a change of ≥ 5 points on the FACT-Lym, with 57 of the 80 “responders” who had a post-baseline FACT-Lym evaluation (71.3%) achieving this clinically-meaningful level of improved quality of life. **CONCLUSIONS:** Single-agent bruntinib 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 bruntinib also tended to show clinically-meaningful improvements in patient-reported outcomes.

**PSY55**

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

Lautrivić G1, Bansal D3, Ghai B5, Gudala K7

1National Institute of Pharmaceutical Education and Research, Mohali, India, 2National Institute of Pharmaceutical Education and Research, Mohali, India, 3Postgraduate Institute of Medical Education and Research, Chandigarh, India

**OBJECTIVES:** Psychosocial and environmental factors might have a potential causal relation with chronic low back pain (CLBP). The number of risk factors and the number of 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 multidimensional construct, and it has been found that subscales of PCS are relatively independent from each other. 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. **RESULTS:** Data regarding pain intensity, disability using MODAS (Modified Oswestry Disability Questionnaire), coping behaviour using FCS, socioeconomic status using Kuppuswamy scale, demographic and disease details were collected. Multiple correlation analysis was performed among the clinical variables, with a threshold of significance of 0.05. The results showed that catastrophizing was correlated with 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. **CONCLUSIONS:** Patients in this study was negatively associated with pain intensity and disability. Treatment aimed at reducing pain intensity and disability can improve patients coping behaviour.

**PSY54**

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

Opunanya M2, Kalb S5, Chen S2

2The University of Texas at Austin, Austin, TX, USA, 3Biogen Idec, Cambridge, MA, USA

**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 462 citations were identified in the initial search. After removing duplicates, a total of 367 citations were screened and included as the studies were not conducted in CLE patients, or did not use PRO instruments. After reviewing the remaining 177 abstracts in detail, 12 studies were included in the systematic review. Aside from generic instruments, potential disease-related instruments that have been used in CLE patients include Skindex (16 and 29 items), Dermatology Life Quality Index (DLQI), Body Image Quality of Life Inventory (BQIL), and global assessments of pain and pruritus using Visual Analog Scales (VAS). **CONCLUSIONS:** CLE is a limited number of studies examined. Cronbach (0.5%), patients with CLE. We identified several dermatology quality of life instruments commonly used in CLE patients, but their validity and psychometric properties need to be further evaluated to determine whether they are appropriate to use in this population. Further studies are needed to better understand the impact of CLE from the patient’s perspective.

**PSY55**

**SHARED DECISION MAKING AMONG PATIENTS WITH AUTOIMMUNE CONDITIONS INITIATING BIOLoGIC THERAPY: INITIAL FINDINGS**

Lofland-Johnson P3, Khan A4, White JC

3Janssen Scientific Affairs, LLC, Horsham, PA, USA, 4Optum, Eden Prairie, MN, USA

**OBJECTIVES:** To assess the impact of shared decision making (SDM) for initiation of biologic therapy on future outcomes and healthcare utilization among patients with autoimmune conditions (rheumatoid and psoriatic arthritis, psoriasis, Crohn’s disease, ulcerative colitis, and ankylosing spondylitis). Patient characteristics were examined among an initial sample of 153 survey respondents. **METHODS:** Adult US patients on an originator biologic and initiated on a biologic in the prior 6 months were eligible for the survey. **RESULTS:** The survey was conducted June 2014 to February 2015 (n=147). Survey measures included the SDM Questionnaire (SDM-Q-9), general health status (GSRH), biologic treatment options discussed, as well as demographic and clinical characteristics. Quan-Charlson comorbidity scores were calculated using administrative claims data to the 6 months prior to biologic therapy initiation. Data were compared between respondents who participated in SDM and those who did not (non-SDM) based on SDM-Q-9 scores. **RESULTS:** A total of 145 surveys were analyzed (SDM: n=55, non-SDM: n=90). Respondents were primarily female (68%), Caucasian (81%), and 50 years old on average. SDM respondents were more likely to be female (79%) vs. 62%) and have rheumatoid arthritis (62% vs. 43%), 1 or 2 comorbidities (70% vs. 42%), higher average health status (mean GSRH score, 46 vs. 55), on long-term disability (13% vs. 2%), and discussed more biologic treatment options (mean number, 3 vs. 2) than non-SDM respondents. Non-SDM respondents were more likely to have psoriasis (25% vs. 8%) and no comorbidities (48% vs. 23%) than SDM respondents (p<0.05 for all comparisons). **CONCLUSIONS:** The proportion of patients who participate in SDM for biologic therapy initiation differ clinically and demographically in comparison to those who do not, however these findings need to be confirmed in the final study data.

**PSY56**

**SYSTEMATIC REVIEW OF THE PATTERNS OF USE, CHARACTERISTICS, AND QUALITY OF PATIENT REPORTED OUTCOME MEASURES IN CELIAC DISEASE**

Canestaro WJ, Edwards TC, Patrick DL

University of Washington, Seattle, WA, USA

**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 outcome, patient-reported outcome measures, patient-reported outcome measures, 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 self-report measures. We searched for additional PRO measures included in clinical trial databases including clinicaltrials.gov and clinicaltrialsregister.eu. **RESULTS:** A total of 118 studies were identified in the initial literature search. Of these, we found 20 PRO measures related to DM1 patients. 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. Most 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-UNRELATED IMPAIRMENT AND QUALITY OF LIFE (P-QUAL): AN ASSESSMENT OF RELIABILITY OF FIVE PATIENT REPORTED OUTCOME PRO INSTRUMENTS IN ADULT PEOPLE WITH HEMOPHILIA (PWH)**

Kempton GL1, Wang M4, Richter M5, Neff A5, Sharipo AD6, Buckten T5, Kulkarni R4, Nugent D8, Batt K5, Wissenberg A2, 1Emory University School of Medicine, Atlanta, GA, USA, 2Children’s Hospital Colorado, Aurora, CO, USA, 3Oregon Hemophilia Treatment Center, Portland, OR, USA, 4Vanderbilt University Medical Center, Nashville, TN, USA, 5University of North Carolina at Chapel Hill, Durham, NC, USA, 6Nordic Science, Inc, Malmo, SE, USA, 7University of Colorado School of Medicine, Aurora, CO, USA, 8University of Kentucky, Lexington, KY, USA

**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-bleeding state. **METHODS:** Sequential adult male PWH of any severity (with or without inhibitors) with a history of joint