OBJECTIVES: With oral antineoplastic agents (OAs) becoming the mainstay of treatment for several cancer types, understanding risk factors for medication non-adherence is becoming increasingly important in oncology. Patient-reported outcome (PRO) instruments may provide valuable insight on barriers to medication adherence in the real world. This study sought to identify and describe key patient-reported risk factors for non-adherence measured in observational studies evaluating adherence to oral chemotherapy regimens.

METHODS: A targeted literature review was conducted to identify OA adherence studies utilizing PROs and published between January 2000 and December 2018. Key data elements extracted from each study included study design, cancer type, and all PRO instruments or study-specific questions used. Domains measured by each PRO instrument and questionnaire were recorded to understand patient-reported risk factors measured. RESULTS: Of 100 articles reviewed, 11 studies met all study inclusion/exclusion criteria. Nine studies (82%) used at least one validated PRO instrument and 7 studies (64%) used at least one study-specific questionnaire to measure patient-reported risk factors for non-adherence. The most commonly used PRO instruments were the Beliefs about Medicines Questionnaire (BMQ), n=6 and the Satisfaction with Information algorithm, n=4. The most commonly measured PRO instruments were the Beliefs about Medicines Questionnaire (BMQ, n=6) and the Satisfaction with Information algorithm, n=4. The most commonly measured risk factors for non-adherence were beliefs about medications (BMQ, n=6) and treatment-related adverse effects (n=4), symptoms (n=3) and side effects (n=3). CONCLUSIONS: Risk factors for non-adherence are commonly measured by patient-report inobservational studies evaluating adherence with oral chemotherapy regimens. Further work is needed to clarify advantages and disadvantages of using specific PROs to measure relevant risk factors and determine if risk factors vary by cancer type.

PCN110 MAPPING UTILITY SCORES FROM EUROPEAN ORGANIZATION FOR TREATMENT OF CANCER CORE-30 QUESTIONNAIRE SCORES (EORTC QLQ-C30) IN RELAPSED MULTIPLE MYELOMA Ashaye A1, Zhang F2, Bender RH2, Atiniscal A2, Panjabi S3

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OBJECTIVES: To map patient-reported EORTC QLQ-C30 scores from the ASPIRE trial to EQ-SD utility index scores after identifying mapping algorithms from published literature. ASPIRE is a randomized, open-label, phase 3 trial, which evaluated the effect of bortezomib and weekly dexamethasone in patients with relapsed/ refractory non-Hodgkin lymphoma. It is important to provide an appropriate treatment to improve quality of life.

PCN111 EVALUATION OF CORRADIANCE BETWEEN PATIENT REPORTED OUTCOMES (PROS) AND CLINICIAN REPORTED OUTCOMES (CROS) IN PATIENTS WITH METASTATIC BRAIN DISEASE

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OBJECTIVES: To explore the degree of agreement between PRO, time-trade-off (TTO) utility and CROS in metastatic brain disease patients: neurocognitive function (NCF), Karnofsky performance status (KPS) and quality of life. METHODS: We retrospectively analyzed secondary data from 96 brain disease patients (57 randomized and 40 non-randomized). We completed testing with three time horizons (1, 5, and 10 years), NCF, KPS, quality of life (Functional Assessment of Cancer Therapy-Brain [FACT-BR]) and symptoms (MD Anderson Symptom Inventory–Brain Tumor [MASI-BT]). Multiple linear regression analyses were used to explore the relationship between TTO utility and patient characteristics in the ASPIRE trial. RESULTS: FACT-BR (r-value = 0.51, 0.46, and 0.51 times lower than those of CR, respectively. The ratios in AE(neutropenia), mucositis, thrombocytopenia, and anaemia) were 0.45, 0.51, 0.46, and 0.51 times lower than those of CR, respectively. CONCLUSIONS: This study of 11 patients’ data suggests that the values of preferred/ non-preferred non-Hodgkin lymphoma. It is important to provide an appropriate treatment to improve quality of life.

PCN112 USING FACT DATA TO PREDICT PREFERENCE-BASED UTILITY MEASURES FOR PEOPLE WITH MALIGNANT MELANOMA: A REVIEW OF THE EVIDENCE

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OBJECTIVES: To identify a published statistical relationship suitable for predicting UK specific preference-based utility scores (EQ-5D, SF6D or HUI) from FACT data (FACT-BRM, FACT-G or FACT-M) in individuals with malignant melanoma. METHODS: A range of health and social science databases were searched using a strategy with terms relating to the population (people with malignant melanoma) and both the relevant FACT instruments (FACT-BRM, FACT-G, FACT-M and FACT-M2) as exposed. In addition to the key words searches, speculative searches using internet search engines and citation searching and reference list checking were undertaken with no restriction by date, language or study design. Any study which provided a statistical relationship model describing the relationship between one (or more) of the stated FACT and preference-based measures in patients with malignant melanoma were included in the review. Identified studies were appraised using a check list for the reporting standards of statistical regression models. RESULTS: A total of 19 studies were identified from the literature searches, increasing to 27