a change of ≥5 points on the FACT-Lym, with 57 of the 80 “responders” who had a post-baseline FACT-Lym achieving 71.3% in achieving this clinically meaningful level of improved quality of life. **CONCLUSIONS:** Single-agent brunitubin was highly efficacious in this study with a majority of patients responding to therapy and achieving long, durable remissions. Moreover, patients with clinical responses to brunitubin also tended to show clinically-meaningful improvements in patient-reported outcomes.

**PSY54**

**CORRELATION BETWEEN PAIN CATASTROPHIZING SCALE AND DISEASE CHARACTERISTICS IN CHRONIC LOW BACK PAIN PATIENTS**

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**OBJECTIVES:** Psychosocial and environmental factors might have a potential causal relationship with the disease and the number of related clinical events. Psychometric and environmental factors, socioeconomic status (SES) mediate the relationship among pain, disability, and can cause the morbidity and mortality among various conditions. Factor analyses of the Pain catastrophizing Scale (PCS) have shown that catastrophizing is a complex construct with three correlated components: rumination, magnification, and helplessness. The purpose of this study was to investigate the correlation between catastrophizing and the level of pain intensity, disability, in patients with chronic low back pain (CLBP).

**METHODS:** An observational study was conducted. Participants were recruited from pain clinic of a public tertiary care hospital. Patients of either gender, aged 18–75 years with CLBP for ≥ 3 months, were eligible for study. Data regarding pain intensity, disability using Medical Outcomes Study Disability Questionnaire (MOS-DQ), coping behaviour using PCS, socioeconomic status using Kuppuswamy scale, demographic and disease details were collected. Multiple correlation analysis was performed among the clinical variables such as pain intensity, disability, and demographic details. A total of 80 patients were included in the study. Mean age and duration of low back pain was 46±14 yrs and 36±32 months respectively. The mean helplessness, magnification and rumination scores were 28.8±10.4, 32.1±13.8, and 29.9±11.3 respectively. There was a significant correlation between total PCS and pain intensity (r = 0.66, P = 0.001), disability (r = 0.67, P = 0.001). Socioeconomic status (r = 0.15, P = 0.09) and duration of low back pain (r = 0.06, P = 0.3) was not significantly correlated with total PCS score. A similar trend was seen among the subscales of PCS. In conclusion, in this population, further studies are needed to better understand the impact of CLBP on these factors. Treatment aimed at reducing pain intensity and disability can improve patients coping behaviour.

**PSY55**

**A REVIEW OF PATIENT-REPORTED OUTCOMES (PRO) IN PATIENTS WITH CUTANEOUS LUPUS ERYSDEMATOUS (CLE)**

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**OBJECTIVES:** To identify patient-reported outcome (PRO) instruments used in patients with cutaneous lupus erythematosus (CLE). METHODS: A literature search was conducted to identify PROs used in CLE patients. We searched PubMed and Web of Science/MEDLINE databases to identify studies using “CLE/cutaneous lupus erythematosus,” in combination with PRO-related keywords such as “quality of life,” “self-report,” and “instrument.” English language articles published between 2003 and 2014 were identified. RESULTS: A total of 492 citations were identified in the initial search of the Web of Science and MEDLINE databases. A total of 313 (64%) studies included as the studies were not conducted in CLE patients, or did not use PRO instruments. After reviewing the remaining 177 abstracts, 12 studies were included in the final systematic review. From these studies, general health status, potential disease related instruments that have been used in CLE patients include Skindex (16 and 29 points), Skin-12, Dermatology Life Quality Index (DLQI), Body Image Quality of Life Inventory (BILI), and global assessments of pain and pruritus using Visual Analog Scales (VAS).

**CONCLUSIONS:** There is a limited number of randomized trials in CD it is unclear how any of these instruments will perform in the context of trials aiming at FDA approval trial. Better identification of CD-specific concepts and evidence of good instrument performance are necessary before a PRO can be relied upon as an efficacy measure in CD.

**PSY57**

**PATIENT-REPORTED OUTCOMES (PRO) IN PATIENTS WITH TYPE 1 MYOTONIC DYSTROPHY TYPE 1**

A A301

**A SYSTEMATIC LITERATURE REVIEW**

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**OBJECTIVES:** To identify patient-reported outcome (PRO) measures which were used in patients with type 1 myotonic dystrophy (DM1) and to examine the disease burden on function and health-related quality of life (HRQoL). METHODS: A systematic literature review was conducted through PubMed and MEDLINE for PRO measures in DM1 as of July 19, 2014. Search keywords were: myotonic dystrophy, patient-reported outcomes, patient satisfaction, patient preference, patient rating, quality of life, and HRQoL. English language articles published between 2000 and July 2014 were reviewed. We examined the PRO burden in DM1 patients, with a focus on clinical trials. We searched for additional PRO measures through clinical trial databases including clinicaltrials.gov and clinicaltrialregister.eu. RESULTS: A total of 118 studies were identified in the initial literature search. We found 20 PRO measures for DM1 prior to 2014. In addition, we identified two other PRO measures through clinical trial databases. Most of the 22 PRO measures identified were generic and covered one or two functional or HRQoL domains. The Myotonic Dystrophy Health Index (MDHI) is the only PRO measure that was specifically developed for DM1. Based on the literature, DM1 patients experienced impairment in several domains, including pain, fatigue, and sleep disturbances. Only three longitudinal studies were identified and they all indicated significant deterioration in the HRQoL in DM1 patients over time, marked with decreased ambulation and increased dependence on others. CONCLUSIONS: There is a limited number of studies examining PROs in patients with DM1, which represents a missed opportunity to understand this complex disease from the patients’ perspective. More validation work is needed for existing PRO measures in the DM1 population to allow use in future drug development. In addition, our study highlights the high unmet need for an effective treatment, as prior studies consistently reported a substantial PRO burden for DM1.

**PSY58**

**PAIN FUNCTIONAL IMPAIRMENT AND QUALITY OF LIFE (P-FIQ): AN ASSESSMENT OF RELIABILITY OF FIVE PATIENT REPORTED OUTCOME (PRO) INSTRUMENTS IN ADULT PEOPLE WITH HEMOPHILIA (PWH)**

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**OBJECTIVES:** Hemophilia A and B are marked by frequent joint bleeding, resulting in pain and functional impairment. This study aimed to assess the reliability of the five PRO instruments in PWH in a non-blinded setting. METHODS: Sequential adult male PWH of any severity (with or without inhibitors) with a history of joint