfied with close contact and 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 reasons for non-acceptance and usability of the portal. The data were mainly divided into usability (e.g. possible problems with web-access, user-friendliness and satisfaction) and content (e.g. understandability of information and of graphical questionnaire presentation).

CONCLUSIONS: Software development has been completed and clinical-ePRO/home-ePRO is available in an online QOL Portal for breast cancer patients. Based on feedback from healthcare professionals we developed several components for the portal: an information module to enhance patients’ condition and treatment related knowledge, health literacy, a symptom monitoring tool based on the International Oncology Symptom Tracking System (IoSTrS), a patient administrative module (allowing assessments in the hospital and at home), and a basic set of self-help interventions. In addition, the portal provides graphical feedback on the QOL results to patients themselves. Preliminary results from the ongoing patient interview will be presented at the conference.

PCN254

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 completed and the QOL-Portal is available in an online QOL Portal for breast cancer patients. Based on feedback from healthcare professionals we developed several components for the portal: an information module to enhance patients’ condition and treatment related knowledge, health literacy, a symptom monitoring tool based on the International Oncology Symptom Tracking System (IoSTrS), a patient administrative module (allowing assessments in the hospital and at home), and a basic set of self-help interventions. In addition, the portal provides graphical feedback on the QOL results to patients themselves. Preliminary results from the ongoing patient interview will be presented at the conference.

CONCLUSIONS: QOL-Portals are gaining importance as they allow routine symptom assessment and provide important information to patients and medical alike. We have developed key components for the portal which undergird further development and improvement based on feedback from healthcare professionals and patients. In a next step, we will evaluate the impact of the portal on patients’ QOL.

PCN264

HEALTH RELATED QUALITY OF LIFE OF CAREGIVERS 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 preserving 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 their caregivers. METHODS: A 2-visit 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 demographics, anamnesis, 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 0-3.33%: 1, 51.1%: 2, 15.6%. Main reason for choosing oral vinorelbine was convenience. Caregivers, mainly spouses (76.7%), 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, 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 of a population of same age (patient: 52, caregiver: 51). The most affected patient scores were physical functioning (60-66), role physical (46), vitality (57). Social functioning (SF) was similarly high in patients and caregivers (76.9 vs. 78.9, patient vs. caregiver) while mental health of both patients and caregivers were lower (66.7 vs. 65.5) than SF. This may be due to the fact that SF is measured by a generic instrument, both on MCS and PCS. Caregivers’ HRQoL is also affected, mainly on MCS. Patients receiving oral vinorelbine plus carboplatin and their caregivers maintain a good level of social functioning.

PCN245

BurdEN of advanced breast cancer for patients and caregivers in Europe: Comparisons of two treatment forms of vinorelbine, oral and intravenous
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OBJECTIVES: To understand the ways in which hope and related constructs are factor into cancer treatment and symptom remission. Measurement 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 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 matter in cancer and may provide important inputs to the understanding of these domains is an important component of treatment selection 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 patient 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.

PCN242

MEASUREMENT OF HOPE IN PATIENTS WITH CANCER
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OBJECTIVES: To understand the ways in which hope and related constructs are factor into cancer treatment and symptom remission. Measurement of psychological constructs factor into cancer treatment and symptom remission. Measurement of psychological constructs. In cancer-related care, including well-being and other positive psychological constructs. In a next step, we will evaluate the impact of the portal on patients’ QOL.
OBJECTIVES: To assess the burden of illness associated with advanced breast cancer treated with vinorelbine oral (VinO) or IV (VinIV) from the perspective of patients and caregivers. A comparative effectiveness study between the two groups was conducted with a prospective, international, multicentric study. Patients were included in the study at the beginning of their 2nd cycle of chemotherapy with vinorelbine and categorized in 2 groups depending on whether they are receiving VinO or VinIV. At baseline (V0) and at the end of the 2nd cycle of chemotherapy (V1), patients and caregivers were asked to complete self-administered questionnaires: SF-12, EORTC-QLQ-C30 (only for patients) and burden of illness. RESULTS: At baseline, there were no major differences in demographic and clinical characteristics between the two groups. VinIV was prescribed monotherapy in 56.9% and 62.5% for VinO. Patients receiving VinO were predominantly treated with monotherapy. In addition, as measured with SF-12, patients receiving VinO had, at end of cycle 2, significantly more favourable outcomes in physical summary score, role physical, role emotional and mental health (all p<0.05) than those treated with VinIV (n=51). Trends for a better caregiver mental score and social functioning were also observed with VinO (cycle 1 and 2; p<0.10). From a patient perspective, no major difference was reported on the burden of illness between the two groups, however, a trend for a better “overall impact on daily life” was observed in VinO patients. Major significant differences showing a lower burden of illness with VinO included: 1) lower physical health with caregivers (Social functioning, Overall impact on daily life). CONCLUSIONS: Oral vinorelbine showed some benefits over the IV form for both patients and caregivers, particularly in health related QoL and burden of illness.

PCN246 QUALITY OF LIFE IN ADULT INTRAUDINARY PRIMARY SPINAL CORD TUMORS: SHORT FORM-36 CORRELATES WITH THE SCALES OF MCCORMICK AND AMINOFF-LOGUE

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OBJECTIVES: Validity and reliability are important characteristics of any instrument. Generic instrument are designed for use in any population; however, their validity and reliability in certain patient diseases should be verified to ensure their appropriateness. In this study the authors assessed the validity and reliability of the Medical Outcomes Study Short Form-36 (SF-36), a generic instrument, in a population of patients with primary intradural primary spinal cord tumors (IST). The SF-36 was administered to a cohort of patients with IST on an outpatient basis. Symptom-related data derived from a structured interview and physical examination findings were used to classify cases according to the scales of McCormick and Aminoff-Logue. The reliability of the SF-36 was assessed by calculating the test-retest correlation between SF-36 scores correlated with the spinal cord tumors scores (McCormick score and Aminoff-Logue score) by using the Cuzick nonparametric test for trend. The reliability of the SF-36 scores was assessed using Cronbach alpha. RESULTS: One hundred patients with IST completed the SF-36. Construct validity was demonstrated by confirming the hypothesized relationship between SF-36 scales and the scales of McCormick (p = 0.005), Aminoff-Logue deambulation subscale (p = 0.025), Aminoff-Logue mobility from subscale (0.031), and the Aminoff-Logue deambulation subscale (p = 0.004). Reliability was demonstrated for all eight SF-36 domain scales and the physical component and mental component summary scales, in which Cronbach alpha satisfied the conventional criterion of 0.85. CONCLUSIONS: The SF-36 provides valid and reliable data on patients with IST.

PCN247 PREDICTORS OF UTILITY OVER TIME AMONG PATIENTS WITH TREATMENT-NAIVE ADVANCED MELANOMA FROM THE PHASE 3 CHECKMATE 066 TRIAL

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OBJECTIVES: The aim of this analysis was to assess predictors of health-related quality of life over time, and to estimate utilities for patients with treatment-naive advanced melanoma in the randomized Checkmate 066 trial comparing nivolumab with dacarbazine for use in a cost-effectiveness model (CEM). METHODS: The EQ-5D was administered at baseline and every 6 weeks in CheckMate 066 and was used to generate index utility scores using the UK time trade-off (TTO) method. Covariates were based on a combination of prior analyses from large trial datasets, including patient demographic and clinical characteristics, quantitative metrics of fit, quality/clinical plausibility, and relevance to the CEM. Several longitudinal, mixed linear models were explored using different covariance sets. RESULTS: This analysis included 288 patients and 1,125 visits where the EQ-5D was administered. Mean baseline utility score was 0.75 for nivolumab, 0.69 for dacarbazine, and 0.72 across both treatment arms. The final model included baseline utility (to adjust for imbalance between treatment arms), progression status (pre/post), days until death (pre/post, days 30-360), days until death (pre/post, days 30-360) and days until death (pre/post, days 30-360) and days until death (pre/post, days 30-360). Baseline ECOG performance status was found to be an independent predictor of health state utility in addition to age. Whilst metastatic status (P = 0.724, p = 0.493 respectively). CONCLUSIONS: EOCG performance status was found to be an independent predictor of health state utility in addition to age and sex. As such it is critical that any economic evaluation of an intervention in this patient population identifies any differences in performance status between intervention and comparator arms and seeks to establish the impact any difference may have on subsequent results.

PCN250 HEA-RELATED QUALITY OF LIFE IN BLADDER CANCER: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: Bladder cancer (BC) is a disease with a high recurrence rate, necessitating invasive, repeated treatments that can meaningfully impact patient health-related quality of life (HRQoL). To assess the impact of BC on quality of life in order to assess the impact of BC by stage and treatment. METHODS: A systematic literature search of studies indexed in PubMed was conducted without limitation to language or publication year limitations. Due to the large volume of literature, a subsequent review was refined to studies published since 2005, excluding reports utilizing single-use HRQoL measures without evidence of validation. RESULTS: A review of ~1,700 abstracts yielded a final set of 62 peer-reviewed articles (published 2005 – 2014). EOCG performance status (P = 0.006) and age (P = 0.008) were the key predictors of HRQoL. BC-specific measures such as the EORTC-QLQ-NMIBC were included less frequently, with no BC-specific module in more than 8 studies. The majority of studies were of retrospective, cross-sectional study design. HRQoL impact of radical cystectomy for muscle