

PP-005 **CLINICAL USE OF HEALTH-RELATED QUALITY OF LIFE
OUTCOMES FROM CANCER CLINICAL TRIALS:
PRELIMINARY RESULTS FROM A SURVEY OF
ONCOLOGISTS**

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Introduction There have been increasing efforts aimed at enhancing patient-centered care and incorporating patients' voice into clinical practice. As such, a growing body of literature has recognized the importance of Health-Related Quality of Life (HRQOL) outcomes from clinical trials. HRQOL outcomes are often collected in Phase III randomized controlled trials (RCTs), along with survival data, morbidity, and toxicity data. HRQOL outcomes are measures reported directly by the patient through a questionnaire and represent the patient's own evaluation of symptoms, physical functioning status, psychological well-being, and global health-related quality of life. In clinical practice, HRQOL outcomes from Phase III cancer clinical trials are key elements in treatment decision making, clinical outcomes interpretation, and determination of prognosis. However, several challenges to the use of HRQOL outcomes have led to difficulties for oncologists in interpreting HRQOL results and have contributed to their unfamiliarity with these outcomes, resulting in a difficulty understanding what a clinically meaningful finding is.

Objectives To describe oncologists' knowledge, attitudes, experience, facilitators and perceived barriers in HRQOL outcomes and to determine the association between these attributes and their demographic variables.

Methods A cross-sectional web-based survey was sent to all practicing oncologists from the NCIC Clinical Trials Group in Canada, the NCRI Clinical Trials Units in the United Kingdom and the Multi-site Collaborative National Cancer Clinical Trials Groups in Australia to collect information on the oncologists' attributes described above.

Results Previous findings from a qualitative preliminary study showed that there was strong support for reporting HRQOL outcomes in cancer clinical trials, but that barriers to the uptake of HRQOL data in clinical practice included the accessibility, generalizability, and quality of the data; reporting methods; and oncologists' perceived lack of knowledge required to interpret the data.

Conclusion The importance of HRQOL outcomes from RCTs to inform clinical practice is well described. However, there remain significant barriers to their uptake and use in clinical practice. Findings from this project will help develop future knowledge translation strategies in oncology and provide a basis for the design of effective ways to optimize the clinical applicability of these outcomes in the oncology practice.