OBJECTIVES: Limited information exists on utility in CRPC patients, especially in mCRPC patients who progress after first line therapy. This study is to describe correlates of utility assessments in patients with mCRPC who have progressed during or after docetaxel first-line therapy. **METHODS:** An observational study of mCRPC patients progressing during or after the first-line docetaxel therapy was performed in US, France, Germany and UK. Patient characteristics, first-line treatment details and quality of life using a generic EQ-5D questionnaire were evaluated at the time of second line treatment decision. Descriptive analyses and multivariate analysis for EQ-5D utility index are presented. **RESULTS:** Eighty-two patients were recruited in the study and 74 patients had an evaluable EQ-5D questionnaire. In this subset the median age was 72 years and 81% had a good ECOG performance status (ECOG-PS score 0 or 1). The mean ($\pm$ SD) utility index was 0.63 ($\pm$ 0.26). Relationship between utility index and potential correlates was analysed using univariate regressions. Age, ECOG-PS and time since diagnosis were related with the utility score, but stage at diagnosis, time between last dose of treatment and progression, total number of docetaxel cycles and response to first line treatment were not. After multivariate adjustment for these correlates and accounting for country variation, ECOG-PS (0-1 versus 2-3) was the strongest predictor of utility index (p<.0001), with a strong utility increment of 0.38 for ECOG-PS 0-1 patients. Age (18-64, 65-74, [3] 75 years) and time since diagnosis ($\leq$ 2, 2-4, 4-8, > 8 years) were not statistically significant (p=0.127 and 0.072, respectively). There was no difference between countries (p=0.329). **CONCLUSIONS:** In metastatic prostate cancer patients who have reached castration-resistant stage and progressed after first-line docetaxel, ECOG-PS is the strongest correlate of utility score measured by EQ-5D. This finding appears equally applicable across several European countries and US.

PCN129
MAPPING THE CANCER-SPECIFIC EORTC QLQ-C30 AND EORTC QLQ-BR23 TO THE GENERIC EQ-5D IN METASTATIC BREAST CANCER PATIENTS

Kang H[1], Ko SK[2], Kim EJ[3]
[1]Yonsei University, Incheon, South Korea, [2]Pfizer Pharmaceuticals Korea Ltd., Seoul, South Korea, [3]Seoul National University, Seoul, South Korea

OBJECTIVES: To develop a mapping algorithm for a conversion of the EORTC QLQ-C30 and EORTC QLQ BR-23 into the EQ-5D derived utilities in metastatic breast cancer (MBC) patients. **METHODS:** We enrolled 199 patients with MBC from the four leading Korean hospitals in 2009. EQ-5D utility, cancer-specific (QLQ-C30) and breast cancer-specific quality of life data (QLQ-BR23), and selected clinical and demographic information were collected from the study participants. Ordinary least squares regression models were used to model the EQ-5D using QLQ-C30 and QLQ-BR23 scale scores. To select the best model specification, six different sets of explanatory variables were compared. **RESULTS:** Regression analysis with the multi-item scale scores of QLQ-C30 was the best-performing model, explaining for 48.7% of the observed EQ-5D variation. Its mean absolute error between the observed and predicted EQ-5D utilities (0.092) and relative prediction error (2.784%) was among the smallest. Also, this mapping model showed the least systematic errors according to disease severity. **CONCLUSIONS:** The mapping algorithms developed have good predictive validity and therefore they enable researchers to translate cancer-specific health-related quality-of-life measures to the preference-adjusted health status of MBC patients.

PCN130
UTILITY WEIGHTS FOR SKELETAL RELATED EVENTS IN CASTRATION RESISTANT PROSTATE CANCER

Fassler P[1], Holmstrom S[2], Van Engen A[1]
[1]Quintiles, Hoofddorp, The Netherlands, [2]Astellas Pharma Global Development, Leiderdorp, The Netherlands

OBJECTIVES: Skeletal related events (SREs) are a major cause of morbidity for castration resistant prostate cancer (CRPC) patients with bone metastases. SREs can have a debilitating effect on patient's quality of life (QoL), although severity depends on the type of SRE. The purpose of this study is to determine what data are available on utility weights by SRE type for use in a cost-utility analysis of CRPC. **METHODS:** A systematic literature review of PubMed was performed to identify data on SRE utilities. The search was limited to the past 10 years and to metastatic cancer and bone neoplasms. **RESULTS:** The search yielded 82 articles, of these 19 contained SRE and utility information only 8 of which reported utility weights. One article reported a utility decrement for hip fractures (0.03) in CRPC. Another reported utility decrements for pathologic fractures (0.13) and radiation to bone (0.07) in metastatic prostate cancer (mPCa). Two articles contained utility data differentiated per SRE for non-small-cell lung carcinoma (NSCLC) and advanced renal cell carcinoma (aRCC). These decrements were calculated using a multiplier per SRE derived from an earlier study in metastatic breast cancer (mBCa) and ranged from 0.05 for vertebral fractures to 0.50-0.61 for spinal cord compression. The other 4 articles only reported the overall utility, but did not specify per type of SRE. **CONCLUSIONS:** To accurately model the impact of SREs on CRPC, QoL utility weights should be assigned to each SRE type to account for their varying severity. This study found only one article with a utility weight for a specific SRE in CRPC and one for mPCa. However, the use of SRE utility weights derived from a mBCa study for measuring SRE decrements in NSCLC and aRCC suggest SRE utility weights derived from other cancers may be acceptable for a CRPC cost-utility analysis.

PCN131
SYSTEMATIC EVALUATION OF SPECIFIC QUALITY OF LIFE INSTRUMENTS FOR PROSTATE CANCER

Schmidt S, Pardo Y, Vilagut G, Garin O, Pont A, Cunillera O, Becerra V, Ferrer M
IMIM (Institut de Recerca Hospital del Mar), Barcelona, Catalunya, Spain

OBJECTIVES: This study aims to perform a systematic expert evaluation of the measurement properties of specific health-related quality of life instruments for prostate cancer. **METHODS:** We conducted a systematic literature search to identify articles about specific health-related quality of life instruments developed for prostate cancer. Secondly, titles and abstracts were reviewed independently by two experts and, in case of discrepancies, by a third expert to filter the information. Thirdly, for every instrument identified, two experts reviewed the articles about measurement properties and applied the EMPRO tool (Evaluating the Measurement of Patient-Reported Outcomes), which was specifically designed for a standardized evaluation of measurement properties of PRO instruments regarding: conceptual and measurement model, reliability, validity and responsiveness among other. Scores are transformed to a scale from 0 to 100. **RESULTS:** Ten specific questionnaires were indentified with great variability regarding available information on measurement properties (between 2 and 13 articles): DALE questionnaire (2), ES-CAP_CDV (2), TALCOTT questionnaire (2), PCQoL (3), EORTC QLQ PR-25 (3), PORPUS (3), PROSQOLI (4), EPIC (7), FACT-P (11) and UCLA-PCI (13). Only 5 out of 10 questionnaires provided full information regarding their measurement properties. Regarding their conceptual and measurement model, EPIC demonstrated the highest score (>90), followed by UCLA-PCI, PROSQOLI, Talcott questionnaire, PCQoL, EORTC PR25, and PORPUS (>50). Only three questionnaires presented high reliability scores (EPIC and PCQoL >80, UCLA-PCI >50). UCLA-PCI showed the highest scores for validity (>80), followed by PORPUS and PCQoL (>70), PROSQOLI and EPIC (>50). Highest responsiveness scores were observed for PCQoL (100), EPIC and POR-PUS (>80), and PROSQOLI (>70). **CONCLUSIONS:** In this systematic evaluation, only 2 out of 10 questionnaires provided information supporting their conceptual and measurement model, as well as good reliability, validity and responsiveness: EPIC and PCQoL. All instruments have a psychometric design except PORPUS, which was designed to perform cost-utility analysis.

PCN132
A DEVELOPMENT OF QUALITY INDICATORS FOR EVALUATING HOME PALLIATIVE CARE AND THEIR RELATION WITH BEREAVED FAMILY SATISFACTION

Saito S[1], Shimozuma K[2], Yamaguchi M[3], Ueda K[4]
[1]Okayama University, Okayama, Okayama, Japan, [2]Ritsumeikan University, Kusatsu, Shiga, Japan, [3]Okayama Prefectural University, Soja, Okayama, Japan, [4]Japan Red Cross Hiroshima College of Nursing, Hatsukaichi, Hiroshima, Japan

OBJECTIVES: : To develop QI (Quality Indicator) specialized for evaluating domiciliary palliative care and to explore the relationship of this QI with family satisfaction as a typical outcome of palliative care service at home. **METHODS:** A modified Delphi method was adopted to select potential QIs and rate the appropriateness and feasibility of them by multi-professional specialists engaged at home palliative care. A retrospective study on the medical records to examine relation between the developed QIs and FAMCARE (score of family satisfaction) was conducted on 44 patients with cancer who received home palliative care service between 2001 and 2008 at a regional clinic in Japan. **RESULTS:** Twelve indicators were selected and included some items concerning long-term care insurance, surroundings and rehabilitation. A number compatible with the QIs was 7.5 $\pm$ 3.4 and found to have weak relationship with length of the home care (correlation coefficient 0. 298 (p=0.05)). It also showed correlation with FAMCARE average scores (correlation coefficient 0. 431 (p=0.04)). **CONCLUSIONS:** These QIs seem to be useful for monitoring and evaluating home palliative care but have some problems such as mixture of indicators for evaluating end-of-life care and care in the stable stage. The number of QIs documented on the charts was related with the FAMCARE score, which might be affected by the period of the home care.

PCN133
MEASURING PATIENTS' EXPECTATION AND SATISFACTION WITH INTEGRATIVE CANCER THERAPY

An SM, Kim SH, Kim KS, Chung HS, Lee SK, Cheon S, Lee SH, Park S, Kim EH, Eo WK, Choi WC
Kyung Hee University, Seoul, South Korea

OBJECTIVES: Integrative therapy may focus on the synergic effect of complementary therapies to increase effectiveness of conventional treatment. Korean cancer patients may expect better care with integrative cancer therapy of combining conventional western treatment with traditional Korean medicine (TKM), and eventually determine their satisfaction with the outcomes of treatment. The objective of this study was to investigate patients' expectation and satisfaction with the integrative cancer therapy. **METHODS:** A total of 102 cancer patients were participated. Due to the specialty of Integrative Cancer Center (ICC) for those who received only western treatment received care elsewhere. Based on clinical decision at ICC, patients received either integrative treatment with combining conventional treatment with TKM (n=55) or TKM only (n=43). At ICC, Rhus verniciflua Stokes Extract which is described in the literature was used as TKM. We use Korean translation of Cancer Therapy Satisfaction Questionnaire (CTSQ) to measure patients' expectation and satisfaction. **RESULTS:** Mean age was 51.9 and most were stage 4 (74.4%). In the integrative therapy group, mean scores of Expectations of Therapy (ET), Feelings about Side Effects (FSE), Satisfaction with Therapy (SWT) domains were 80.7+/−15.0, 74.9+/−23.5, and 73.7+/−14.6, respectively, whereas in the TKM group, mean scores of ET, FSE, SWT were 80.8+/−16.8, 87.5+/−19.3, and 78.1+/−14.5, respectively. Only FSE was statistically different between the two groups (p=.0054). Similar results were seen in stage 4 patients. Cronbach's alpha of this Korean CTSQ domains were acceptable (0.74-0.86). **CONCLUSIONS:** Previously treated cancer patients in particular, eventually seek additional care with integrative cancer therapy. Their expectation about integrative cancer therapy, however, was not much different from traditional medicine. This may due to hard experi-