FACT Lym MF symptoms. A large proportion (n=50%) reported no problems (ceiling effects) in FACT-Lym MF. Published MF specific treatment comparisons also noted ceiling effects. The current study was not designed to compare treatments.

**PCN121**

**IMPACT OF ENZALUTAMIDE ON OTHER PRINCIPAL PDs IN THE TREATMENT OF METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (mCRPC) THAT HAS PROGRESSIONED ON OR AFTER DOXETAXEL:** A COMPARATIVE EFFECTIVENESS STUDY

Cella D., Pavlicova V., Shaw D., Hays C., Grootendorst D., Psychogios N., Veitch C., Perone A., Kindig D., The EORTC QLQ-C30, FACT-P, and the BPI/ McGill pain questionnaires. Most of these instruments were not specifically developed for mCRPC patients and may not comprehensively capture symptoms important to mCRPC population. Future studies should consider definitions of clinically meaningful differences. Since 2010, using a variety of instruments in pivotal studies, 3 treatments (mitoxantrone, estramustine phosphate and docetaxel) did not have any statistically significant impacts on HRQoL or pain, fatigue, sleep disturbances, and fatigue/pressure; mean square fit statistics between 0.5 and 1.5; and ordered category ratio or hazard ratio with corresponding 95% confidence intervals (CIs). Results are expressed as odds ratios or hazard ratios with corresponding 95% confidence intervals (CIs). Conclusions: Twenty-five items were selected for valuation based on a predefined set of inclusion criteria.

**OBJECTIVES:** To identify a preference-based measure in metastatic breast cancer (MBC).

**METHODS:** Exploratory factor analysis, Rasch analysis and other psychometric analyses were undertaken on the 53 item EORTC tools using baseline Phase 3 clinical trial data on 1063 patients with MBC to identify items amenable to valuation. For items for which the Rasch analysis indicated inadequate measurement properties, linear regression and correlation coefficients were used to flag associations (r >0.3) and comparable SRM and ES would indicate that EQ-5D is appropriate. RESULTS: EQ-5D had poor associations with key symptoms in MF (r<0.3), except for the ‘pain/discomfort’ and ‘anxiety/depression’ health dimensions (rho>0.4). SRM and ES at week 4 for EQ-5D was 0.270 and 0.343 compared to SRM and ES of 0.911 and 0.826 for the MFSAF. A large proportion (15.56%) reported no problems (ceiling effects) in MFSAF indicating that patients in this sample did not all have the common MF symptom. Conclusions: This exploratory analysis suggests that the EQ-5D’s ability to capture the effect of key symptoms in MF is limited to pain rather than the specific MF symptoms such as night sweats and itchiness. However, results of this analysis need to be interpreted with caution due to the small number of patients.

**PCN128**

**QUALITY OF LIFE DOMAINS ASSOCIATED WITH READMISSION:** Shahin A., Yazici F., Husein B., Ekin E., Kilicap S., Erman M., Cobik I., Hacettepe University Cancer Institute, Ankara, Turkey

**OBJECTIVE:** The aim of this study was to evaluate the associations between quality of life (QoL) domains and frequency of readmissions to hospitals for different patients. A secondary aim was to observe if the increased number of outpatient clinic admissions resulted an increased number of hospitalizations. Methods: We evaluated QOL (EORTC QOL Questionnaire-C30) and hospital admissions in 250 patients with lung, breast, hematological, head and neck, colorectal, gastric, gynecological, and prostate cancers. The outpatient clinic admission and hospitalization data for each patient within 1-year of QoL assessment was obtained from the hospital finance database. Statistical analyses used nonparametric correlation coefficients to flag associations (r>0.3 and p<0.05) between overall, functional or symptom scales and number of hospitalizations or outpatient clinic admissions. Results: QoL, domain-specific HRQoL compared with readmissions within 3 months. Diarrhea symptom scale (r=0.35, p=0.013) for colorectal cancers showed strong association with hospitalizations within 1 year. In general, number of hospitalizations and admissions were not significantly correlated except for the head and neck cancers (r=0.32, p=0.022, within 1 year). Conclusions: Several quality of life domains might be associated with hospital admissions and hospitalizations. Although they may not always reflect causal relations, these findings may suggest that a QoL measurement such as EQ-5D may be used to flag possible increases in contact with health care system and to timely notify the patient or their relatives of this possibility. Increased number of clinic visits does not necessarily result in increased hospitalizations for most cancer types.

**PCN126**

**HEALTH-RELATED QUALITY OF LIFE IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER: A CRITICAL LITERATURE REVIEW**

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**OBJECTIVES:** Survival is the predominant measure of metastatic castration-resistant prostate cancer (mCRPC) treatment benefit, but it does not account for the impact on how patients feel or function, which summarizes health-related quality of life (HRQoL). Conventional mCRPC therapies have shown survival benefits and varying HRQoL impacts. In order to understand the true burden of illness (BOI) in these patients and how it is impacted by treatment, it is critical to understand how patient-centered outcomes are measured and interpreted. Methods: This literature review identified 3 pivotal mCRPC studies with predefined search terms: prostate, prostate cancer, castrate- or hormone-resistant, hormone refractory, androgen-independent, androgen deprivation and quality of life, HRQoL, pain, bone or cancer-related pain, fatigue, and weight loss. Results: Forty-four mCRPC studies were identified that met prespecified criteria and included 14 unique HRQoL instruments. Important HRQoL issues for mCRPC patients included pain, nausea/vomiting, and insomnia. The methods were EORTC QLQ-C30, FACT-P, and the BPI/McGill pain questionnaires. Most of these instruments were not specifically developed for mCRPC patients and may not comprehensively capture symptoms important to mCRPC population. Future studies should consider definitions of clinically meaningful differences. Since 2010, using a variety of instruments in pivotal studies, 3 treatments (mitoxantrone, estramustine phosphate and docetaxel) did not have any statistically significant impacts on HRQoL or pain, fatigue, sleep disturbances, and fatigue/pressure; mean square fit statistics between 0.5 and 1.5; and ordered category ratio or hazard ratio with corresponding 95% confidence intervals (CIs). Results are expressed as odds ratios or hazard ratios with corresponding 95% confidence intervals (CIs). Conclusions: Twenty-five items were selected for valuation based on a predefined set of inclusion criteria.

**OBJECTIVES:** To identify a preference-based measure in metastatic breast cancer (MBC).

**METHODS:** Exploratory factor analysis, Rasch analysis and other psychometric analyses were undertaken on the 53 item EORTC tools using baseline Phase 3 clinical trial data on 1063 patients with MBC to identify items amenable to valuation. For items for which the Rasch analysis indicated inadequate measurement properties, linear regression and correlation coefficients were used to flag associations (r >0.3) and comparable SRM and ES would indicate that EQ-5D is appropriate. RESULTS: EQ-5D had poor associations with key symptoms in MF (r<0.3), except for the ‘pain/discomfort’ and ‘anxiety/depression’ health dimensions (rho>0.4). SRM and ES at week 4 for EQ-5D was 0.270 and 0.343 compared to SRM and ES of 0.911 and 0.826 for the MFSAF. A large proportion (15.56%) reported no problems (ceiling effects) in MFSAF indicating that patients in this sample did not all have the common MF symptom. Conclusions: This exploratory analysis suggests that the EQ-5D’s ability to capture the effect of key symptoms in MF is limited to pain rather than the specific MF symptoms such as night sweats and itchiness. However, results of this analysis need to be interpreted with caution due to the small number of patients.