asked to complete each assessment two days apart. The analyses tested for mean differences (repeated measures ANOVA) and reliability (intraclass correlation coefficient [ICC]) to assess measurement stability over time. Equivalence of the means was established if the 95% confidence interval (CI) of the mean difference was within the minimally important difference (MID) interval: −0.035 to 0.035 for the index and −3 to 3 for the EQ VAS. Adequacy of the ICC was established by comparing the ICC 95% lower CI with a critical value of 0.70. RESULTS: The protocol analysis included 109 subjects for the EQ VAS and 113 subjects for the index. For the EQ-5D index, the means (SD) of the paper and IVR administrations were 0.790 (0.172) and 0.800 (0.180), respectively. The 95% CI of the mean difference was −0.024 to 0.006, which was within the equivalence interval. The ICC was 0.894 (95% lower CI 0.857), significantly different from 0.70. For the EQ VAS, the means (SD) were 72.0 (19.7) for paper and 74.1 (19.8) for IVR. The 95% CI of the mean difference was −3.784 to −0.484, partially within the equivalence interval. The ICC was 0.897 (95% lower CI 0.859) also significantly different from 0.70. CONCLUSIONS: This analysis provides evidence that the EQ-5D scores on the IVR version were equivalent to those obtained on the original paper version.

**PCN83**

**PERFORMANCE AND ADEQUACY OF PATIENT-PERSPECTIVE CRITERIA IN THE ASSESSMENT OF TEST-RETEST RELIABILITY: THE CASE OF THE PERFORM QUESTIONNAIRE**

Baro E1, Rodriguez C2, Gascón P3, García-Mata J4, Colomer R5, Cassinello JA6, Carulla JA7, Valentin V8, Gasquet JA9

1 3D Health Research, Barcelona, Spain, 2Hospital Clínico Universitario de Salamanca, Salamanca, Spain, 3Hospital Clinic i Provincial de Barcelona, Barcelona, Spain, 4Hospital Santa María Nai, Orense, Spain, 5Centro Oncológico MD Anderson, Madrid, Spain, 6Hospital Universitario de Guadalajara, Guadalajara, Spain, 7Hospital General Mateu Orfila, Menorca, Spain, 8Hospital 12 de octubre, Madrid, Spain, 9AMGEN S.A, Barcelona, Spain

OBJECTIVES: Cancer-related fatigue (cRF) is a frequently reported complaint in cancer patients and survivors. The Perform Questionnaire (PQ) is a recently validated 12-item scale to assess perceptions and beliefs about cRF throughout the dimensions ‘Physical limitations’, ‘Activities of daily living’, ‘Beliefs and attitudes’. This study aims to explore the performance of different ways for identifying stable patients in the assessment of test-retest reliability. METHODS: Patients with a moderate level of cRF participated in an observational and longitudinal multi-centre. PQ and a 100 mm horizontal visual analogue scale for fatigue intensity (VAS) were administered at inclusion and 3 months later. Stability concerning cRF was defined as either: 1) absence of self-reported health change, using a standard self-administered health status item (HSI) at the second visit on a Likert-type ordinal scale with 13 response options, or 2) Fatigue VAS score change between visits <5 mm. Test-retest reliability (Intraclass correlation coefficient, ICC) was assessed for the PQ overall and for the three dimension scores, using each method 1 and 2. RESULTS: Baseline sample characteristics (n = 437) were: 60.5% women, mean age 59.1 years, an average of 2.21 years since diagnosis, 33.6% breast cancer, 54.7% with metastasis, Karnofsky mean score 80.9, and 29.1% with anaemia. ICC values obtained using the method 1 (n = 38) didn’t reach the standard value recommended (0.70) for the overall (0.68) neither the dimension scores (0.52–0.68), while ICC values obtained using the method 2 (n = 64) were satisfactory and reached the standards accepted for this psychometric property assessment (0.83 for the overall score and ranging between 0.77 and 0.84 for the three dimension scores). CONCLUSIONS: Patient-perspective is a relevant approach in the assessment of the psychometric properties of the patient-oriented health outcomes measures. The performance and adequacy of different patient-perspective criteria can conduct to different conclusions concerning specific psychometric properties.
SYMPTOM PREVALENCE IN HORMONE REFRACTORY PROSTATE CANCER (HRPC)

Romanus D1, Oh WK1, Cook FE2, Weeks JC1
1Dana-Farber Cancer Institute, Boston, MA, USA, 2B Brigham and Women's Hospital, Boston, MA, USA

OBJECTIVES: Prostate cancer is the second leading cause of cancer mortality in American men. Androgen deprivation therapy (ADT) is the standard initial treatment for advanced disease, but most patients eventually develop HRPC. There are no universally accepted, standardized and objective criteria for assessing response to treatment for HRPC, so patient-reported outcomes (PRO) are a critical in guiding and monitoring palliative interventions. We characterized the prevalence and natural history of symptoms in patients with hormone refractory, incurable prostate cancer. METHODS: Patients with HRPC receiving care at Dana-Farber Cancer Institute, completed a questionnaire at each clinic visit over 10 months, comprising the Quality of Life Index (QLI), Rotterdam Symptom Checklist (RSCL), Brief Pain Inventory (BPI), Hospital Anxiety and Depression Scale (HADS), American Urological Association symptom index (AUA), and the ECOG performance status scale. RESULTS: A total of 87 of 102 eligible patients enrolled. Among participants, the survey response rate was 98%. A total of 87% had documented metastases; the remainder had rising prostate specific antigen levels despite ADT. The following frequencies of symptoms were reported at baseline and during follow-up (worst scores ever), respectively: urinary symptoms, moderate/severe: 62 v. 75%; any pain, 67 v. 70%; severe intensity in worst pain score, 19 v. 25%; HADS possible/probable diagnosis: anxiety, 21 v. 39%, depression, 20 v. 35%; ECOG PS 2+, 15 v. 37%; RSCL symptoms: tiredness, 30 v. 60%; lack of energy, 28 v. 58%; muscle soreness, 26 v. 45%. The mean overall health rating (0 = worst, 100 = best) was, 74 at baseline v. 56 during follow up. A shift toward lower levels of HRQL was also observed across all domains of the QLI. CONCLUSIONS: Patients with HRPC endure a substantial and worsening symptom burden over time. Given the high prevalence of symptoms and difficulty of assessing treatment response by objective measures in this disease, PRO should be routinely incorporated into clinical care and trials.