not significantly different between the two treatment groups from baseline to end of treatment. However, there was a statistically significant improvement in Pain QLQ-C30 score from baseline to week 3 (OR=3.14, p=0.034) and week 6 (OR=3.33, p=0.034) in the metronomic arm compared with the cisplatin arm.

**Conclusions:** Understanding the impact of different treatment options on changes in QoL over time will aid in the optimal management of cancer survivors in the design of interventions that focus on rehabilitation of patients with head and neck cancer.

**PCN158**

**HEALTH RELATED QUALITY OF LIFE AMONG PATIENTS DIAGNOSED WITH ADVANCED NON SMALL CELL LUNG CANCER IN INDIA**

**Fahad K. Prabhash K.**

**Maritina S.**

**Patel M.**

**Gupta K.**

**Kamble S.**

**Tata Memorial Hospital, Mumbai, India, 2PharmEDGE, Mumbai, India**

**Objectives:** To monitor changes in health related quality of life (HRQoL) among advanced non small cell lung cancer (NSCLC) patients treated with gefitinib. **Methods:** An observational study was conducted at the Tata Memorial Hospital, Mumbai, India, among stage IV NSCLC patients who were >18 years, had failed conventional chemotherapy, had EGFR mutation reports available, and were treated with gefitinib as a single agent. Patients who met the inclusion criteria and agreed to participate in the study were recruited between January 1, 2010 and June 30, 2012. In addition to recording demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-H&N35 questionnaires (Indian versions) at baseline and at every two months till the end of study (week 18) or early termination. **Methods:** 467 previously untreated patients were randomized to receive either gefitinib or placebo. Overall quality of life was assessed using the SF-12 physical and mental summary scores. QoL outcomes at baseline and at every two months were compared using the Wilcoxon signed rank test. Additionally, a Cox regression model was used to assess factors associated with QoL outcomes. HRQoL improvements were also compared between the two arms for each chemotherapy treatment cycle. Finally, a survival analysis was conducted to assess the correlation between HRQoL and OS.

**Results:** At baseline, a total of 467 patients were included in the analysis. 236 patients were randomized to the gefitinib arm and 231 patients were randomized to the placebo arm. There was no significant difference in the distribution of any of the demographic or clinical characteristics of the two groups.

**Conclusions:** Despite initial improvements in QoL, HRQoL continued to deteriorate over time, with patients in the gefitinib group reporting significantly lower QoL compared to the placebo group.

**PCN159**

**THE ASSOCIATION OF COMORBID ANXIETY AND MOOD DISORDERS WITH HEALTH-RELATED QUALITY OF LIFE AMONG CANCER SURVIVORS**

**Park C.**, **Kim G.**, **Jiang S.**, **Zhang K.**

**The University of Texas at Austin, Austin, TX, USA**

**Objectives:** Cancer is related to lower health-related quality of life (HRQoL). However, little evidence exists regarding the marginal decrease in HRQoL by comorbid anxiety and mood disorders (bipolar and depressive disorders) among cancer survivors based on U.S population-based research. The objective of the study was to determine whether comorbid anxiety and mood disorders were associated with decreased HRQoL among cancer survivors. **Methods:** The National Health and Nutrition Examination Survey (NHANES) 2011-2014 was used for the cross-sectional analysis. The selected variables included anxiety and depression status (based on CES-D score), cancer diagnosis, age, race, insurance type, marital status, region, family income, and the presence of tobacco use in both treatment arms. Overall quality of life was measured using the SF-12 physical and mental summary scores. QoL outcomes at baseline and at every two months were compared using the Wilcoxon signed rank test. Additionally, a Cox regression model was used to assess factors associated with QoL outcomes. HRQoL improvements were also compared between the two arms for each chemotherapy treatment cycle. Finally, a survival analysis was conducted to assess the correlation between HRQoL and OS.

**Results:** The study population was 58.5 years (S.D.± 11.8). About 37.8% patients had a history of tobacco use in both treatment arms. Overall quality of life was assessed using the SF-12 physical summary score. QoL outcomes at baseline and at every two months were compared using the Wilcoxon signed rank test. Additionally, a Cox regression model was used to assess factors associated with QL outcomes. HRQoL improvements were also compared between the two arms for each chemotherapy treatment cycle. Finally, a survival analysis was conducted to assess the correlation between HRQoL and OS.

**Conclusions:** Despite initial improvements in QoL, HRQoL continued to deteriorate over time, with patients in the gefitinib group reporting significantly lower QoL compared to the placebo group.

**PCN160**

**COST OF DISCORDANT DIAGNOSES IN SARCOMA, GIST, AND DESMOID TUMORS**

**CARE VALUE IN HEALTH 17 A95**


**1Cancer Centre Léon Bérard, Lyon, France, 2Institut Bergonié, Bordeaux, France, 3Institut Gustave Roussy, Villejuif, France, 4Hôp, Lyon, France, 5Regional Oncology Network Marseille Espace Santé, Lyon, France**

**Objectives:** Evaluate changes in health related quality of life (HRQoL) in patients with metastatic head and neck cancer randomized to receive either metronomic (methotrexate and celecoxib) or cisplatin chemotherapy. **Methods:** Patients older than 18 years, Karnofsky performance score of > 70 and diagnosed with metastatic, locally advanced inoperable or recurrent head and neck cancer not amenable to surgery or definitive randomized (1:1) to receive either metronomic (methotrexate and celecoxib) or cisplatin chemotherapy. All patients were recruited from the Tata Memorial Hospital (TMH), Mumbai, India. In addition to demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-H&N35 questionnaires (Indian versions) at baseline and at the end of each chemo-cycle (every three weeks) till the end of study (week 18) or early termination. **Results:** Of the 212 patients, 108 were randomized to the metronomic arm and 104 to the cisplatin arm. The study population was 47.2 years (S.D.± 10.4) for the metronomic group and 47.2 years (S.D.± 9.8) for the cisplatin group. Oral cavity was the primary site of cancer (metronomic arm: 37.8%, cisplatin arm: 71.4%). About 57.8% and 45.2% patients had a history of tobacco use in both treatment arms. Overall quality of life was assessed using the SF-12 physical summary score. QoL outcomes at baseline and at every two months were compared using the Wilcoxon signed rank test. Additionally, a Cox regression model was used to assess factors associated with QL outcomes. HRQoL improvements were also compared between the two arms for each chemotherapy treatment cycle. Finally, a survival analysis was conducted to assess the correlation between HRQoL and OS.

**Conclusions:** Despite initial improvements in QoL, HRQoL continued to deteriorate over time, with patients in the metronomic arm reporting significantly lower QoL compared to the cisplatin group.