tions, year, PRO instrument, and results for PROs. Analysis was conducted to identify trends in combining significant PRO instruments and results were categorized as positive, neutral, or negative. RESULTS: Eight RCTs with a total of 3,342 patients were identified. In these studies, there were eight different PRO instruments identified: FACT-L, SF-36, FSI, PSQI, MSAS-SF, FACT-BRM, EQ-SD, and MDASI-CML. The most commonly used PRO instrument was FACT-L (used in 1,199 patients). Five studies reported positive results with improvement in quality of life (QoL) symptoms versus comparator treatments. Two studies reported results consistent with ISPOR guidelines for translation and cultural adaptation of PROs. One study reported QoL in various types of CML and showed significant deterioration in patients with chronic phase CML versus those with acute and blast phase CML. Studies also identified two QoL domains, depression and fatigue, which matter most for patients with CML. Conclusions: QoL improvement in their QoL PRO instruments such as FACT-Leu and FACT-BRM can aid in generating evidence to show which therapies improve patient QoL.

PCN162 PATIENT REPORTED OUTCOMES IN METASTATIC CARCINOMA-RESISTANT PROSTATE CANCER
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OBJECTIVES: Patient reported outcomes (PRO) are becoming useful tools for collecting and generating evidence for new medical products to show improvements in health-related quality of life (HRQoL). Castration-Resistant Prostate Cancer (CRPC) is a chronic disease with high importance for patient HRQoL. The objective of this study was to review, analyze, and understand trends in the PRO instruments used in patients with CRPC. METHODS: A systematic literature search for CRPC randomized controlled trials (RCTs) with PROs endpoints was undertaken for the databases Pubmed, Embase, Biosis, Google Scholar, and Cochrane. Data was collected for the study population, year, PRO instrument, and results for PROs. Analysis was conducted to identify trends in commonly used PRO instruments and categorize results as positive, neutral or negative. RESULTS: Ten RCTs with a total of 1,957 patients were identified. In 1,091 patients were treated with third-generation agents, six different PRO instruments were identified that were FACT-P, FACT-G, BPI-SF, EQC30, EQ2R3, FLIC, SDS, SFU, FDI, PROSOLI, SF-36, and QOLM-P14. The most commonly used instrument was FACT-P (used in 4,297 patients) and EQC-30 (used in 1,070 patients). Three studies reported positive results with improvement in quality of life symptoms (QoL) versus comparator treatments. Four studies reported results with deterioration in QOL. Three studies reported improvement in pain scores. CONCLUSIONS: Patients with CRPC have relatively longer survival and hence QoL is an important consideration for these patients. PRO instruments such as FACT-P and EQC-30 have been commonly used to generate evidence to show which therapies improve patient QoL.

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of care could be nowadays a major issue. METHODS: This prospective study carried out in 78 physicians. At baseline, patients fulfilled eligibility criteria (utility and validity of QOL data). EORTC-QLQ-C30 was completed by baseline score and gender. We have used the recommended cut-off points of HADS ≤ 7 (normal), 8-10 (uncertain) and ≥ 11 (problem). RESULTS: There were 53 (68.2%) patients, 57 (72.9%) males. Male patients were 0.72 ± 0.7% younger. At baseline, in the HADS-A there were 282 (36.4%) of patients scoring higher than 7 points (17.6% higher than 10 points). In the HADS-D 137 (17.6%) scored higher than 9.3% were higher than 10 points. Both anxiety and depression at baseline influence changes in EQ-SD, with less gains in patients with moderate anxiety and depression (p < 0.001). Regarding the EORTC-QLQ-C30 domains, baseline anxiety level impacts significantly in all domains, except in physical functioning, with gains around twice as high in the upper quartile than the lower quartile. Principal Component Analysis yielded the EORTC-QLQ-C30 summary domains impact the hazard of progression and/or dying after 12 weeks of treatment. METHODS: Data from the MACH-2 study treated patients with BM and VM. These findings suggest that poor baseline HRQL could be predictive of poor DFS, while higher baseline HRQL could be a better outcome.

**PCN170**

**EXPLORATORY ANALYSIS OF THE ASSOCIATION BETWEEN EORTC-QLQ C30 DOMAINS AND PROGRESSION-FREE/OVERALL SURVIVAL IN ADVANCED MELANOMA AFTER 12 WEEKS OF TREATMENT ON IPILOMUBA COMPARED TO GP100 IN A PHASE III CLINICAL TRIAL**

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OBJECTIVES: This study analyses the association between health-related quality of life (HRQL) domains and progression free (PFS) and overall survival (OS) for ipilimumab, ipilimumab + gp100, and gp100 alone during the 12 week treatment induction period across baseline. The aim of this study was to assess whether outcomes reported in the EORTC-QLQ-C30 summary domains impact the hazard of progressing and/or dying after 12 weeks of treatment. METHODS: Data from the MACH-2 study treated patients with BM and VM. These findings suggest that poor baseline HRQL could be predictive of poor DFS, while higher baseline HRQL could be a better outcome.