

of people with pressure ulcers. **METHODS:** We combined existing literature and new qualitative data to develop the conceptual framework. The qualitative approach included semi-structured interviews with 32 patients with pressure ulcers. Qualitative interview data was analysed using framework analysis. **RESULTS:** Four HRQL domains emerged (Symptoms, Physical Functioning, Psychological Well-being, Social Functioning) and were divided into 11 sub-domains. Additional patient-reported mediating factors relating to experience of care (ie. satisfaction with health care, treatment burden) and patient factors (ie coping strategies, acceptance) were identified and included in the conceptual framework. Specific descriptive components of all conceptual domains will be presented. Patterns of association and interrelating factors in the data relating to the following subgroups were considered and will be discussed: age, gender, co-morbidity and PU severity. No gender differences emerged. **CONCLUSIONS:** We have developed a comprehensive conceptual framework of HRQL in pressure ulceration that incorporates existing literature and the views of people with pressure ulcers. This provides the basis for the development of a new measure of HRQL for people with pressure ulcers.

1565/Predictive validity of QoL instruments in Cystic Fibrosis
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AIMS: The objective of this study was to compare the ability of five health/symptom measures to predict an exacerbation or death in cystic fibrosis (CF) patients. **METHODS:** We used the SF-36 Physical Component Score (PCS), two validated disease-specific questionnaires: the CF Quality of Life Questionnaire (CFQoL) and Brompton CF Questionnaire (BCFQ); and 2 visual analogue scales (VAS) for CF: the General Chest Scale (GCS) and General QoL in CF (GQoL). Lung function was assessed using the FEV1. The health outcomes criteria were: occurrence of an exacerbation within 6 months and survival status at 1573 days. 204 patients (mean age 29 years, 110 females) were studied. Cox's proportional hazards models were used. In each model the baseline state of the patient (exacerbation or stable) was included as a covariate since this was also a predictive factor for both outcomes. **RESULTS:** The model r2 values are tabulated. All are significant at p<0.01. **CONCLUSIONS:** All measures predicted both important future health events. Lung function appeared to be the best predictor. The health status questionnaires appeared to be slightly better predictors of outcome than the simple VAS scores of overall QoL or symptom level.

Model r2 from Cox's proportional hazards model

Outcome	FEV1	PCS	CFQoL	BCFQ	GCS	GQoL
Exacerbation	0.26	0.21	0.19	0.18	0.17	0.15
Death	0.23	0.20	0.12	0.14	0.11	0.12

1307/Development and Validation of an Adaptation Index for Women with Pelvic Floor Disorders (PFD)

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AIMS: Women with PFDs (i.e., pelvic organ prolapse, urinary and fecal incontinence) develop adaptive behaviors to deal with their symptoms; leading us to hypothesize that these behaviors may impact QOL. The purpose of this study was to develop a measure to assess the extent of adaptive behaviors used by women affected by PFDs. **METHODS:** Empirical studies, clinical experts, and focus groups of women with PFDs were used to create an initial list of 24 items describing commonly employed adaptive behaviors. 605 women from 4 NIH clinical trials were randomly split into development and validation cohorts. Scoring weights were developed based on the reported impact of adaptive behaviors. Convergent validity was assessed by correlations with validated pelvic floor disorder symptom distress (PFDI) and QOL (PFIQ). **RESULTS:** Confirmatory factor analysis validated Avoidance (11 items) and Hygiene (6 items) domains that explained 46% of the variance with high reliability (Cronbach's alpha 0.89 and 0.69, respectively). Strong correlations of the Adaptation Index with PFDI and PFIQ (Table,*p<0.001) speaks to validity. **CONCLUSIONS:** Adaptive behaviors were found to be incrementally used by women with greater pelvic floor symptoms and greater impact on QOL. The PFDN Adaptation Index is a robust measure of these behaviors.

Correlations of Adaptation Index with PFDI and PFIQ

PFDI/PFIQ subscales	Correlation w/ Adaptation-Hygiene	Correlation w/ Adaptation-Avoidance
Urinary distress	0.40*	0.52*
Pelvic organ prolapse distress	0.08	0.40*
Colo-rectal-anal distress	0.38*	0.41*
Urinary Impact	0.54*	0.74*
Pelvic organ prolapse impact	0.25*	0.60*
Colorectal-anal impact	0.51*	0.52*

1398/The Effect of Health-related Quality of Life on Health Service Utilization and Willingness to Pay for Treatment of Chinese with Chronic Hepatitis B Infection

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AIMS: The purpose of this study was to find out whether health-related quality of life (HRQOL) was an independent determinant of health service utilization and willingness to pay (WTP) for treatment in Chinese patients with chronic hepatitis B (CHB) infection. **METHODS:** A cross-sectional survey of 589 Chinese adult CHB patients (mean age of 49.7 years and 73% males) was carried out in Hong Kong. Health service utilization was measured by use of prescribed medication, consultation and hospitalization rates. HRQOL was measured by the SF-36 Health Survey version 2 (SF-36v2). CHB patients were asked to state their WTP for a hypothetical treatment. Poisson regression was used to explore the effect of HRQOL on consultation. Logistic regression was used to determine the effect of HRQOL on prescribed medication and hospitalization rates. Multiple linear regression analysis was performed to determine the effect of HRQOL on WTP. All regressions were controlled for socio-demographic and clinical variables. **RESULTS:** SF-36v2 physical component summary (PCS) score had a significant effect on both doctor consultation and hospitalization rates. Lower PCS score

was associated with higher doctor consultation rates. Lower PCS score was associated with an increased likelihood of hospitalization in the past one year. CHB patients with higher SF-36v2 PCS score were more willing to pay for treatment than those with the lower PCS score. Conversely, patients with lower SF-36v2 mental component summary (MCS) score were more willing to pay for treatment than those with the higher MCS score. There was no statistical relationship between HRQOL and prescribed medication. **CONCLUSIONS:** HRQOL was an important determinant of service utilization and WTP for treatment, implying the usefulness of HRQOL as an outcome measure for the prediction of service needs and the evaluation of treatment benefits.

Quality of Life Outcomes in Oncology

1077/A multicenter cohort study to compare quality of life in breast cancer patients according to sentinel lymph node biopsy or axillary lymph node dissection

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AIMS: This prospective multicenter study assessed and compared the impact of different surgical procedures on quality of life (QoL) in breast cancer patients. **METHODS:** A pragmatic prospective multicentric study was opened in five hospitals of the Côte d'Or and Saône et Loire (French provinces). All women undergoing breast surgery as primary treatment were eligible. The EORTC QLQ-C30 and the EORTC QLQ-BR-23 questionnaires were used to assess the global health status (GHS), the arm (BRAS) and breast (BRBS) symptoms scales. The QoL was measured before surgery, just after surgery and six and twelve months later. The Kruskal-Wallis test with the Bonferroni correction was used to compare scores according to the surgical procedure. A mixed model analysis of variance for repeated measurements was then applied to assess the longitudinal effect of surgical modalities on QoL. **RESULTS:** Between January 1st 2005 and January 1st 2006, 518 breast cancer patients were included. Two hundred thirty-five underwent axillary lymph node dissection (ALND), 222 patients sentinel lymph node biopsy (SLNB), and 61 patients had SLNB with complementary ALND. Before surgery, GHS ($p=0.7807$), BRAS ($p=0.7688$) QoL scores were similar whatever the surgical procedure: SLNB, ALND or SLNB+ALND. As compared with other surgical groups, GHS 75.91(SD=17.44) and BRAS 11.39 (SD=15.36) were better in the SNLB group 12 months after surgery. Whatever the type of surgery, GHS decreased after surgery ($p<0.0001$), but increased 6 months later ($p=0.0016$). BRAS symptoms increased just after surgery ($p=0.0329$) and until 6 months ($p<0.0001$) before decreasing ($p<0.0001$). Whatever the follow up, GHS and BRAS were better in the SNLB group than in the SNLB+ALND. Mean differences were respectively 4.94 ($p=0.0185$) and -6.28 ($p=0.0013$). **CONCLUSIONS:** SNLB improved QoL in breast cancer patients. However, surgeons must be cautious, SNLB with ALND results in a poorer QoL.

1482/Quality of Care During a Six-month Chemotherapy Treatment in Breast Cancer Patients

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AIMS: Despite reports of chemotherapy effects on health related quality of life (HRQOL) of breast cancer patients, few data represent quality of care in routine practice and none have been conducted in a Thai population. This study measured the impact of chemotherapy treatments on HRQOL of patients with breast cancer at a 650-bed regional hospital in Thailand. **METHODS:** New breast cancer patients receiving chemotherapy at the study setting were recruited during the study period. HRQOL (FACT-B) and adverse events (CTCAE version3) were collected every chemotherapy cycle for six cycles (six months). FACT-B consists of five domains including Physical Well Being (PWB), Social Well Being (SWB), Emotional Well Being (EWB), Functional Well Being (FWB) and Breast Cancer Subscale (BCS). Pearson correlation was used to analyze association between adverse events and HRQOL. Difference of HRQOL scores, including TOI (PWB+FWB+BCS) reported on each cycle was tested using a General Linear Model. **RESULTS:** There were 173 patients recruited in this study, mean age 50 years (SD = 12), mostly married (73%) and having highest education of primary school (85%). Adverse events were reported less than 10% at baseline, except flushing (17%) and numbness (14%). The incidence increased from the 2nd cycle onward, especially weakness, flushing, anorexia, numbness, and vomiting with the report of around 40% at 2nd cycle and 50-70% during cycle 3-6. There were also significant associations between higher incidence of weakness, flushing and anorexia and lower FACT-B scores ($p<0.001$). There was no significant difference of HRQOL during 6 months of chemotherapy treatment, except that BCS and TOI ($p<0.005$) scores were worse on the 2nd cycle and started to improve after the 3rd cycle. The final scores on the 6th cycle were also better than baseline. **CONCLUSIONS:** The findings indicate that current chemotherapy regimens have improved patients' HRQOL. Adverse events occurring during the treatment, especially weakness, flushing and anorexia can temporarily reduce HRQOL and these should be properly treated.

1318/Symptom and Quality of Life Assessment in Ambulatory Oncology: The evaluation of a clinical assessment tool.

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AIMS: This study addresses a lack of direct HRQL information routinely collected as part of standard care in our outpatient oncology setting. The goal was to determine the relationships between 1) symptom scores and 2) HRQL, as measured by previously validated instruments, and our Ambulatory Care Flow Sheet (ACFS), a routinely collected patient-reported outcome (PRO) constructed by nursing staff. **METHODS:** This is a prospective, cross-sectional observational study of adults with colorectal cancer in an ambulatory care setting ($n=101$). Data collection was conducted at a single time point including: demographic information, ACFS, Rotterdam Symptom Checklist-Modified (RSC-M), and EORTC QLQ C30. **RESULTS:** Results from 89 participants were evaluable. Correlations of symptom presence (ACFS and RSC-M) were strong (0.801, $p<0.0001$), but when including ACFS symptom severity, the correlation was reduced (0.183, $p=0.117$). The relationship between symptom presence and HRQL (ACFS and EORTC QLQ C30) was