with the physician/Less than 6 months of survival/Intravenous administration). The factors that influence more on the treatment preferences were, symptoms’ control (31% of the patients), confidence with the physician (21.6%) and immediate toxicity (18.7%). CONCLUSION: Through a conjoint analysis we may conclude that the most important attributes for the patients were symptoms’ control followed by confidence with their physician.

PCN72
HEALTH-RELATED QUALITY OF LIFE (HRQOL) AND KIDNEY CANCER-RELATED SYMPTOMS IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (mRCC) TREATED WITH SUNITINIB VERSUS INTERFERON (IFN)-ALFA IN A RANDOMISED, MULTINATIONAL PHASE III TRIAL: RESULTS FOR EUROPEAN AND US SUBSAMPLE ANALYSES

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OBJECTIVES: Sunitinib malate is an oral, tyrosine kinase inhibitor that targets VEGFRs, PDGFRs, KIT, RET and FLT3, with antitumour and antiangiogenic effects. Sunitinib demonstrated statistically superior efficacy and HRQOL over IFN-alfa as first-line mRCC treatment (P < 0.001) in an international, randomised phase III trial [Motzer et al. NEJM 2007;356:115–24]. These analyses examine the association between geography and treatment effect on patient-reported outcomes (PROs). METHODS: Patients with mRCC (N = 750) were randomised 1:1 to sunitinib 50 mg/day orally in 6-week cycles (4 weeks on, 2 weeks off) or IFN-alfa (9 MU SC TIW). HRQOL was assessed on days 1 and 28 of each cycle using the following instruments: 1) FACT-Kidney Symptom Index (FKSI) and its disease-related symptom subscale (FKSI-DRS); 2) Functional Assessment of Cancer Therapy-General (FACT-G) and its 4 subscales; and 3) population-preference-based health state utility score (EQ-5D Index) and patient self-rated overall health state (EQ-VAS) from the EQ-5D self-report questionnaire. Data were analysed using repeated-measures mixed-effects models for the EU population-preference-based health state utility score (EQ-5D Index) and patient self-rated overall health state (EQ-VAS) from the EU subsample compared with the US subsample (P = 0.4105). Most of the 9 FKSI-DRS items also favoured sunitinib. These findings were consistent with the overall sample results. Larger between-treatment differences were generally observed in the EU+ subsample compared with the US subsample. CONCLUSION: In both Europe and the US, sunitinib offers consistent HRQOL and kidney cancer-related symptoms advantages compared with IFN-alfa in the first-line treatment of mRCC. These advantages were more pronounced in the EU+ sample and may reflect differences in treatment experience or underlying differences in HRQOL reporting.

PCN73
LINGUISTIC VALIDATION OF THE HOT FLASH DIARY FOR PROSTATE CANCER PATIENTS IN EIGHT LANGUAGES FOR NINE COUNTRIES

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OBJECTIVES: Hot flashes are important adverse effects of androgen deprivation therapies (ADT) in prostate cancer patients. The prevalence of hot flashes in patients undergoing ADT is approximately 70–80%. Fifty-five percent of patients report distress due to their hot flashes. The Hot Flash Diary (HFD) developed by the North Central Cancer Treatment Group/Mayo Clinic measures patient’s daily assessment of hot flash frequency and severity and enables calculation of a hot flash score. Severity is measured on a scale from 1 (“Mild”) to 4 (“Very severe”). To measure hot flashes in prostate cancer patients cross-culturally, we performed the translation/adaptation and linguistic validation of the HFD for use in 9 countries: Canada (French/English), Czech Republic, France, Germany, Hungary, The Netherlands, Spain (Catalan/Spanish), US (Spanish), and UK. METHODS: The translation/adaptation and linguistic validation of the HFD followed an established and rigorous method to ensure equivalence between the original and translated versions. The methodology consisted of 10 steps: 1) item definition development; 2) two forward translations; 3) reconciliation; 4) back-translation; 5) source and back-translated text comparison; 6) bilingual expert review; 7) finalization; 8) harmonization; 9) comprehension testing with patients; and 10) post-testing review/revision. RESULTS: Linguistic and conceptual issues were identified during translation. It proved difficult to find precise equivalents for adjectives describing the degree of hot flash (e.g. ‘mild’, ‘moderate’, ‘severe’) in several languages. Additional problems were mainly related to semantics and syntax. Overall, the HFD was well understood by the patients and they encountered little difficulty in its completion. CONCLUSION: Linguistic validity of the HFD for 9 countries was confirmed. International prostate cancer trials are currently underway and cross-cultural data on hot flashes will be available to provide international comparison of this very bothersome adverse effect of ADT.

PCN74
PSYCHOSOCIAL CONSEQUENCES OF ABNORMAL AND FALSE-POSITIVE RESULTS IN LUNG CANCER SCREENING: ADAPTATION OF A QUESTIONNAIRE

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OBJECTIVES: The Consequence of Screening in Breast Cancer questionnaire (COS-BC) assesses the psychosocial consequences of abnormal and false-positive screening mammography. It has two parts; one covering the period between abnormal screening and final diagnosis and one relating to the period following being declared free from cancer. The first aim of the study was to assess if COS (i.e. COS-BC without the breast specific items) was relevant for persons having false-positive lung cancer screening results. The second was to develop new items specifically relevant to participants in lung cancer screening. METHODS: A randomised study of lung cancer screening was launched in Denmark in 2005. Five focus groups were held with 20 people (13 women and 7 men; mean age 60.0 years) who had received an abnormal screening result in the prevalence round and were recalled for a scan after 3 months. They discussed their thoughts and feelings after being recalled and after receiving the final false-positive diagnosis. They completed the COS and discussed its relevance to their own experiences. The face and content validity of new items developed after the focus groups was tested by means of interviews with 6 participants from the focus groups RESULTS: The items in the COS were all relevant for lung cancer screening. Three themes were extracted from the audio-taped interviews. Stigmatisation, Self-blame and Focus on symptoms. Twenty-six new items for part I and 16 for part II of the questionnaire (COS-LC) were generated. CONCLUSION: There are many common psychosocial consequences of abnormal and
false-positive screening in breast cancer and lung cancer. However, several new lung-specific items were needed to obtain high content coverage and, consequently, make the COS-LC relevant to lung cancer screening. The questionnaire is currently in use in the Danish randomised study and will be validated using Item Response Theory (the Rasch model).

PCN75
WHAT CHOICES DO MEN FEEL THEY HAVE IN SELECTION OF PROSTATE CANCER TREATMENT?
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OBJECTIVES: The purpose is to prospectively describe factors that may influence the choice between surgery, radiation, and watchful waiting among men newly diagnosed with local stage prostate cancer. METHODS: Beginning in December 2005, prostate cancer patients were approached shortly after diagnosis at urology clinics in Texas, California and South Carolina. Patients took home a self-administered survey to complete as they made their treatment decision. Preliminary data are available for 148 men with recruitment continuing through 2007. Logistic regression was used to identify factors associated with choice of treatment. RESULTS: Overall 65% of men returned the survey before starting treatment. A total of 82% indicated they were only considering (or had considered) a single option; 64% were only considering surgery, 9% were only considering radiation, 9% were only considering non-curative therapies, and 18% were considering multiple options or were unsure of their decision. Being married (OR 4.7; 95% CI: 1.1, 19.4), being under age 70 (OR 2.7; 95% CI: 1.0, 7.0), and having an annual household income higher than $60,000 (OR 2.9; 95% CI: 1.0, 8.1) were strongly associated with considering surgery only. CONCLUSION: Understanding why most men feel their only option is surgery is a priority to ensure that physician biases, patient misperceptions, or fear do not lead patients to select procedures that do not agree with their personal preferences. Many patients appear to make rapid treatment decisions. Interventions to aid treatment decision-making must target men soon after they receive their diagnosis.

PCN76
COMPARISON OF PHYSICIAN AND PATIENT PREFERENCES FOR COLORECTAL CANCER SCREENING USING A DISCRETE CHOICE EXPERIMENT
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OBJECTIVES: To measure and compare preferences for attributes of colorectal cancer (CRC) screening tests using data from a stated preference survey of the general population and physicians in Canada and the United States (US). METHODS: A stated preference survey was administered online with 11 choice tasks between two hypothetical CRC screening tests. Each test was described by nine attributes: process, pain, preparation, frequency, follow-up, complication risk, sensitivity, specificity, and out-of-pocket cost. Each scenario included a follow-up opt-out question to choose no screening. A total of 1087 US and 501 Canadian respondents participated and 100 physicians responded in both countries. Physicians were asked to indicate their patients’ preferences. Responses were modeled using bivariate regression with main effects and interactions with the outcome term. Willingness-to-pay was calculated for common CRC screening tests. RESULTS: Physicians expected patients to choose the option of ‘no screening’ more frequently than patients themselves (55% vs 29% respectively, p < 0.001). For all groups the most important attribute was sensitivity, but physicians’ perception of patients’ preferences were significantly different from actual patient preferences. Other key attributes were those related to test performance or the testing process. Fecal DNA, colonoscopy, and virtual colonoscopy were the most preferred tests by all groups, but respondents were willing-to-pay more than physicians predicted. CONCLUSION: Physicians’ perception of patients’ preferences are significantly different from those of the general population, although both preferred tests with high sensitivity. The significant difference in the frequency of choosing no screening between physicians and their patients may have serious implications for CRC screening uptake since physicians generally exert a strong influence on decisions about healthcare treatment, and especially screening programs. Among general population and physicians, Canadian and US respondents’ preferences were similar.