THE EFFECT OF RECALL PERIOD ON CANCER PATIENTS’ RATINGS OF THE SEVERITY OF MULTIPLE SYMPTOMS
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In response to the US Food and Drug Administration’s concern on choice of suitable recall period for patient-reported outcomes (PROs), we examined the effects of recall period on PRO ratings by comparing ratings made using 24-hour recollection, 7-day recall periods of the MD Anderson Symptom Inventory (MDASI). METHODS: Forty-two patients at their 3rd to 8th week of chemoradiation at the Radiation Treatment Center at M.D. Anderson Cancer Center were asked to rate their symptoms using the MDASI on two separate occasions, one week apart. At the initial visit, patients were randomly assigned to rate their symptoms using either a 24-hour recall or a 7-day recall. On their next visit, patients were asked to rate their symptoms using the recall period not used at their first visit. RESULTS: Correlation coefficients of global symptom severity between 24-hour and 7-day recall periods were 0.89. Examining individual items, all correlation coefficients were over 0.7 except for distress (r = 0.67).

The percentages of moderate to severe symptoms (5 or greater) were consistent in the 24-hour and 7-day recall periods, with no significant difference in the prevalence of moderate to severe symptoms being found between the two recall periods. Cronbach’s α coefficients in both 24-hour and 7-day recalls were all over 0.8. Symptoms from both recall periods were more severe for patients with poorer performance status. Among 20 patients who underwent cognitive debriefing, 70% thought the 7-day recall was “more appropriate” for answering the MDASI, but 83% did not think that recall period would influence their answers. CONCLUSIONS: This study demonstrated that a 7-day recall version of the MDASI has psychometric properties consistent with the 24-hour recall version, which may allow its use in future clinical trials. In addition, this study may help ease the choice of recall period when symptoms are outcome measures.

RELATIONSHIP BETWEEN QUALITY OF LIFE AND HEALTH-RELATED MEASURES INCLUDING SYMPTOMS, BIOCHEMICAL MARKERS AND TUMOR BURDEN
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OBJECTIVES: Examine the relationship of quality of life in neuroendocrine tumor patients using the Norfolk QOL-NET by correlating the total questionnaire score with each of the Norfolk QOL-NET domains, with tumor burden, biochemical status and the Norfolk Carcinoid Symptom Score tool. METHODS: During their visits to the Neuroendocrine Unit at Eastern Virginia Medical School, 29 adult patients diagnosed with neuroendocrine tumor(s) signed the consent form and completed the Norfolk QOL-NET. Data related to current tumor burden, biochemical status and the validated Carcinoid Symptom Score was obtained from their files matching the date they completed the questionnaires. RESULTS: The Norfolk QOL-NET total score correlated positively with all of its domains – 0.8 – physical functioning (r = 0.96, p < 0.0001), depression (r = 0.74, p < 0.0001), gastrointestinal (r = 0.78, p < 0.0011), flushing (r = 0.62, p < 0.0031), respiratory (r = 0.65, p < 0.002), positive attitude (r = 0.52, p < 0.009), and cardiovascular (r = 0.46, p < 0.012); with the Norfolk Carcinoid Symptom Score (r = 0.6, p < 0.0001); with tumor burden (p = 0.004), and serotonin (r = 0.62, p = 0.013). Serotonin was the only biochemical marker that correlated positively with a poor quality of life in patients with neuroendocrine tumors. CONCLUSIONS: We demonstrated a strong correlation between Norfolk QOL-NET and symptoms, biochemical markers and tumor burden. Norfolk QOL-NET seems sensitive to symptom change, physical functioning, respiratory and cardiovascular disease progression or remission. Norfolk QOL-NET should be an important tool for measuring patients’ perception of the burden of their disease, relating to the tumor burden and the biochemical abnormality as well as the impact of treatment modalities. The Norfolk quality of life tool may also be a useful guide in deciding changes in therapy to alter apparent health status as well as an endpoint in clinical studies.

DETERMINING THE MINIMALY IMPORTANT DIFFERENCES OF FOUR PREVIOUS PREFERENCE-BASED HEALTH INDICIES: A SIMULATION APPROACH
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OBJECTIVES: To estimate the minimally important differences (MIDs) for the EQ-5D, HUI3, SF-6D health index scores using health-state transitions described by each instrument’s health classification systems as anchors. METHODS: We compute that the smallest differences in health states defined by each instrument’s multi-attribute health classification (MAHC) systems are associated with important differences in health preferences. Based on this assumption, the MID was defined as the difference in index score between two health states defined by each MAHC system differing in only one health dimension or attribute and by only one functional level. Thus, for each instrument, we enumerated all the theoretically possible pairs of minimally different health states and calculated the differences in index scores for those pairs of health states. RESULTS: Based on our definitions, the total number of pairs of minimally different health states is 405 for the EQ-5D, 127,600 for the HUI3, 6,382,800 for the HUI3, and 86,700 for the SF-6D. The mean (standard deviation) MID estimate was 0.25 (0.04) for the SF-6D (US algorithm), 0.47 (0.02) for the SF-6D (UK algorithm), 0.27 (0.03) for the SF-6D. The effect sizes corresponding to these MID estimates range from 0.19 to 0.28. In general, these MID estimates are quite comparable to those estimated using other anchor-based methods. CONCLUSIONS: This new approach to estimating the MIDs of four commonly used preference-based HRQoL index scores provides new and useful information for identifying and interpreting meaningful change (or differences) in scores.

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OBJECTIVES: The development of national health policies requires a clear understanding about how objective and subjective measures of health status vary over time. This task is only possible when generic self-reported instruments are considered part of population surveys alongside traditional health indicators. This study examines variations in self-reported health status in England as measured by the EuroQol EQ-5D.