PCN79

HEALTH STATE PREFERENCE STUDY MAPPING THE CHANGE OVER THE COURSE OF THE DISEASE PROCESS IN CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)

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OBJECTIVES: CLL is a common form of leukaemia associated with symptoms of tiredness, night sweats, weight loss, anaemia and infection. The objective of this study was to measure the comparative utility of eight disease states describing two first line treatments (MabCampath, chorambucil) and the progression-free and progressive stages of CLL following first, second and final lines of therapy. **METHODS:** In order to obtain societal preferences, we conducted a utility study in the UK with 60 members of the general public using the Time Trade-Off (TTO) method. The interviews were conducted face-to-face by trained interviewers using a TTO scale with a 10 year duration period. A Visual Analogue Scale (VAS) (0 being death and 100 being full health) was also included. Information on the condition and health states were developed using literature, in-depth interviews and validation with specialist nurses and a specialist physician. **RESULTS:** The mean utility scores according to the TTO were: progression-free after first-line therapy; 0.777, progressive after first-line therapy; 0.540, progression-free after second-line therapy; 0.650, progressive after second-line therapy; 0.470, progression-free after final-line therapy; 0.428 and progressive after final-line therapy; 0.279. The mean utility on first-line treatment was 0.619 for MabCampath and 0.623 for chlorambucil. The VAS scores had similar values. **CONCLUSIONS:** In conclusion, there was gradual decline in the utility score after each subsequent line of therapy for patients in progression-free states and for patients in progressive states. Utility decreased when patients moved from progression-free to progressive states after each line of therapy. These values can be used in cost-utility analyses of treatment pathways associated with CLL.

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PATIENT REPORTED QUALITY OF LIFE IN CANCER PATIENTS ON OPIOID THERAPY IS INFLUENCED BY CONSTIPATION

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OBJECTIVES: To compare patient reported quality of life in cancer patients on opioid therapy with and without constipation. **METHODS:** Patients with a diagnosis of cancer, receiving opioids from all public pharmacies in The Netherlands, were recruited by a pharmacy worker to complete a generic questionnaire about opioid use and constipation and the EuroQoL-5-Dimensions questionnaire (EQ-5D) about generic Quality of Life (QoL). Patients were classified as having constipation or not based on self-reported bothersome side effect of the opioid and use of laxatives. EQ-5D index scores were compared with Wilcoxon Two-group test. **RESULTS:** A total of 113 patients using opioids from 170 pharmacies returned the questionnaires. Seventy-five (66%) of the cancer patients were classified as having constipation. Patients with and without constipation were similar with respect to age (mean ± standard deviation 66.1 ± 9.8 and 63.8 ± 12.6, respectively), gender (44% and 50% males, respectively) and type of opioid (most frequently oxycodone, fentanyl and morphine preparations in both groups). Patients with constipation more often reported problems with Pain (95% versus 92%) and Anxious/depressed Mood (52% vs. 42%), but less often with Self care (52% vs. 58%) than patients without constipation. The median [25th–75th percentile] EQ-5D index score among patients with constipation was lower compared to those without constipation (0.39 [0.19–0.69] vs. 0.63 [0.30–0.78], p = 0.10). **CONCLUSIONS:** Constipation in cancer patients using opioids has a substantial impact on patient's quality of life. Alleviation of constipation symptoms might help improve patient reported quality of life.

PCN81

CROSS-CULTURAL ADAPTATION INTO SPANISH AND ITEM REDUCTION OF THE UCLA-PROSTATIC CANCER INDEX (UCLA-PCI): A SPECIFIC HEALTH RELATED QUALITY OF LIFE (HRQOL) QUESTIONNAIRE FOR PROSTATIC CANCER

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OBJECTIVES: To carry out a cross-cultural adaptation into Spanish of the UCLA-PCI questionnaire and to validate a reduced version. **METHODS:** Firstly, forward-backward translations of the UCLA-PCI were made by two native (English and Spanish) translators and integrated into a preliminary version by an expert panel (two urologists and one radiologist). Comprehension of items was analyzed by 15 prostatic cancer (PC) patients by using a 4 levels likert scale. As a result, an initial version (UCLA-PCI 1.0) was reached by consensus. Next, 50 PC patients who had received treatment (radiotherapy or prostatectomy) 3 years before answered both the UCLA-PCI 1.0 and the generic HRQoL questionnaire SF-12 Health Survey. Exploratory factorial analysis -FA-, item-total correlations and confirmatory FA (promax oblique rotation) were applied to reduce the UCLA-PCI 1.0 into a 4 items scale (UCLA-PCI-brief). Internal consistency (Cronbach's α), feasibility and convergent validity (Spearman correlation with SF-12 and non parametric test for 2 independent samples, according to TNM tumor stage) were assessed. **RESULTS:** Internal consistency was high in UCLA-PCI 1.0 (0.856) and acceptable in UCLA-PCI-brief (0.731). UCLA-PCI 1.0 FA showed the same constructs that the original (urinary, bowel and sexual symptoms—function and bother). UCLA-PCI-brief FA revealed 3 functional dimensions: urinary (2 items; 56.16 of variance explained), bowel (1 item, 21%), intestinal (1 item, 15.28%). Moreover, correlations between UCLA-PCI–brief and SF-12 Mental and Physical Summaries Components were respectively: urinary (0.31 and 0.38; $p > 0.05$), intestinal (0.29 and 0.634; $p < 0.05$) and sexual (0.04 and 0.33; $p > 0.05$). Finally, significant differences were found in the UCLA-PCI scores between patients with a more favorable PC stage and patients with a worse prognosis. **CONCLUSIONS:** The Spanish version of the UCLA-PCI maintains the same structure as the original. An item reduced version (UCLA-PCI-brief) with adequate properties has been developed.

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TESTING THE MEASUREMENT EQUIVALENCE OF PAPER AND INTERACTIVE VOICE RESPONSE (IVR) VERSIONS OF THE EQ-5D

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OBJECTIVES: Electronic data capture technologies, such as interactive voice response (IVR) systems, are emerging as important alternatives for collecting patient-reported outcomes data. The objective of this study was to assess the measurement equivalence of an IVR version of the EQ-5D with the original paper version. **METHODS:** This study utilized a crossover design with subjects randomly assigned to one of two assessment orders: 1) paper then IVR or 2) IVR then paper. A convenience sample of in-treatment outpatient cancer clinic patients (n = 139) were