BACKGROUND: While association between NETs and neuropsychological symptoms has been suggested, there is limited data regarding this topic. Use of patient reported outcomes (PROs) is associated with improved symptom control, patient satisfaction, and cancer outcomes. We aim to assess the burden of neuropsychological symptoms (NPS) and quality of life (QOL) using validated PROs.

METHODS: In a prospective cohort of adult patients with bronchopulmonary and gastro-entero-pancreatic NETs, we will: 1) assess the burden of neuropsychological symptoms (NPS) and quality of life (QOL), 2) examine predictors of NPS and QOL scores, and 3) examine the correlation of NPS and QOL scores with the Edmonton Symptoms Assessment System (ESAS) as a screening tool. Beck Depression Inventory (BDI-II), Functional Assessment of Cancer Treatment Cognitive domain (FACT-Cog), and Schedule of Attitudes Toward Hastened Death (SAHD-A) will assess NPS. EORTC QLQ-C30 and GEPNET21 will measure QOL. Sub-groups will be created based on primary tumor site, metastatic status, WHO grade, most recent type of therapy, and timing from diagnosis. NPS and HRQOL scores will be reported as median

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Integrating Patient Reported Outcomes (PROs) in Neuroendocrine Tumors (NETs) Care: An Assessment of Neuropsychological and Quality of Life Screening Tools
scores and proportion of score severity (high vs. low). Scores will be visualized and compared by sub-groups. Regression models will examine the association between NPS high score and QOL low scores and patient and tumour characteristics. NPS scores will be correlated with ESAS overall and anxiety scores.

**RESULTS:** This study opened in June 2017 and plans to enroll 60 patients per month over 6 months. Patients are contacted over the phone. Preliminary data analysis will be conducted at 3 months in September 2017.

**CONCLUSION:** This study will fill the knowledge gap in neuropsychological support for NETs. It will provide insight into the prevalence, impact, and progression of NPS. It will provide tools to tailor support, facilitate conversations with care providers, and increase patients’ positive engagement to improve patient-centred longitudinal care.