**PCN155**

**IMPROVED HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA TREATED WITH OFATUMUMAB PLUS CHROMALUMIC OR CHROMALUMIC**

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**OBJECTIVES:** The COMPLEMENT 1 trial demonstrated significantly better progression-free survival compared with chlorambucil (O+C-HL) (24 months) versus chlorambucil alone (CHL) [13.1 months] in patients with chronic lymphocytic leukemia. The impact on health-related quality of life (HRQoL) was assessed. **METHODS:** 467 previously untreated patients were randomized to receive 3 cycles of O+C-HL or CHL. The European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and QLQ-LC16 were administered at screening (baseline), day 1 of cycles 4, 7, 10 and post therapy. The pre-specified HRQoL outcomes were observed during therapy and post therapy to maintain or improve the improvements seen in the two arms for Global Health Status (GHS) of the QLQ-C30 and the Fatigue scale of the QLQ-LC16. For treatment comparisons, mixed-model repeated measures (MMRM) analysis of covariance was used. **RESULTS:** 428 patients completed at least one QLQ-C30 and QLQ-LC16, of which 10 had too few patients to analyze. For GHS, patients had improvements greater than the minimally important difference of 5 points for the CHL arm (Cycle 7) and for the O+C-HL arm (Cycles 4 and 7). For the Fatigue scale, patients showed improvement from baseline in both arms at Cycles 4 and 7. Most scales showed numerical improvements in both arms; exceptions were four scales in the CHL and two in the O+C-HL arm. Post therapy, there were positive numerical changes from the last on-treatment visit in all arms for GHS and Fatigue scales. MMRM analysis showed no differences between treatment arms for GHS or Fatigue scales. **CONCLUSIONS:** Patients receiving either O+C-HL or CHL experienced improvements in HRQoL during therapy. Of interest, patients on CHL maintained or continued to improve their HRQoL scores while patients continuing to treatment on O+C-HL maintained improvements observed during therapy. The addition of ofatumumab to chlorambucil did not negatively impact HRQoL and may improve certain aspects of patients’ HRQoL during and after treatment.

**PCN156**

**THE ASSOCIATION OF COMORBID ANXIETY AND MOOD DISORDERS WITH HEALTH-RELATED QUALITY OF LIFE AMONG CANCER SURVIVORS**

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**OBJECTIVES:** Cancer is related to lower health-related quality of life (HRQoL). However, little evidence exists regarding the marginal decrease in HRQoL due to the presence of comorbid anxiety and mood disorders (bipolar and depressive disorders) among cancer survivors based on U.S population-based research. The objective of the study was to determine whether comorbid anxiety and mood disorders were associated with lower health-related quality of life among cancer survivors. **METHODS:** A cross-sectional survey of 360 patients with metastatic breast cancer (mBC), aged 40-70, was performed as part of the National Cancer Institute’s Patient Related Outcome Measurement System (PROMIS) project. Participants were recruited from the Patient Care Network (PCN) of the Dana-Farber Cancer Institute. The Functional Assessment of Cancer Therapy—Breast (FACT-B) is used to assess HRQoL. Patients who met the inclusion criteria and agreed to participate in the study were recruited between January 1, 2010 and June 30, 2012. In addition to recording demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-LC13 questionnaires (Indian versions) at baseline and at every two months until the patient developed progressive disease or deteriorated in performance status. **RESULTS:** A total of 360 patients participated in the study. The mean age of study participants was 58.7 ± 11.1 years. About 38.7% of patients had a history of any kind of tobacco use. Significant improvements in overall quality of life were observed on FACT-B when comparing baseline at week 1 (p = 0.001), week 24 (p = 0.002), and week 32 (p = 0.03). Furthermore, lung cancer symptom score (QLQ-LC-13) significantly decreased at week 8 (p = 0.019) and week 16 (p = 0.001) as compared to baseline. Compared to baseline, improvements were observed in the arm and the arm that received (QLQ-LC-13) at week 8 (p = 0.008) and week 16 (p = 0.002), and this difference was greater than that at week 8 (p = 0.049) and week 16 (p = 0.003). **CONCLUSIONS:** Gefitinib has not only shown a favorable toxicity profile but it has also demonstrated significant improvements over time in overall quality of life. In this study, on domains that such a symptom relief and pain. Therefore, gefitinib could be considered as a viable treatment option in patients with advanced NSCLC. **PCN159**

**THE ASSOCIATION OF CHEMOTHERAPY VERSUS HORMONAL THERAPY AND HEALTH OUTCOMES AMONG PATIENTS WITH HORMONE RECEPTOR-POSITIVE, HER2-NEGATIVE METASTATIC BREAST CANCER: EXPERIENCE FROM THE UNITED STATES: A CROSS-SECTIONAL STUDY**

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**OBJECTIVES:** Health-related quality of life (HRQoL) is essential in treatment decisions for metastatic breast cancer (mBC), therefore, it’s important to understand the impact of treatment on patient-reported outcomes (PROs) in a real-world setting. PROs are associated with a higher quality of life (QoL). The purpose of the present study was to determine the impact of chemotherapy versus hormone therapy on HRQoL, treatment satisfaction and daily productivity from the patient perspective. **METHODS:** This is a cross-sectional survey of 360 patients with mBC (US, n=360). Medical records were collected and age-matched (±1 year) to a subset of patients aged < 65 and older ≥65 years (n=360). Post-medications were categorized as hormone receptor-positive (HR+) and/or hormone receptor-negative (HR-) mBC. A validated version of the Functional Assessment of Cancer Therapy-Breast (FACT-B) was used to assess HRQoL. The FACT-B measures functional and emotional well-being and the FACT-QoL assesses daily productivity and Activity impairment, Cancer Treatment Satisfaction Questionnaire (CTSQ), patient-centric questions related to mBC, demographics, and adverse events (AEs) were assessed across CT and HT. Multivariate analyses compare CT vs. HT with adjustments for demographics, comorbidities, and disease/treatment related measures. **RESULTS:** Among the 360 patients, 53% (n=191) reported CT and 47% (n=169) reported HT use. Patient characteristics were generally similar between treatment cohorts with an average age of 58 years (SD=5). HT users reported higher FACT-B scores (78.0 vs. 71.0, p<0.001), higher scores on the FACT-B subscales (physical, emotional and functional well-being, and breast cancer, p<0.05 for all), greater satisfaction with treatment (subscale of the CTSQ, 74.9 vs. 67.2, p<0.001), and better feelings about side-effects (subscale of the CTSQ, 49.8 vs. 41.6, p<0.001). HT users reported less bother with treatment AEs (0.5 scale, 1.0 vs. 1.3, p<0.001) and less activity impairment compared with CT (52.6% vs. 60.8%, p<0.001). **CONCLUSIONS:** Findings suggest that HT is associated with better HRQoL, greater treatment satisfaction, less treatment related AEs, and less activity impairment compared with CT in 1st line mBC. These findings should be taken into consideration while making treatment decisions for HR+/-HER2- mBC.

**CANCER – Health Care Use & Policy Studies**

**PCN160**

**COST OF DISCORDANT DIAGNOSES IN SARCOMA, GIST, AND DESMOID TUMORS**: A SYSTEMATIC REVIEW AND META-ANALYSIS

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**OBJECTIVES:** To monitor changes in health related quality of life (HRQoL) among advanced and/or recurrent sarcoma (SARC), gastrointestinal stromal tumor (GIST), and desmoid tumors (DES). **METHODS:** An observational study was conducted at the Tata Memorial Hospital, Mumbai, India, among stage-IV NSCLC patients who were >18 years, had failed conventional chemotherapy, had EGD/P evaluation. Data were collected from the patient perspective, and in the design of interventions that focus on rehabilitation of patients with head and neck cancer.

**PCN158**

**HEALTH RELATED QUALITY OF LIFE AMONG PATIENTS DIAGNOSED WITH ADVANCED NON SMALL CELL LUNG CANCER IN INDIA**

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**OBJECTIVES:** To monitor changes in health related quality of life (HRQoL) among advanced and/or recurrent cancer (NSCLC) patients in India. **METHODS:** An observational study was conducted at the Tata Memorial Hospital, Mumbai, India, among stage-IV NSCLC patients who were >18 years, had failed conventional chemotherapy, had EGD/P evaluation, had GFR/P evaluation, were enrolled between November 2011 and January 2013. **RESULTS:** Among the estimated 17,987,639 cancer survivors, 9.4% had anxiety associated with lower HRQoL among cancer survivors, but when controlling for other physical, mental, and perceived health status (p < 0.006). Among advanced NSCLC patients, anxiety and mood disorders were independently associated with lower PCS scores (OR = 0.0025), but was associated with lower MCS scores (p < 0.036) and early termination.

**CONCLUSIONS:** Understanding the impact of different treatment options on changes in QoL over time may help aid physicians and patients in making more informed decisions in the design of interventions that focus on rehabilitation of patients with head and neck cancer.

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