through the inclusion of studies identified in references lists. Of these 27 studies, only one provided a statistical regression model describing a relationship between FACT-G and EQ-5D in individuals with malignant melanoma. While the analyses and data used were described appropriately and satisfied the majority of recommendations in the published checklist, the preference-based utility weights used in the study were not obtained from the patient population. **CONCLUSIONS:** This study confirms there is very little evidence which could be used to generate preference-based utility scores from FACT data. Although one relationship was identified, it cannot be used to estimate proxy preference-based utility scores, it is not ideal for the UK.

**PCN113**

**OBJECTIVES:** As part of the Lilly Oncology Patient Access to Cancer care Excellence (PACE) initiative, the 2014 PACE Cancer Perceptions Index survey was conducted to identify general public perceptions of cancer and its treatment in South Korea. **METHODS:** The general public consisted of a nationally representative sample of 500 respondents aged $\geq 18$ years who participated in telephone interviews initiated by random digit dialing from March 25 to April 22, 2014. Responses were evaluated by analysis of frequencies of responses and mean scores. **RESULTS:** Less than half (39%) of the general public expressed satisfaction with progress in cancer treatment, and most (82%) believe it takes too long for new cancer medicines to become available. More than two-thirds (68%) of the general public believe clinical trials offer patients a chance to receive better treatments than those currently available, and the majority (82%) would be willing to participate in a clinical trial if they might receive an experimental treatment. Most of the general public strongly agreed on the need for coordination of efforts across national borders (96%), and greater collaboration among government, academic institutions, non-profit organizations, and patient associations (96%), in the treatment of different cancers. **CONCLUSIONS:** The general public in South Korea is ambivalent toward overall progress in the fight against cancer, and impatient with the pace of progress. Despite some differences in perceptions in South Korea compared to those previously published for PACE surveys in the United States, France, Germany, Italy, Japan, and the United Kingdom, the general public in South Korea is consistent with the general public in the other six countries in identifying cancer as a health priority, and wanting greater investment in addressing the disease as well as faster availability of new medicines.

**PCN114**

**QUALITATIVE METHODS FOR ASSESSING PATIENT, CAREGIVER, AND PHYSICIAN-REPORTED EXPERIENCES WITH ORAL MEDICATIONS FOR TREATMENT OF METASTATIC CAstration-RESistant PROSTATE CANcer (mCRPC)**

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**OBJECTIVES:** This study examined patient preferences related to palliative CT of gastric cancer, and discussed the United States FDA’s framework for patient-focused drug development. **METHODS:** A survey of oncologists, caregivers, and patients was conducted. Eligible consenting patients completed the KIT survey for who patients with mCRPC who had completed $\geq 2$ cycles of palliative CT (ongoing or completed). The primary objective was the quantitative evaluation of patient treatment trade-off preferences and their potential application to clinical trials. The discrete choice experiment (DCE) matrix, developed based on 6 in-depth qualitative interviews, spanned the 3 attributes ability to self-care as a key component for quality of life, treatment toxicity and survival benefit (3-4 factor levels each, 15 iterations). A minimum of 50 participants was recruited to the KIT survey, choosing systematically among profiles. **RESULTS:** The DCE survey was completed by 50 patients with mCRPC who had completed $\geq 2$ cycles of palliative CT (ongoing or completed). The primary objective was the quantitative evaluation of patient treatment trade-off preferences and their potential application to clinical trials. The discrete choice experiment (DCE) matrix, developed based on 6 in-depth qualitative interviews, spanned the 3 attributes ability to self-care as a key component for quality of life, treatment toxicity and survival benefit (3-4 factor levels each, 15 iterations). A minimum of 50 participants was recruited to the KIT survey, choosing systematically among profiles. **CONCLUSIONS:** Patients preferred reduced treatment toxicity as most important (45% relative importance, MLR analysis), followed by ability to self-care (32%) and survival benefit (23%). The majority of patients would be willing to participate in a clinical trial if they might receive an experimental treatment, and most (82%) believe it takes too long for new cancer medicines to become available. More than two-thirds (68%) of the general public believe clinical trials offer patients a chance to receive better treatments than those currently available, and the majority (82%) would be willing to participate in a clinical trial if they might receive an experimental treatment. Most of the general public strongly agreed on the need for coordination of efforts across national borders (96%), and greater collaboration among government, academic institutions, non-profit organizations, and patient associations (96%), in the treatment of different cancers. **CONCLUSIONS:** The general public in South Korea is ambivalent toward overall progress in the fight against cancer, and impatient with the pace of progress. Despite some differences in perceptions in South Korea compared to those previously published for PACE surveys in the United States, France, Germany, Italy, Japan, and the United Kingdom, the general public in South Korea is consistent with the general public in the other six countries in identifying cancer as a health priority, and wanting greater investment in addressing the disease as well as faster availability of new medicines.

**PCN115**

**OBJECTIVES:** To examine patient preferences related to palliative CT of gastric cancer, and discussed the United States FDA’s framework for patient-focused drug development. **METHODS:** A survey of oncologists, caregivers, and patients was conducted. Eligible consenting patients completed the KIT survey for who patients with mCRPC who had completed $\geq 2$ cycles of palliative CT (ongoing or completed). The primary objective was the quantitative evaluation of patient treatment trade-off preferences and their potential application to clinical trials. The discrete choice experiment (DCE) matrix, developed based on 6 in-depth qualitative interviews, spanned the 3 attributes ability to self-care as a key component for quality of life, treatment toxicity and survival benefit (3-4 factor levels each, 15 iterations). A minimum of 50 participants was recruited to the KIT survey, choosing systematically among profiles. **RESULTS:** The DCE survey was completed by 50 patients with mCRPC who had completed $\geq 2$ cycles of palliative CT (ongoing or completed). The primary objective was the quantitative evaluation of patient treatment trade-off preferences and their potential application to clinical trials. The discrete choice experiment (DCE) matrix, developed based on 6 in-depth qualitative interviews, spanned the 3 attributes ability to self-care as a key component for quality of life, treatment toxicity and survival benefit (3-4 factor levels each, 15 iterations). A minimum of 50 participants was recruited to the KIT survey, choosing systematically among profiles. **CONCLUSIONS:** Patients preferred reduced treatment toxicity as most important (45% relative importance, MLR analysis), followed by ability to self-care (32%) and survival benefit (23%). The majority of patients would be willing to participate in a clinical trial if they might receive an experimental treatment, and most (82%) believe it takes too long for new cancer medicines to become available. More than two-thirds (68%) of the general public believe clinical trials offer patients a chance to receive better treatments than those currently available, and the majority (82%) would be willing to participate in a clinical trial if they might receive an experimental treatment. Most of the general public strongly agreed on the need for coordination of efforts across national borders (96%), and greater collaboration among government, academic institutions, non-profit organizations, and patient associations (96%), in the treatment of different cancers. **CONCLUSIONS:** The general public in South Korea is ambivalent toward overall progress in the fight against cancer, and impatient with the pace of progress. Despite some differences in perceptions in South Korea compared to those previously published for PACE surveys in the United States, France, Germany, Italy, Japan, and the United Kingdom, the general public in South Korea is consistent with the general public in the other six countries in identifying cancer as a health priority, and wanting greater investment in addressing the disease as well as faster availability of new medicines.

**PCN116**

**OBJECTIVES:** The main objective of our study was to assess the population’s participation in cervical smear testing and knowledge on HPV, also learn about women’s attitudes about the vaccine. **METHODS:** The quantitative cross-sectional questionnaire survey was conducted among women in the general public in South Korea in 2013. 150 questionnaires were distributed, of which 120 proved to be evaluable. The study was performed with $\chi^{2}$-test and t-test as a statistical method besides 95% confidence interval using SPSS version 20.0 program. **RESULTS:** 89.2% of the respondent women had cervical smear tests. 82.9% of women reported an annual visit for screening. Their average age was 22.01±5.85 years when they first attended screening. Women participated in screening was significantly $>\text{4.89, } p<0.001 (\text{McNemar})$ (36.56), than those who never took part (26.60). Five questions in the survey concerned knowledge on HPV. On the basis of these questions only 27.9% of the women had adequate knowledge. The majority of women (80.8%) knew the meaning of the acronym HPV, at the same time only 29.2% of them knew the infection affected “both men and women”. Concerning prevention only women living in marriage or cohabitation ($\geq20.00, \text{ p<0.001}$) were significantly informed better on the issue than single mothers. 85.8% of the respondent women showed adequate knowledge about vaccination against HPV. Only 10 women (9.0%) received HPV vaccination, and significantly more women over 34 years of age would require vaccination for themselves ($\geq9.010, \text{ p<0.011}$) and their daughters ($\geq7.415, p<0.006$) that their younger counterparts. **CONCLUSIONS:** Women reported an extremely high participation rate in cervical cancer screening, however the overall awareness of human papillomavirus in the respondents is superficial (27.9%), therefore, their willingness for vaccination is not adequate. In the future, a wide range of information should be provided for them to enhance their awareness.

**PCN117**

**OBJECTIVES:** To examine patient preferences related to palliative CT of gastric cancer, and discussed the United States FDA’s framework for patient-focused drug development. **METHODS:** A local copy of the ClinicalTrials.gov database was made containing all data from November 2007 to December 2013. Content was searched for use of PRO measures. Multivariate logistic regression was used to investigate possible associations between trial-level characteristics and use of PRO measures. **RESULTS:** Of 96,736 registered trials, 25,880 (27%) were identified as using one or more PRO measure. Among oncology trials (n=12,731/13,584), the expectation of use of PROs was $\geq30$% (21,933/83,152) of non-oncology trials. Trials using PRO measures were more likely to be sponsored by university/research organizations (29%) or the US government (23%) compared to the private sector (55%); randomized trials (55%) and single-arm trials (32%) compared to phase 3 trials (24%). They were less likely to be regula- ted by the FDA (23%). **CONCLUSIONS:** Between 2007 and 2013, there was an increase in the number of trials using a PRO measure, particularly in oncology trials. The increase may be attributable to the government-mandated use of PRO measures in clinical research, which would likely increase further.
TASTE DYSFUNCTION AFTER HEAD AND NECK CANCER TREATMENT: A META-ANALYSIS
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OBJECTIVES: Tissue dysfunction is a common, debilitating problem for head and neck cancer treatment survivors (HNCTS). When taste is impaired eating is not as enjoyable, appetite is diminished and overall health related quality of life (HRQoL) is diminished. However, the extent to which taste impairment in HNCTS remains altered over time is not well understood. METHODS: The Ovid MEDLINE®/SCOPUS, and CINAHL data bases were searched for reports of HRQoL in HNCTS which taste function was measured. Eligible studies compared taste scores baseline to up to five years post-treatment. MF-SAF reports were identified in the literature search and 20 studies were suitable for inclusion in the final analysis. Estimates of effect size of head and neck cancer therapy on taste dysfunction were extracted from each study. A descriptive meta-analysis was conducted using the results. RESULTS: Sixteen (80%) of the 20 included studies were based on Phase II/III trials and observational studies, and both double-blind and open-label studies were included. Target accrual for all studies was ≥102 trials, a total of 148 PROs were included, and an average of 1.5 PROs were used per study with a range of 1 to 4. A total of 15 different PROs were identified.

DEVELOPMENT AND CONTENT VALIDITY TESTING OF THE PATIENT-REPORTED OUTCOMES OF FATIGUE IN CANCER (PROOF) SCALE: SYMPTOM SEVERITY ASSESSMENT (SSA)
Newbery A1, Ojo G2, Foley C1, Bontzhalpy V4, Ma E1, Nonquist J3, Pomplius F1, Pearson F1, Park T1, Albrecht K3
1Adelphi Values Boston, Boston, MA, USA, 2Millennium Pharmaceuticals Inc., a wholly owned subsidiary of Takeda Pharmaceutical Company Limited, Cambridge, MA, USA, 3Merck & Co Whitehouse Station, Whitehouse Station, NJ, USA, 4Akorn Laboratories, Inc., Fort Worth, TX, USA
OBJECTIVES: Cancer-related fatigue (CaF) is a common symptom of cancer and one that can be burdensome to patients. It is possibly under-reported due to its complex origins, inconsistent definitions and assessment methods. In recent years, no existing measures have been accepted by the US Food and Drug Administration (FDA) to support labeling claims in CaF. The Patient-Reported Outcomes of Fatigue in Cancer (PROOF) scale was developed to fill this need. METHODS: A patient-reported outcome (PRO) measure of CaF to be aligned with FDA expectations as part of the FDA's Drug Development Tool (DDT) Qualification Program. METHODS: In total 976 patients with eight cancer types to spontaneously elicit the patient experience of CaF. Items were generated based on qualitative, thematic analysis of verbatam transcripts and with input from a clinical expert. Subsequently, 61 cognitive interviews (CI) were conducted with patients. RESULTS: Six cancer types were able to discriminate between MF-SAF (scores 0-10, 11-20, 21-30, 31-60) with better discrimination for the mild severity than moderate and severe. CONCLUSIONS: The PROOF-SSA demonstrates strong content validity, assessing relevant CaF concepts in a manner that can be understood. REFERENCE: CMS-219).