twelve physicians. A mapping instrument was developed to allocate values of HRQL impact to fifty chemotherapy-related AEs. The HRQL impact was measured on a five-point scale for direct comparison with the CTC. RESULTS: This analysis revealed that approximately half (23 of 50) of the AEs had HRQL impact values that were different to their CTC grades. For the majority (17 of 23), the HRQL impact value was lower than the CTC grade. The results of the HRQL impact survey confirmed that the CTC classification does not always reflect the impact on patient HRQL and that in general, low to moderate grade leukopenic and thrombocytopenic haematological events have lower impact on patient HRQL than non-haematological events. Vomiting, pain, sensory neuropathy, rigors, chills and fever had a higher impact on HRQL than the CTC would suggest. CONCLUSIONS: We have proposed a method for estimation of the HRQL impact of AEs on chemotherapy patients that has face validity. This research provides a basis to quantify the HRQL impact of chemotherapy-related AEs. This could then be used to assess the value of various chemotherapy agents in cost-utility analyses.

DEVELOPMENT OF A NEW SCALE TO ASSESS PATIENT PERCEPTIONS OF CANCER-RELATED FATIGUE: THE PERFORM PROJECT
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OBJECTIVE: To develop a short new scale to assess patient perceptions of cancer-related fatigue (CRF), and determine the beliefs and expectations of cancer patients with CRF.

METHODS: To define the first version of the questionnaire a two-phase methodology was used. Firstly, initial item content was defined by integrating information from: 1) a literature review performed to identify related studies; 2) content analysis of two focus groups carried out with cancer patients; and 3) two expert meetings with oncologists. To reduce the item pool and produce the first version of the questionnaire for validation, a multicentre cross-sectional study was performed and the item pool was administered to a sample of the target population. Item reduction was based on a clinimetric approach, so that for each item in the initial pool, frequency and importance were assessed by a Likert scale and the frequency and importance product index (PI) was calculated. Item selection was based on the ordering of items based on the PI. RESULTS: The initial item pool included 75 double-items referring to mental attitude (7), social and family (15), psychological impact (12), physical functioning (12), daily activities (12) and general opinions (17). Initial pool was administered to 238 cancer patients: mean age 57, 56% women, 30% breast cancer, 46% with anemia, average of low-to-moderate CRF intensity. 95% of sample responded at least 85% of items. Average of missing items per patient was 4.5. PI ranged from 4.9 to 12.4 and the first 40 items were selected and preliminarily assigned to six dimensions (physical, social, psychological, attitudes, daily life activities, opinions). CONCLUSION: Preliminary results from the item reduction process have led to a first version of the questionnaire with 40 items and six dimensions. The next stage will examine the psychometric properties of the new measure in a larger sample.

ASSESSING QOL IN PATIENTS WITH METASTATIC COLORECTAL CANCER (mCRC) TREATED WITH CHEMOTHERAPY
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OBJECTIVES: To establish whether a standard questionnaire exists for evaluating quality of life (Qol) in patients with mCRC.

METHODS: We conducted a search of the published literature on Qol, chemotherapy, and colorectal cancer between 1998 and 2004, excluding studies with limited total sample sizes (<50). We reviewed twenty studies with unique patient populations covering nine Qol questionnaires and nine chemotherapy drugs.

RESULTS: Most studies were conducted in Europe (primarily the UK), average sample size was 184 patients per study arm (range: 25, 411). The EORTC QLQ-C30 was the most commonly used questionnaire (17 studies). Generally, it was administered in treatment trials starting at baseline and every 6 weeks thereafter until disease progression (on average 2 years duration). Few EORTC QLQ-C30 studies (2 of 15 multi-arm studies) were able to detect differences between groups other than on the diarrhea item. Recently, two supplemental CRC specific modules were developed, the EORTC QLQ-CR38 and FACT-C. While the EORTC QLQ-CR38 module focuses more on symptoms, the FACT-C considers patients’ attitudes towards their cancer. One study used the EORTC QLQ-CR38 and was able to detect treatment group differences in symptoms; specifically, stoma-related, micturition, defecation, and sexual problems, gastrointestinal tract symptoms, body image, and future perspective. Another study used the FACT-C along with other FACT specific modules to compare Qol across different cancer types. Minimal differences (due to the small sample size in each cancer type) were observed. CONCLUSIONS: The EORTC QLQ-C30 is the most commonly used questionnaire in mCRC patients receiving chemotherapy. With increased use and availability of translations, the EORTC QLQ-CR38 and FACT-C will likely prove to be more sensitive in detecting differences. Common patterns exist for the administration (coinciding with cycles) and duration of follow-up (≥1 year), yet no standard Qol questionnaire emerged able to detect group differences for mCRC patients receiving chemotherapy.

MONITORING AND SECURING QUALITY IN ONCOLOGICAL CARE—THE 2004 LONGITUDINAL PASQOC® RESULTS
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OBJECTIVE: Patient Satisfaction and Quality in Oncological Care (PASQOC®) 2002 was the first assessment in Germany focusing on patient satisfaction in oncology. In 2004 PASQOC® was rerun to assess and observe quality of oncological care over time (2002/2004). Of 49 participating practices and ambulances, 16 were following-up on their 2002 experience. METHODS: All cancer patients presenting at the investigators’ practices within a defined recruiting period received the validated questionnaire PASQOC® via mail. Patients’ inclusion criteria: German speaking, ≥18 years, confirmed cancer diagnosis, physical/mental ability to complete self-administered questionnaire. Analysis based on dichotomous “problem scores” indicating the presence or absence of a problem. These are summed into 13 “dimension
scores”, each clustering a defined set of questions. RESULTS: (2002 figures in brackets): Samples did not differ significantly in structure. The 16 practices recruited n = 1639 patients (n = 1826), 50.9% women (55.0); mean age 63.6 years (62.4). Comparing 2004 with 2002 it is demonstrated that 5 practices showed overall improvement in all dimensions, 3 practices improved in some, 4 practices improved and decreased, while 4 maintained steady state. Patients of one practice reported more problems in all dimensions in 2002 than on average. In 2004, the practice presents with only “praxis organisation” being still an issue for patients (+37%). This practice demonstrated an overall better performance based on improvements in 8 out of 13 scales. Problem scores dropped (i.e. improvement) especially interpersonal communication dimensions, i.e. patient-physician relationship (−56%), co-management (−32%), involvement of family members (−54%), discussion with other patients (−41%). CONCLUSION: Assessing patient satisfaction over time is one tool to generate a platform for quality assurance in oncological care. The PASCOQ® questionnaire is a tool to assess not only status quo but is also feasible to detect changes in patients’ satisfaction with physicians, staff, environment as well as side effects and supportive medication.

**FIBROMYALGIA**

**FIBROMYALGIA SYNDROME: A PORTUGUESE EPIDEMIOLOGICAL SURVEY**  
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OBJECTIVES: To assess the estimated prevalence of possible fibromyalgia sufferers among the general adults population in Portugal using a screening questionnaire, the LFES-SQ developed by White. METHODS: This questionnaire was administrated to a random community sample of 500 persons interviewed by telephone and positive responders to the screening questionnaire were classified as “pain sufferers”. Using a sample of patients coming to Rheumatologist departments we administrated to them the same screening questionnaire and we diagnosed this entire sample to see if they were fibromyalgia sufferers (using the 1990 ACR criteria). Once we had calculated the ratio between patients “positive” to the screening questionnaire and the number of patients really diagnosed with FMS, we applied this ratio to our population of “pain sufferers” and therefore obtain an estimate of the prevalence of fibromyalgia sufferers in Italy. 

CONCLUSION: Those data are higher than those obtained in the White study or in the published prevalence of FMS in Italy of 4.17% of the total population, 6.99% of women and 0.31% of men. 

**FIBROMYALGIA SYNDROME: AN ITALIAN EPIDEMIOLOGICAL SURVEY**  
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OBJECTIVE: To assess the estimated prevalence of possible Fibromyalgia (FM) sufferers among the general adults population in Italy using the LFES-SQ, a screening questionnaire developed by White. METHODS: This questionnaire was administrated to a random community sample of 1000 persons interviewed by telephone and positive responders to the screening questionnaire were classified as “pain sufferers”. Using a ratio calculated in Portugal between patients “positive” (+) to the screening questionnaire and the number of patients really diagnosed with FMS, we applied this ratio to our population of “pain sufferers” and therefore obtain an estimate of the prevalence of possible fibromyalgia sufferers in Italy, please note that we worked on two different populations. The ratio was calculated using a sample of patients in Lisboa, to whom we administrated the same screening questionnaire and we diagnosed this entire sample to see if they were FM sufferers (using the 1990 ACR criteria). RESULTS: In Portugal following the hospital survey we were able to calculate the following ratios: Multiplication factors of possible FMS patients VS number of (+) = Total FM cases in Lisboa / Number of Patients screened (+), i.e. . . . multiplication factor for the total population = 51/154 = 0.331; multiplication factor for women = 50/136 = 0.368; multiplication factor for men = 1/18 = 0.056. Once those ratio were applied to our random sample of 1000 persons we obtained an estimated prevalence of FMS in Italy of 4.17% of the total population, 6.99% of women and 0.31% of men. 

**CROSS-SURVEY OF FRENCH AND PORTUGUESE GENERAL PRACTITIONERS GLOBAL MANAGEMENT OF FIBROMYALGIA**  
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OBJECTIVE: To compare the management of fibromyalgia amongst French and Portuguese General Practitioners (GPs). METHODS: A questionnaire with a prepaid envelope was sent to a sample of 10,000 GPs in France and to all practicing GPs (n = 8399) in Portugal. This questionnaire was organized in six main sections: the characteristics of the physician’s professional practice, the physician’s opinion on fibromyalgia, the main symptoms of fibromyalgia, diagnosis criteria, treatments of fibromyalgia, sources of knowledge on fibromyalgia. RESULTS: A total of 1130 French GPs (response rate: 11.3%) and 337 Portuguese GPs (response rate: 4%) returned the questionnaire. 

In France 66% are male with an average age of 47, whereas in Portugal 52% are male with an average age of 50. The profile of the respondents is similar in age and gender to the average national profile. Thirty-three percent of French GPs and 29.5% of the Portuguese ones affirm that fibromyalgia is a disease; 63% and 68% respectively claim it is a symptom and it is only for 2% of French and 2.5% of the Portuguese GPs that fibromyalgia does...