symptoms, often painful and debilitating (Mughal et al. 2016). Developed from the widely used MPN-SAF, the 7-item MPN-SAF TSS was modified with wording changes and by adding one tiredness item to better meet regulatory needs and assess symptom severity in myelofibrosis to support treatment benefit endpoints in clinical research. Study objectives were to translate the MPN-SAF TSS into 21 languages and countries and to assess comprehension and conceptual equivalence with the English source version in order to expand its use in global myelofibrosis research. METHODS: The MPN-SAF TSS was translated following ISPOR guidelines for linguistic validation of PRO measures (Wild et al., 2005) using the universal approach (Wild et al., 2009). For each non-English language, two forward translations by native translators, reconciliation of forward translations, back-translation by one English-speaker fluent in the target language, and final reconciliation by a native-speaking language coordinator were conducted. Harmonization (i.e., comparison between languages for consistent interpretation) was performed to ensure conceptual equivalence across languages. Each translation was conducted with patients on treatment. Face-to-face interviews were conducted with mCRPC patients (n=38) and carers (n=12) to obtain in-depth data concerning the patient experience with novel anti-androgen therapy. This included patients with experience of abiraterone acetate or enzalutamide, or docetaxel. The translations were well understood and considered relevant with some patients raising minor issues during interviews. Patient feedback resulted in wording changes to the Bulgarian, Czech, Danish, Dutch, German, Hebrew, Hungarian, Japanese, Korean, Malay, Russian, Spanish, Simplified and Traditional Chinese versions. CONCLUSIONS: All translated versions of the MPN-SAF TSS were confirmed to be conceptually equivalent and well understood in the 26 countries evaluated. These translations fill a significant need for patient-focused instruments in local languages to facilitate future myelofibrosis research worldwide.

PCN235
THE FINNISH VERSIONS OF THE LOWER-LIMB SEGMENTS OF THE EXTREMITIES SALVAGE SCORE AND THE MUSCULOSKELETAL TUMOR SOCIETY SCALE
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OBJECTIVES: The Finnish language has no function-related cancer-specific outcome measures. Therefore, the authors translated the Limb Salvage Extent (TESS) and the Musculoskeletal Tumor Society (MSTS) into Finnish and pilot tested the versions. METHODS: Translation and transcultural adaptation was adhered to the guidelines of the International Society of Pharmacoeconomics and Outcomes Research (ISPOR). Lower-limb TESS and MSTS outcome measures underwent forward-backward translation into Finnish. A multidisciplinary panel reviewed the process and proposed pre-final Finnish versions. Between March and May 2015, together 18 consecutive patients who had undergone limb-sparing surgery for lower extremity soft tissue sarcoma (STS) visited the outpatient clinic of the Helsinki University Hospital Department of Oncology and completed the TESS, while simultaneously undergoing clinical assessment with the MSTS. Participants were interviewed to reveal problems in the translations. RESULTS: The translation process revealed minor cultural differences between the translations of the TESS, which required adjustments. The MSTS translated well. After evaluating the mean scores of the TESS (median TESS = 51.5–100.0%) and 76.7% (range, 26.7–100.0%), respectively. In both outcome measures, the authors noted a 5% ceiling effect. CONCLUSIONS: The pilot testing of the Finnish translated lower-limb TESS and MSTS indicates a good functional outcome in most patients who underwent lower limb-sparing surgery for STS. The TESS and the MSTS measurement outcomes correlated relatively closely. The psychometric properties of the Finnish versions of the lower-limb TESS and MSTS warrant further studying.

PCN236
BREAST CANCER PATIENTS’ PERCEPTION ON IMPACTS FROM RECEIVING CHEMOTHERAPY
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OBJECTIVES: Receiving chemotherapy causes moderate to severe adverse events which deteriorate to both body and mind of breast cancer patients. Some questionnaires were developed to measure breast cancer patients’ quality of life (e.g., the European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30, the Functional Assessment of Cancer Therapy for Breast cancer (FACT-B). However, those questionnaires were rarely used in routine practice due to time consuming in difficulty in outcome evaluation. Therefore, we need to develop the practical questionnaire to evaluate impacts of chemotherapy on the overall health status in breast cancer patients’ view. METHODS: We develop the questionnaire focusing on the symptoms related to chemotherapy which patients felt and correlate with activity of daily living. The questionnaire consisted of 16 items for patients to answer with 5 likert scale (strongly disagree 0 to strongly agree 4). The possible highest score were 64 and the higher score was the more chemotherapy impact on breast cancer patients expect. RESULTS: One hundred breast cancer patients were interviewed. The average interview time was only 5-10 minutes per patient. Average age of patients were 52.09±12.77 years old and majority of the patients had stage I to II breast cancer. The average score was 23.06 &+13.27 (minimum score was 0 and maximum score was 57 out of 64). We found the highest score (2.32 &+1.67) that patient reported for impacts on their heath from chemotherapy was “I am tried easier” and the lowest score (0.56 &+1.21) patients experienced “I am not hard to breathe”. The factors associated with total score of questionnaire were adverse reactions. CONCLUSIONS: Our questionnaire can be used as a screening tool to classify patients according to severity and urgency for providing pharmaceutical care especially in the practice sites with limited manpower of clinical pharmacists.

PCN237
HEALTH-RELATED QUALITY OF LIFE AND TREATMENT SATISFACTION AMONG PATIENTS RECEIVING NOVEL ANTI-ANDROGEN THERAPIES FOR THE TREATMENT OF METASTATIC CAstrate-RESISTANT PROSTATE CANCER (mCRCP)
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OBJECTIVES: Abiraterone acetate and enzalutamide, novel anti-androgen therapies with distinct modes of action for the treatment of metastatic castrate-resistant prostate cancer (mCRCP), are approved in both the pre-chemotherapy and post-chemotherapy settings. These anti-androgen therapies have significantly improved outcomes among mCRCP patients. However, to date there is little published evidence regarding patients’ real-world experience of these therapies in both the pre-chemotherapy or post-chemotherapy settings, particularly in terms of health-related quality of life (HRQoL) and treatment satisfaction. A face-to-face interview data were conducted with mCRCP patients (n=38) and carers (n=12) to obtain in-depth data concerning the patient experience with novel anti-androgen therapy. This included patients with experience of abiraterone acetate or enzalutamide.

PCN238
REDUCING THE BARRIERS TO CAPTURING PATIENT REPORTED OUTCOMES IN ONCOLOGY STUDIES
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OBJECTIVES: The FDA has previously noted that data reported directly by patients about how they are feeling and functioning (i.e. patient reported outcomes (PROs)) are rarely included in oncology drug labelling claims in the United States, with end points relating to survival, imaging and biomarkers tending to take priority. However, while research suggests an increase in PRO use in oncology trials, significant challenges remain and a low burden solution for all stakeholders is becoming increasingly important. METHODS: Key challenges for integrating PROs into oncology clinical trials were identified based on study protocols, sponsor feedback and best practices from previous oncology studies. Based on this feedback an electronic solution for capturing data in oncology studies was developed. RESULTS: Patient and site burden were identified as key challenges in oncology studies is increasing over time there are still significant challenges to capturing high-quality PRO data. A holistic electronic solution, which considers both the patients and sites experience of providing data, can reduce the barriers to capturing high-quality PRO data.