OBJECTIVES: There is a variety of disease modifying drugs available for the treatment of multiple sclerosis (MS). The current study was conducted to assess the different characteristics in key attributes such as side effects, mode of administration etc. for use in diabetes (n = 11, 13%), then 7 pain instruments (8%), 5 respiratory questionnaires (6%) and 4 tattoos and specific instruments (2%). The remaining 30 (34%) instruments covered individual conditions ranging from anaemia to osteoporosis.

CONCLUSIONS: There are at least 88 patient's treatment satisfaction/preference instruments published for possible use in clinical trials, 31 of which are disease-specific for patients. A treatment satisfaction/preference instrument to be used in a specific therapy area for those disease-specific measures, assessment of content validity and psychometric properties should be assessed before choosing the most appropriate measure for a given study.

PMID121 DUAL BACK TRANSLATION VERSUS SINGLE BACK TRANSLATION: METHODOLOGY WHEN TRANSLATING PATIENT REPORTED OUTCOMES (PRO) Talbert M, Brandt RA1, McKown S, Gawlicki MG2, Heizmann A2, Politiz A3
1Corporate Translations Inc., Chicago, IL, USA, 2Corporate Translations, Inc., East Hartford, CT, USA, 3Corporate Translations, Inc., East Hartford, CT, USA, 4Corporate Translations, Inc., Chicago, IL, USA
OBJECTIVES: To determine whether dual back-translators improve the translation process for Patient Report Outcomes (PRO). METHODS: Four (4) PROs were tested using dual back-translators. The two back-translators worked independently, possessing no knowledge of the other's back-translation. The translated PROs were a physical assessment questionnaire containing 1507 words with medical terminology, a physical assessment questionnaire with simple terminology containing 593 words, a COPD questionnaire containing medical concepts with 713 words, and a cancer treatment questionnaire containing colloquial terminology and 403 words. Instances of the following scenario were tallied during analysis: one back-translation did not accurately reflect the intended meaning.

RESULTS: After analysis, 184 forward translation revisions occurred when using dual back-translators. 11 out of the 184 were a revision to a forward-back translation where content translation was correct despite the other back-translation being incorrect. This occurred 4 times amongst Slavic family languages, 3 times amongst Indian languages, 3 times amongst Southeast Asian languages, and once with Chinese. No such revisions occurred amongst Latin and Germanic language families. After analysis of the translated PROs, with just one back-translation, a total of 180 forward translation revisions occurred. CONCLUSIONS: A second back-translation improves the translation process if the readability of the text of higher difficulty, Slavic, Asian, and Indian language translations are required. However, the low number of revisions resulting from one incorrect back-translation, while using dual back-translators, demonstrates that one back-translator is acceptable. Since back-translators revealed the need for only 4 more forward translation revisions than the single back-translator, the quality output is similar.

PMID122 MOBILE PHONE USE IN PATIENT REPORTED OUTCOMES – A LITERATURE SEARCH O’Gorman H
University of Exeter, Nottingham, UK
OBJECTIVES: To demonstrate the increased use of mobile phones to collect patient reported outcomes in research and to show that they are a valid method of data collection. METHODS: A literature search was conducted looking at articles published between January 2005 and March 2013 that contained the term mobile in their title. Articles were included if they were about PROs and were not specifically about mobile phones. The articles were reviewed for their feasibility of the instrument/methods used 2) to examine the value of a quality assessment (HTA) in policy decisions and this is no exception in Asia Pacific region.

CONCLUSIONS:

METHODS: On average, patients (~75% female) were 47 years old with 9.6 years of disease duration, and ~90% reporting prior experience with parental modes of administration. Count analysis (Flynn & Louvriere, 1992; Orme, 2009) yielded that mode of administration was the most important attribute guiding patient selection criteria - nine of which were solely designed for a specific study. Of these 180 forward translation revisions occurred. 11 out of the 184 were a revision to a forward-back translation where content translation was correct despite the other back-translation being incorrect. This occurred 4 times amongst Slavic family languages, 3 times amongst Indian languages, 3 times amongst Southeast Asian languages, and once with Chinese. No such revisions occurred amongst Latin and Germanic language families. After analysis of the translated PROs, with just one back-translation, a total of 180 forward translation revisions occurred. CONCLUSIONS: A second back-translation improves the translation process if the readability of the text of higher difficulty, Slavic, Asian, and Indian language translations are required. However, the low number of revisions resulting from one incorrect back-translation, while using dual back-translators, demonstrates that one back-translator is acceptable. Since back-translators revealed the need for only 4 more forward translation revisions than the single back-translator, the quality output is similar.