

Final Progress Report for Research Projects Funded by Health Research Grants

Instructions: Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is “None”, please specify “None” as your response. “Not applicable” is not an acceptable response for any of the items. There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 12-point type. The report **must be completed using MS Word**. Submitted reports must be Word documents; they should not be converted to pdf format. Questions? Contact Health Research Program staff at 717-783-2548.

1. **Grantee Institution:** American College of Radiology
2. **Reporting Period (start and end date of grant award period):** 1/1/2009 – 12/31/2012
3. **Grant Contact Person (First Name, M.I., Last Name, Degrees):** Marcia Fogle, RN, CCRC
4. **Grant Contact Person’s Telephone Number:** 215-940-8898
5. **Grant SAP Number:** 4100047624
6. **Project Number and Title of Research Project:** 3- Screening For Depression and Referral for Treatment of Cancer Patients
7. **Start and End Date of Research Project:** 1/1/2009 – 12/31/2012
8. **Name of Principal Investigator for the Research Project:** Deborah Watkins-Bruner, RN, PhD
9. **Research Project Expenses.**

9(A) Please provide the amount of health research grant funds spent on this project for the entire duration of the grant, including any interest earned that was spent:

\$ 42,440.21

9(B) Provide the last names (include first initial if multiple individuals with the same last name are listed) of **all** persons who worked on this research project and were supported with health research funds. Include position titles (Principal Investigator, Graduate Assistant, Post-doctoral Fellow, etc.), percent of effort on project and total health research funds expended for the position. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project	Cost
Bruner	CURE PI protocol co-I	4% Yr 1	\$3,524.66
Wagner	Protocol PI, Psychologist	5% Yr 3-4	\$16,808.86

9(C) Provide the names of **all** persons who worked on this research project, but who *were not* supported with health research funds. Include position titles (Research Assistant, Administrative Assistant, etc.) and percent of effort on project. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project
Small	Radiation Oncologist Protocol co-chair	5%
Kirshner	Medical Oncologist Protocol co-chair	1%
Bryan	Post-doc	2%
Hanish	Post-doc	2%
Coyne	Co-Investigator	<1%

9(D) Provide a list of **all** scientific equipment purchased as part of this research grant, a short description of the value (benefit) derived by the institution from this equipment, and the cost of the equipment.

Type of Scientific Equipment	Value Derived	Cost
None		

10. Co-funding of Research Project during Health Research Grant Award Period. Did this research project receive funding from any other source during the project period when it was supported by the health research grant?

Yes _____ _____ No _____

If yes, please indicate the source and amount of other funds:

CCOP grant U10 CA37422 RTOG grant U10 CA21661

11. Leveraging of Additional Funds

11(A) As a result of the health research funds provided for this research project, were you able to apply for and/or obtain funding from other sources to continue or expand the research?

Yes _____ No _____

If yes, please list the applications submitted (column A), the funding agency (National Institutes of Health—NIH, or other source in column B), the month and year when the application was submitted (column C), and the amount of funds requested (column D). If you have received a notice that the grant will be funded, please indicate the amount of funds to be awarded (column E). If the grant was not funded, insert “not funded” in column E.

Do not include funding from your own institution or from CURE (tobacco settlement funds). Do not include grants submitted prior to the start date of the grant as shown in Question 2. If you list grants submitted within 1-6 months of the start date of this grant, add a statement below the table indicating how the data/results from this project were used to secure that grant.

A. Title of research project on grant application	B. Funding agency (check those that apply)	C. Month and Year Submitted	D. Amount of funds requested:	E. Amount of funds to be awarded:
None	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _)		\$	\$

11(B) Are you planning to apply for additional funding in the future to continue or expand the research?

Yes x No _____

If yes, please describe your plans:

Application for a more ambitious federally funded (National Cancer Institute) project evaluating means of addressing barriers to care and improving the completion of referrals and the assurance of effective treatment for depression.

12. Future of Research Project. What are the future plans for this research project?

Abstract presentation and publication.

13. New Investigator Training and Development. Did students participate in project supported internships or graduate or post-graduate training for at least one semester or one summer?

Yes X No _____

If yes, how many students? Please specify in the tables below:

	Undergraduate	Masters	Pre-doc	Post-doc
Male				
Female				2
Unknown				
Total				2

	Undergraduate	Masters	Pre-doc	Post-doc
Hispanic				
Non-Hispanic				
Unknown				2
Total				2

	Undergraduate	Masters	Pre-doc	Post-doc
White				1
Black				1
Asian				
Other				
Unknown				
Total				2

14. Recruitment of Out-of-State Researchers. Did you bring researchers into Pennsylvania to carry out this research project?

Yes _____ No X

If yes, please list the name and degree of each researcher and his/her previous affiliation:

15. Impact on Research Capacity and Quality. Did the health research project enhance the quality and/or capacity of research at your institution?

Yes X No _____

If yes, describe how improvements in infrastructure, the addition of new investigators, and other resources have led to more and better research.

The resources permitted the telephone depression screenings, without which the study could not have been conducted. The study provided opportunity for two post-doctoral fellows to be trained in national clinical trials research, adding future capacity for this work.

16. Collaboration, business and community involvement.

16(A) Did the health research funds lead to collaboration with research partners outside of

your institution (e.g., entire university, entire hospital system)?

Yes No

If yes, please describe the collaborations:

Dr. Lynn Wagner, PhD, Psychologist, Northwestern Univ, IL

16(B) Did the research project result in commercial development of any research products?

Yes No

If yes, please describe commercial development activities that resulted from the research project:

16(C) Did the research lead to new involvement with the community?

Yes No

If yes, please describe involvement with community groups that resulted from the research project:

17. Progress in Achieving Research Goals, Objectives and Aims.

List the project goals, objectives and specific aims (as contained in the grant application's strategic plan). Summarize the progress made in achieving these goals, objectives and aims for the period that the project was funded (i.e., from project start date through end date). Indicate whether or not each goal/objective/aim was achieved; if something was not achieved, note the reasons why. Describe the methods used. If changes were made to the research goals/objectives/aims, methods, design or timeline since the original grant application was submitted, please describe the changes. Provide detailed results of the project. Include evidence of the data that was generated and analyzed, and provide tables, graphs, and figures of the data. List published abstracts, poster presentations and scientific meeting presentations at the end of the summary of progress; peer-reviewed publications should be listed under item 20.

This response should be a DETAILED report of the methods and findings. It is not sufficient to state that the work was completed. Insufficient information may result in an unfavorable performance review, which may jeopardize future funding. If research findings are pending publication you must still include enough detail for the expert peer reviewers to evaluate the progress during the course of the project.

Health research grants funded under the Tobacco Settlement Act will be evaluated via a performance review by an expert panel of researchers and clinicians who will assess project

work using this Final Progress Report, all project Annual Reports and the project's strategic plan. After the final performance review of each project is complete, approximately 12-16 months after the end of the grant, this Final Progress Report, as well as the Final Performance Review Report containing the comments of the expert review panel, and the grantee's written response to the Final Performance Review Report, will be posted on the CURE Web site.

There is no limit to the length of your response. Responses must be single-spaced below, no smaller than 12-point type. If you cut and paste text from a publication, be sure symbols print properly, e.g., the Greek symbol for alpha (α) and beta (β) should not print as boxes (□) and include the appropriate citation(s). DO NOT DELETE THESE INSTRUCTIONS.

Project Overview

Objective – Depression is common among cancer patients, but often goes unrecognized and untreated, unnecessarily compounding patients' suffering and further compromising their quality of life. Screening with brief depression questionnaires is widely seen as providing a means of improving detection of depression among cancer patients and facilitating their referral to treatment in either mental health or primary care settings. Yet, questions remain as to whether screening is efficient: most patients who screen positive will not be found to be depressed upon interviewing, and an unknown proportion who are depressed will already be receiving treatment. Evidence is limited, but there is also a concern that many patients who are provided with referrals either do not complete them or encounter significant barriers that prevent them from receiving acceptable, effective care.

Specific Aims – To understand the rates of patients who screen positive on a questionnaire are actually found to be depressed in a psychiatric interview and secondly, the proportion who are not already receiving treatment. Third, to provide referrals for treatment to those depressed persons not already in treatment and follow up with them three months later to determine whether they have completed the referral and experienced an improvement.

Design, Methods – Four hundred patients who score positive on a measure of depression while they are receiving radiation treatment for cancer will receive telephone interviews to ascertain whether they are depressed, whether they have sought treatment, and, if they are not currently receiving treatment, their treatment preferences, i.e., antidepressants or psychotherapy. They will be provided with an appropriate referral. Three months later, a follow up telephone interview will ascertain if they have completed the referral and whether they have experienced an improvement in their level of depression. If they have not completed the referral or not received effective treatment, the nature of the barriers they encountered and how these could have been overcome will be assessed.

Summary of Research Completed

The Radiation Therapy Oncology Group (RTOG) 0841 is an observational study intended to guide development of an intervention, robustly applicable in a multi-institutional setting. The study was placed on hold by the IRB on July 14, 2009 and reopened on July 1, 2010 with a new

Study Chair and major revisions to the protocol, approved by the IRB. Accrual was met in March 2011. Results to date include:

Patients were screened for depressive symptoms using two questionnaires: Hopkins Symptom Checklist (HSCL-25) and the 9-item Patient Health Questionnaire (PHQ-9). Patients then had a telephone diagnostic evaluation of major depression by trained clinical interviewers utilizing the Structured Clinical Interview for Diagnosis–DSM-IV (SCID). Patients diagnosed with depression were provided with a list of local mental health resources and had a follow-up telephone reassessment after 3 months. Patients with persistent major depression were provided with treatment options and resources. RTOG 0841 accrued 463 patients [Table 1] during active accrual periods from May 2009 through March 2011 averaging 58 patients per month. Due to the rapid accrual, the planned interim analysis was not conducted as scheduled. Nine patients were ineligible [Table 2 & 3]. Table 4 presents patient characteristics. Median age for 454 eligible patients was 59 years [min, max; 25, 88], the majority were female (66%), white (83%), not Hispanic or Latino (95%), not receiving psychotropic medication (86%), receiving non-palliative radiotherapy (91%), and receiving chemotherapy (74%). Most had primary breast tumor (45%) and were stage I (36%) or stage II (28%). National Comprehensive Cancer Network-Distress Thermometer (NCCN-DT) compliance was high (95%) [Table 5] with 100% item completion. The 3 month follow-up was completed for all appropriate patients.

Thirty-seven institutions participated, including 2 full and affiliate institutions and 35 Community Clinical Oncology Program (CCOP) member and component institutions. Most sites (N=37) routinely screened for distress at their radiation facility (78%) [Table 6]. The screenings included a combination of patient single- and multiple-item self-reports and clinician interviews (50%) and were conducted on all patients during the initial visit (52%). Mental health services were most widely available in general medical facilities (88%) at a per service cost (72%) to patients. All sites were requested to submit screening and consent logs at study closure. Median number of patients screened for study entry per site was 21 [3,509]. Median number of patients consented for study entry per site was 11 [1,60]. Median percentage of patients consented for study entry per site was 60% [0%, 100%].

Table 1
Patient Accrual and Follow Up

Study sample size	400
Total patients entered	463
Average monthly accrual for the study	57.7
Patients screened	454
Patients reassessed at 3 months	Analysis in progress

Table 2
Case Status

Total patients entered	463
Ineligible	9
Eligible	454
With on-study information	454

Table 3
Cases Excluded
(n=9)

Reason	
Ineligible – Stage 0, DCIS	6 (66.7%)
Ineligible – No Baseline Verifying Information	2 (22.2%)
Ineligible – Institution Error	1 (11.1%)

Table 4
Patient Characteristics
(n=454)

Age (years)	
Median	59
Min - Max	25 – 88
Gender	
Male	156 (34.4%)
Female	298 (65.6%)
Race	
American Indian/Alaska Native	2 (0.4%)
Asian	5 (1.1%)
Black or African American	66 (14.5%)
More than one race	3 (0.7%)
White	378 (83.3%)
Ethnicity	
Hispanic or Latino	15 (3.3%)
Not Hispanic or Latino	430 (94.7%)
Unknown (Individuals not reporting ethnicity)	9 (2.0%)
Primary Tumor Site	
Brain	5 (1.1%)
Breast	205 (45.2%)
Colorectal	23 (5.1%)
GI, other	26 (5.7%)
Gynecologic	27 (5.9%)
Lung	45 (9.9%)
Other	118 (26.0%)
Not specified	5 (1.1%)
Stage	
I	163 (35.9%)
II	126 (27.8%)
III	85 (18.7%)
IV	42 (9.3%)
Unknown	38 (8.4%)

Table 5
Pretreatment PRO-QOL Study Compliance
(n=454)

National Comprehensive Cancer Network-Distress Thermometer (NCCN-DT)	
Completed	432 (95.2%)
Not received	22 (4.8%)

PRO = patient-reported outcome; QOL = quality of life.

Table 6
Institution Characteristics (N=37)

Use of Screening	
Patients routinely screened for distress at RT facility	(n=32)
No	7 (21.9%)
Yes	25 (78.1%)
Nature of Screening	
Patient self-report single-item screening	(n=28) 4 (14.3%)
Patient self-report multiple-item scoring	4 (14.3%)
Clinician interview	6 (21.4%)
Combination of above	14 (50.0%)
Availability of Mental Health Services	
Social worker provides service*	(n=36)
No	12 (33.3%)
Yes	24 (66.7%)
Psychologist provides service*	(n=36)
No	30 (83.3%)
Yes	6 (16.7%)
Psychiatrist provides service*	(n=36)
No	28 (77.8%)
Yes	8 (22.2%)

*Multiple responses allowed

Analysis continues for this study. At this time three abstracts are in preparation.

18. Extent of Clinical Activities Initiated and Completed. Items 18(A) and 18(B) should be completed for all research projects. If the project was restricted to secondary analysis of clinical data or data analysis of clinical research, then responses to 18(A) and 18(B) should be “No.”

18(A) Did you initiate a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

 X Yes
 No

18(B) Did you complete a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

 X Yes
 No

If “Yes” to either 18(A) or 18(B), items 18(C) – (F) must also be completed. (Do NOT complete 18(C-F) if 18 hospital and health care professionals were involved in the research project?)

 37 hospitals Number of hospital and health care professionals involved in the research project

18(D) How many subjects were included in the study compared to targeted goals?

 400 Number of subjects originally targeted to be included in the study
 454 Number of subjects enrolled in the study

Note: Studies that fall dramatically short on recruitment are encouraged to provide the details of their recruitment efforts in Item 17, Progress in Achieving Research Goals, Objectives and Aims. For example, the number of eligible subjects approached, the number that refused to participate and the reasons for refusal. Without this information it is difficult to discern whether eligibility criteria were too restrictive or the study simply did not appeal to subjects.

18(E) How many subjects were enrolled in the study by gender, ethnicity and race?

Gender:

 156 Males
 298 Females
 Unknown

Ethnicity:

 15 Latinos or Hispanics
 430 Not Latinos or Hispanics
 9 Unknown

Race:

- 2 American Indian or Alaska Native
 5 Asian
 66 Blacks or African American
 Native Hawaiian or Other Pacific Islander
378 White
 3 Other, specify: more than one race
 Unknown

18(F) Where was the research study conducted? (List the county where the research study was conducted. If the treatment, prevention and diagnostic tests were offered in more than one county, list all of the counties where the research study was conducted.)

USA

19. Human Embryonic Stem Cell Research. Item 19(A) should be completed for all research projects. If the research project involved human embryonic stem cells, items 19(B) and 19(C) must also be completed.

19(A) Did this project involve, in any capacity, human embryonic stem cells?

- Yes
 X No

19(B) Were these stem cell lines NIH-approved lines that were derived outside of Pennsylvania?

- Yes
 No

19(C) Please describe how this project involved human embryonic stem cells:

20. Articles Submitted to Peer-Reviewed Publications.

20(A) Identify all publications that resulted from the research performed during the funding period and that have been submitted to peer-reviewed publications. Do not list journal abstracts or presentations at professional meetings; abstract and meeting presentations should be listed at the end of item 17. **Include only those publications that acknowledge the Pennsylvania Department of Health as a funding source** (as required in the grant agreement). List the title of the journal article, the authors, the name of the peer-reviewed publication, the month and year when it was submitted, and the status of publication (submitted for publication, accepted for publication or published.). Submit an electronic copy of each publication or paper submitted for publication, listed in the table, in a PDF version 5.0.5 (or greater) format, 1,200 dpi. Filenames for each publication should include the number of the research project, the last name of the PI, the number of the publication and an abbreviated research project title. For example, if you submit two publications for PI

Smith for the “Cognition and MRI in Older Adults” research project (Project 1), and two publications for PI Zhang for the “Lung Cancer” research project (Project 3), the filenames should be:

- Project 1 – Smith – Publication 1 – Cognition and MRI
- Project 1 – Smith – Publication 2 – Cognition and MRI
- Project 3 – Zhang – Publication 1 – Lung Cancer
- Project 3 – Zhang – Publication 2 – Lung Cancer

If the publication is not available electronically, provide 5 paper copies of the publication.

Note: The grant agreement requires that recipients acknowledge the Pennsylvania Department of Health funding in all publications. Please ensure that all publications listed acknowledge the Department of Health funding. If a publication does not acknowledge the funding from the Commonwealth, do not list the publication.

Title of Journal Article:	Authors:	Name of Peer-reviewed Publication:	Month and Year Submitted:	Publication Status (check appropriate box below):
1.None				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published

20(B) Based on this project, are you planning to submit articles to peer-reviewed publications in the future?

Yes X No _____

If yes, please describe your plans:

Primary manuscript to follow abstract submission and presentation

21. Changes in Outcome, Impact and Effectiveness Attributable to the Research Project.

Describe the outcome, impact, and effectiveness of the research project by summarizing its impact on the incidence of disease, death from disease, stage of disease at time of diagnosis, or other relevant measures of outcome, impact or effectiveness of the research project. If there were no changes, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None

22. Major Discoveries, New Drugs, and New Approaches for Prevention Diagnosis and Treatment.

Describe major discoveries, new drugs, and new approaches for prevention, diagnosis and treatment that are attributable to the completed research project. If there were

no major discoveries, drugs or approaches, insert "None"; do not use "Not applicable." Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None

23. Inventions, Patents and Commercial Development Opportunities.

23(A) Were any inventions, which may be patentable or otherwise protectable under Title 35 of the United States Code, conceived or first actually reduced to practice in the performance of work under this health research grant? Yes _____ No X

If "Yes" to 23(A), complete items a – g below for each invention. (Do NOT complete items a - g if 23(A) is "No.")

a. Title of Invention:

b. Name of Inventor(s):

c. Technical Description of Invention (describe nature, purpose, operation and physical, chemical, biological or electrical characteristics of the invention):

d. Was a patent filed for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes _____ No _____

If yes, indicate date patent was filed:

e. Was a patent issued for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes _____ No _____

If yes, indicate number of patent, title and date issued:

Patent number:

Title of patent:

Date issued:

f. Were any licenses granted for the patent obtained as a result of work performed under this health research grant? Yes _____ No _____

If yes, how many licenses were granted? _____

g. Were any commercial development activities taken to develop the invention into a commercial product or service for manufacture or sale? Yes _____ No _____

If yes, describe the commercial development activities:

23(B) Based on the results of this project, are you planning to file for any licenses or patents, or undertake any commercial development opportunities in the future?

Yes _____ No _____

If yes, please describe your plans:

24. Key Investigator Qualifications. Briefly describe the education, research interests and experience and professional commitments of the Principal Investigator and all other key investigators. In place of narrative you may insert the NIH biosketch form here; however, please limit each biosketch to 1-2 pages.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Bruner, Deborah Watkins	POSITION TITLE Robert W. Woodruff Professor of Nursing, Nell Hodgson Woodruff School of Nursing, Associate Director for Cancer Outcomes, Winship Cancer Institute, Emory University
eRA COMMONS USER NAME (credential, e.g., agency login) dbruner	

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
West Chester University West Chester, PA	BSN	05/78	Nursing
Widener University, Chester, PA	MSN	05/85	Oncology
Widener University, Chester, PA	MSN	05/88	Nursing Administration
University of Pennsylvania, Philadelphia, PA	Ph.D.	05/99	Nursing Research

A. Personal Statement

Dr. Bruner is the Robert W. Woodruff Professor of Nursing in the Nell Hodgson Woodruff School of Nursing, Associate Director for Cancer Outcomes, Winship Cancer Institute, Emory University. She is Vice Chair for Outcomes of the Radiation Therapy Oncology Group (RTOG), and PI of the RTOG Clinical Community Oncology Program. Dr. Bruner serves on the Executive Committee of NRG Oncology and leads the Outcomes and CCOP Working Groups. She was also a founding member of the Gynecologic Oncology Group Quality of Life Committee on which she served for 17 years. She serves as Co-Chair of the NCI Symptom Management and Health Related Quality of Life Steering Committee. Dr. Bruner's research focuses on symptom management across cancer sites with a focus on pelvic tumors and sexual function, quality of life, patient reported outcomes (PROs) and health disparities in recruitment to clinical trials. She has conducted numerous studies in symptom management, quality of life, and comparative effectiveness with a particular focus on the sexual function of both males and females. She has published over 200 manuscripts, abstracts and book chapters. She has been continuously and well-funded since completing her doctoral studies through the NIH, NINR, DOD, ACS and the State of Pennsylvania.

B. Positions and Honors

Positions and Employment

1978-86	Oncology/Critical Care Staff Nurse, Crozer-Chester Medical Center, Chester, PA
1986-89	Gyn-Oncology Clinical Nurse Specialist, Albert Einstein Medical Center, Philadelphia, PA
2002-06	Director, Symptoms & Outcomes Research Program, Fox Chase Cancer Center, Philadelphia, PA

2002-06 Associate Member, Population Science & Radiation Oncology, Fox Chase Cancer Center, Philadelphia, PA

1999-02 Assistant Member, Population Science & Radiation Oncology, Fox Chase Cancer Center, Philadelphia, PA

1999 - 01 Research Fellowship, Cancer Prevention and Control, PA, NCI R25 (CA57708), Fox Chase Cancer Center, Philadelphia, PA

1996-06 Director, Prostate Cancer Risk Assessment Program, Fox Chase Cancer Center, Philadelphia, PA

1989-96 Nurse Coordinator/Clinical Specialist, Department of Radiation Oncology, Fox Chase Cancer Center, Philadelphia, PA

2006-10 Director, Recruitment, Retention and Outreach Core Facility, Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA

2006 - Independence Professor, School of Nursing, University of Pennsylvania, Philadelphia, PA

2008 - Professor of Radiation Oncology, University of Pennsylvania, Philadelphia, PA

2009-10 Interim Associate Dean for Research, School of Nursing, University of Pennsylvania, Philadelphia, PA

2010 - Director, Biobehavioral Research Center, School of Nursing, University of Pennsylvania, Philadelphia, PA

2011 - Robert W. Woodruff Professor, School of Nursing, Emory University, Atlanta, GA

2011 - Professor of Radiation Oncology, School of Medicine, Emory University, Atlanta, GA

2011 - Associate Director for Outcomes, Winship Cancer Institute, Emory University, Atlanta, GA

Other Experience and Professional Memberships

1993-09 Gynecologic Oncology Group (GOG) Founding Member-QOL Committee

2000- Radiation Therapy Oncology Group (RTOG) Founding Chair- Outcomes Committee

2001-03 Elected to Executive Board of Directors, American Society of Prevention Oncology (ASPO)

2001-05 Elected to Board of Directors, American Cancer Society, Southeast Region, PA

2002- Member, Lent IV Late Effects Workshop: Incorporation into the NCI-CTC

2002-07 Member, Pennsylvania Cancer Control Consortium (PAC3) Health Disparities Task Force

2004 - Oncology Nursing Society Excellence in Radiation Therapy Nursing Award

2007 - Member, NCI Clinical Trials Advisory Committee (CTAC)

2007 - Fellow, American Academy of Nursing

2008 - Senior Fellow, Center for Public Health Initiatives, University of Pennsylvania

2011 - Senior Faculty Research Award, Biobehavioral Department, School of Nursing University of Pennsylvania

Honors

1995 President's Award, Phila. Area Chapter, ONS

1995-1998	Doctoral Scholarship, American Cancer Society
1995	Doctoral Scholarship, Oncology Nursing Society
1996, 2000	Who's Who in Medicine and Healthcare (1996 1st edition)
1997-1999	American Nurses Association-Chair-Expert Task Force on Prostate Cancer Education
1999	RTOG Chair QOL
1999-2000	Oncology Nursing Foundation/Amgen Inc. Research Award
2000	Linda Hunter Quality of Life Lecture, Society of Gynecologic Nurse Oncologists
2000	Best New Investigator Poster Presentation – Internat'l Soc for Pharmacoeconomics & Outcomes Research (ISPOR)

C. Selected Peer-reviewed Publications (Selected from 42 peer-reviewed publications)

1. **Watkins-Bruner, D.**, Scott, C., Lawton, C., DelRowe, J., Rotman, M., Buswell, L., Beard, C., Cella, D. (1995). RTOG's First Quality-of-Life Study - RTOG 9020: A Phase III Trial of External Beam Radiation Therapy with Etanidazole for Locally Advanced Prostate Cancer. *International Journal of Radiation Oncology Biology Physics*, 33(4): 901-906.
2. **Bruner D.W.** Lanciano, R., Keegan, M., Corn, B., Martin, E., and Hanks, G. (1993). Vaginal Stenosis and Sexual Functioning Following Intracavitary Radiation for the Treatment of Cervical and Endometrial Carcinoma. *International Journal of Radiation Oncology, Biology, Physics*, 27 (4): 725-830.
3. **Bruner, D.W.**, Nolte SA, Shahin MS, Huang HQ, Sobel E, Gallup D, Cella D. (2006). Measurement of Vaginal Length: Reliability of the Vaginal Sound--a Gynecologic Oncology Group Study. *International Journal of Gynecological Cancer*, 16(5):1749-1755.
4. **Bruner, D.W.**, Barsevick, A., Tian, C., Randall, M., Mannel, R., Cohn, D., Sorosky, J., Spirtos, N. (2007). Randomized Trial Results Of Quality Of Life Comparing Whole Abdominal Irradiation And Combination Chemotherapy In Advanced Endometrial Carcinoma: A Gynecologic Oncology Group Study. *Quality of Life Research*, 16(1):89-100.
5. **Bruner, D.W.** (2007) Outcomes Research in Cancer Symptom Management Trials: The Radiation Therapy Oncology Group (RTOG) Conceptual Model, *JNCI Monographs*, 37:12-15.
6. **Bruner, D.W.**, Bryan, C., Aaronson, N., Blackmore, C., Brundage, M., Cella, D., Ganz, P., Gotay, G., Hinds, P., Kornblith, A., Movsas, B., Sloan, J., Wenzel, L., Whalen, G. (2007) Issues and Challenges with Integrating PROs in Clinical Trials Supported by the NCI-sponsored Clinical Trials Networks, *Journal of Clinical Oncology* 25(32):5051-5057.
7. Kanski, A., James, J., Hartsell, W., Leibenhaut, M.H., Janjan, N., Curran, W., Roach, M., **Watkins-Bruner, D.** (2009). Economic Analysis of Radiation Therapy Oncology Group 97-14: Multiple Versus Single Fraction Radiation Treatment of Patients With Bone Metastases. *Am J Clin Oncol*. 32(4):423-8.
8. **Watkins Bruner, D.**, James, J, Bryan, C, Pisansky, T, Rotman, M, Corbett, T, Speight, J, Byhardt, R, Sandler, H, Bentzen, S, Kachnic, L, Berk, L. (2011). Randomized, Double-Blinded, Placebo-Controlled Crossover Trial of Treating Erectile Dysfunction

- with Sildenafil after Radiotherapy and Short-Term Androgen Deprivation Therapy: Results of RTOG 0215, *Journal of Sexual Medicine*, 8(4):1228-1238.
9. Bahng, A., Dagan, A., **Bruner, D.W.**, Lin, L.L. (2011). Determination of Prognostic Factors for Vaginal Mucosal Toxicity Associated with Intravaginal High-Dose Rate Brachytherapy in patients with Endometrial Cancer. *International Journal of Radiation Oncology, Biology, Physics*, [Epub ahead of print]
 10. Giarelli, E., **Bruner, D.W.**, Nguyen, E., Basham, B., Marathe, P., Dao, D., Huynh, T.N., Cappella, J., Nguyen, G. (2011). Research Participation among Asian American Women at Risk for Cervical Cancer: Exploratory Pilot of Barriers and Enhancers. *Journal of Immigrant and Minority Health*, [Epub ahead of print]
 11. Dilling, T., Bae, K., Paulus, R., **Watkins-Bruner, D.**, Ang, K., Forastiere, A., Garden, A., Movsas, B. (2011). The Impact of Gender, Partner Status, and Race on Locoregional Failure and Overall Survival in Head and Neck Cancer Patients in Three Radiation Therapy Oncology Group (RTOG) Trials. *International Journal of Radiation Oncology, Biology, Physics*, [Epub ahead of print]
 12. Du, K., Bae, K., Movsas, B., Yan, Y., Bryan, C., **Bruner, D.W.** (2011). Impact of Marital Status and Race on Outcomes of Patients Enrolled in Radiation Therapy Oncology Group Prostate Cancer Trials. *Supportive Care in Cancer*, [Epub ahead of print]
 13. Jones, C., Hunt, D., McGowan, D., Amin, M., Chetner, M., **Bruner, D.W.**, Leibenhaut, M., Husain, S., Rotman, M., Souhami, L., Sandler, H., Shipley, W. (2011). Radiotherapy and Short-Term Androgen Deprivation for Localized Prostate Cancer. *New England Journal of Medicine*, 365(2):107-18.
 14. **Bruner, D.W.**, Hanisch, L.,; Trotti, A., Reeve, B., Schrag, D, Sit, L., Minasian, L, O'Mara, A., Denicoff, A., Rowland, J., Montello, M., Geoghegan, C., Abernethy, A., Clauser, S., Castro, K., Mitchell, S., Burke, L., Trentacosti, A.M., Mendoza, T., Basch, E. (2011). Stakeholder Perspectives on Implementing the National Cancer Institute's Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE), *Translational Behavioral Medicine: Practice, Policy and Research*, 1(1):110-122.
 15. Hanisch, L., Bryan, C., James, J., Pisansky, T., Corbett M, T.,Parliament, M., Stewart,C., Hartford, A., Sandler H.,Berk, L., Kachnic, L., **Bruner, D.W.** (2012) Impact of sildenafil on marital and sexual adjustment in patients and their spouses after radiotherapy and short-term androgen suppression for prostate cancer: Analysis of RTOG 0215. *Supportive Care in Cancer*. [Epub ahead of print]

D. Research Support

Ongoing Research Support

R21CA140766-02

Bruner (PI)

09/01/09-04/30/13

NIH/NCI, Randomized Feasibility Study of Dilator Use and an Educational Program to Increase Compliance After Vaginal Brachytherapy for Endometrial Cancer. The purpose of this study is to advance the much neglected area of research into interventions to prevent sexual dysfunction after treatment for gynecological malignancies. Specifically, this pilot study will provide preliminary data on feasibility and effect size calculations for a larger randomized trial of the use of vaginal dilators to maintain vaginal length after vaginal brachytherapy (VBT) for endometrial cancer. Role: PI

U10 CA037422-23 Bruner (PI) 07/02/10–05/31/15
NIH/ NCI, Community Clinical Oncology Program Research Base. The goals of the Radiation Therapy Oncology Group’s (RTOG) Community Clinical Oncology Program (CCOP) are to design and implement the RTOG’s Cancer Prevention and Control Program (CPC) and to integrate community oncology programs into the scientific program of the RTOG. Role: PI

HHS-NIH-NCI-PCPSB-5027-29 Basch (PI) 09/30/10–09/29/15
NIH/ NCI, Patient Reported Outcomes version of the Common Terminology Criteria for Adverse Events. The overall objective of this project is to bring the PRO-CTCAE from its current “in development” status to a “fully operational” system which can be implemented in any NCI cooperative group trial, and which will yield meaningful, interpretable results about patients’ experiences with adverse symptoms. Role: Co-I

U01-AR052186-07 Weinfurt (PI) 09/01/09-07/31/13
NIH/NIAMS, Validating and Extending the PROMIS Sexual Function Measure for Clinical Research. The major goal of the Patient-Reported Outcomes Measurement Information System (PROMIS) Network is to develop comprehensive, standardized, and efficient means of measuring patient-reported outcomes in persons with chronic diseases. Role: Co-I

2008 Health Research Formula Neiman (PI) 01/01/09-12/31/12
Pennsylvania Department of Health, Commonwealth Universal Research Enhancement (C.U.R.E.) Program – Project 4, Assessment of Methods to Increase Latino Enrollment into Cancer Clinical Trials. The goal of the study is to increase the enrollment of Latinos into cancer clinical trials in Pennsylvania and nationally. We will also use cartographic modeling techniques to do a gap analysis through identification of current Radiation Therapy Oncology Group (RTOG) sites and their Latino population density compared to high density areas of Pennsylvania and the United States where we do not have RTOG sites. Role: Co-I

U10 CA021661-35 Curran (PI) 01/01/09–12/31/14
NIH/NCI, Radiation Therapy Oncology Group (RTOG). The major goal of the RTOG is to conduct multicenter, multidisciplinary clinical trials that systematically test novel radiotherapy approaches against cancer. Role: Co-I; Chair, HSR Outcomes

Completed Research Support

None

BIOGRAPHICAL SKETCH

NAME Lynne I. Wagner	POSITION TITLE Associate Professor
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Michigan, Flint, Michigan	B.S.	1992	Clinical Psychology
DePaul University, Chicago, Illinois	M.A.	1995	Clinical Psychology
The University of Chicago Hospitals	N/A	1996-1997	Internship Clinical Psych.
DePaul University, Chicago, Illinois	Ph.D.	1997	Clinical Psychology
Center for AIDS Intervention Research	N/A	1997-1999	Health Psychology
Medical College of Wisconsin			Res.Fellowship

A. Personal Statement

I am an Associate Professor and a licensed clinical psychologist with expertise in psychosocial oncology and measuring patient-reported outcomes in oncology. I am in a leadership position in the ECOG-ACRIN Cancer Research Group as Co-Chair of the ECOG-ACRIN Patient-Centered Outcomes and Survivorship Committee and Co-Chair of the ECOG-ACRIN Breast Committee Survivorship Working Group. In this role I have responsibility for measuring quality of life and conducting cancer survivorship research in the NCI-funded cooperative oncology group system and have functioned as a lead investigator or co-investigator on numerous treatment and survivorship cancer clinical trials in breast cancer, gastrointestinal cancer, lymphoma, and other malignancies. I am a member of the NCI Symptom Management and Quality of Life Steering Committee and the NCI Lymphoma Steering Committee. I served as an invited member of the NCI Community Clinical Oncology Program Strategic Planning Committee. I have served as an ad-hoc reviewer for the NCI Subcommittee G study section. I am an expert panel member on the National Comprehensive Cancer Network Cancer-Related Fatigue Panel and the Distress Management Panel. I currently represent the American Psychosocial Oncology Society on the American College of Surgeons Commission on Cancer, I am a current member of the American Society of Clinical Oncology Scientific Planning Committee, and I am a Section Editor for the journal *Cancer*.

I have functioned as the lead investigator or co-investigator on NIH, ACS, and other sponsored research projects. I have conducted research to examine the trajectory of cognitive function throughout treatment for cancer and chaired the NIH PROMIS Perceived Cognitive Function expert panel. As a provider at the Lurie Cancer Center, I maintain a clinical practice, which helps to inform my clinical research activities.

I contributed my expertise in my collaboration with Dr. Bruner and the RTOG through serving as the study chair for RTOG 0841, a trial to evaluate screening for depression in radiation oncology settings.

B. Positions and Honors

- 1992-1996 *Research Assistant*, Department of Psychology, DePaul University
 1995-1996 *Course Instructor*, Department of Psychology, DePaul University
 1996-1997 *Behavioral Medicine Intern*, Department of Psychiatry, The University of Chicago Hospitals
 1997-1999 *Postdoctoral Research Fellow*, Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Sciences, Medical College of Wisconsin
 1999 *Senior Research Associate*, The CORE Center, Cook County Bureau of Health Services
 1999 –
 2003 *Licensed Clinical Psychologist*, State of Illinois
 Recipient, National Institute of Health Loan Repayment Program Award, National Cancer Institute
 2000 – 2008 *Assistant Professor*, Department of Psychiatry and Behavioral Sciences and Institute for Healthcare Studies, Northwestern University Feinberg School of Medicine
 2000 – 2009 *Clinical Research Scientist*, Center on Outcomes, Research and Education, Evanston Northwestern Healthcare
 2006 - 2010 *Director*, Supportive Oncology at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University at NMFF
 2008 - *Associate Professor*, Department of Medical Social Sciences and the Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine
 2011 Eastern Cooperative Oncology Group Young Investigator Award
 2012 - *Director* of Outcomes Research, Cancer Survivorship Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Other Experience and Professional Memberships:

- 2001 - Member, Eastern Cooperative Oncology Group (as of 2012 ECOG-ACRIN)
 2002 - Member, Robert H. Lurie Comprehensive Cancer Center of Northwestern University
 2001–2006 IRB Panel Member, Office for the Protection of Research Subjects, Northwestern University
 2003 - Member, National Comprehensive Cancer Network Cancer-Related Fatigue Panel and Distress Management Panel
 2006 - Member, American Society of Clinical Oncology
 2004 - Member, American Psychosocial Oncology Society
 2009 - Chair, Eastern Cooperative Oncology Group Patient Outcomes and Survivorship Committee (as of 2012 ECOG-ACRIN)
 2009 - Member organization representative, American College of Surgeons Commission on Cancer

- 2009 - Member, Alliance for Quality Psychosocial Cancer Care
 2010 – 2011 Health Services Research Track leader, American Society of Clinical Oncology Scientific Program Committee
 2011 – Section Editor, *Cancer*

C. Selected Peer-Reviewed Publications

1. Wagner, L., Robinson, D., Weiss, M., Katz, M., Greipp, P., Fonseca, R., & Cella, D. (2012). Content development for the Functional Assessment of Cancer Therapy – Multiple Myeloma (FACT-MM): Use of qualitative and quantitative methods for scale construction. *Journal of Pain and Symptom Management*, 43, 1094-1104.
2. Duffecy, J., Sanford, S., Wagner, L., Begale, M., Nawacki, E., & Mohr, D. (2012). Pilot findings from an e-health interactive, psychoeducational intervention for depression and anxiety among cancer survivors. *Psycho-Oncology*. PMID: 22438297
3. Fisch, M.J., Lee, J.W., Weiss, M., Wagner, L., Chang, V., Cella, D., Manola, J., Minasian, L., McCaskill-Stevens, W., Mendoza, T., & Cleeland, C. (2012). Prospective, observational study of pain and analgesic prescribing in medical oncology outpatients with breast, colorectal, lung or prostate cancer. *Journal of Clinical Oncology*, 30.
4. Jacobsen, P.B. & Wagner, L.I. (2012). A new quality standard: The integration of psychosocial care into routine cancer care. *Journal of Clinical Oncology* 30, 1154-1159.
5. Cella, D., Wang, M., Wagner, L., Miller, K., for the Eastern Cooperative Oncology Group. (2011). Survival-adjusted health-related quality of life (HRQL) among patients with metastatic breast cancer receiving paclitaxel plus bevacizumab versus paclitaxel alone: Results from Eastern Cooperative Oncology Group Study 2100 (E2100). *Breast Cancer Research and Treatment*, 130, 855 – 861.
6. Loehrer, P.J., Feng, Y., Cardenes, H., Wagner, L., Brell, J., Cella, D., Flynn, P., Ramanathan, R.K., Crane, C.H., Alberts, S.R., & Benson, A.B. (2011). Gemcitabine alone versus gemcitabine plus radiotherapy in patients with locally advanced pancreatic cancer: An Eastern Cooperative Oncology Group Trial. *Journal of Clinical Oncology*, 29, 4105-4112.
7. Berger, A.M., Abernethy, A.P., Atkinson, A., Barsevick A.M., Breitbart, W.S., Cella, D., Cimprich, B., Eisenberger, M.A., Escalante, C.P., Jacobsen, P.B., Kaldor, P., Ligibel, J.A., Murphy, B.A., O'Connor, T., Pirl, W.F., Rodler, E., Rugo, H.S., Thomas, J., & Wagner, L.I. (2010). Cancer-related fatigue. *Journal of the National Comprehensive Cancer Network*, 8, 904-931.
8. Evens, A.M. & Wagner, L.I. (2009). Curing Hodgkin's lymphoma: Quantity and quality. *Lancet Oncology*, 10, 1134-1135. PMID: 19959071
9. Wagner, Sweet, J.J., Butt, Z., Lai, J.S., & Cella, D. (2009). Measuring patient self-reported cognitive function: Development of the Functional Assessment of Cancer Therapy-Cognitive Function instrument. *Journal of Supportive Oncology*, 7, W32-W39.
10. Butt, Z., Wagner, L.I., Beaumont, J.L., Paice, J.A., Peterman, A.H., Shevrin, D., Von Roenn, J. H., Carro, G., Straus, J.L., Muir, J.C., & Cella, D. (2008). Use of a single-item screening tool to detect clinically significant fatigue, pain, distress, and anorexia in ambulatory cancer practice. *Journal of Pain and Symptom Management*, 35, 20-30. PMID: 17959345
11. Wagner, L.I., Beaumont, J.L., Ding, B., Malin, J., Peterman, A., Calhoun, E., & Cella, D. (2008). Measuring health-related quality of life and neutropenia-specific concerns among older adults undergoing chemotherapy: Validation of the Functional Assessment of Cancer

- Therapy – Neutropenia (FACT-N). *Supportive Care in Cancer*, 16, 47-56. PMID: 17619911
12. Cella, D., Wagner, L., Cashy, J., Hensing, T., Yount, S., & Lilenbaum, R. (2007). Should health-related quality of life be measured in cancer symptom management clinical trials? Lessons learned using the Functional Assessment of Cancer Therapy (FACT). *Journal of the National Cancer Institute*, 37, 53-60.
 13. Jacobs, S. R., Jacobsen, P. B., Booth-Jones, M., Wagner, L. I., & Anasetti, C. (2007). Evaluation of the Functional Assessment of Cancer Therapy Cognitive Scale with hematopoietic stem cell transplant patients. *Journal of Pain and Symptom Management*, 33, 13-33.
 14. Wagner, L.I. & Lacouture, M. (2007). Clinical psychologist's perspective on dermatologic toxicities associated with EGFR inhibitors: Impact on health-related quality of life and implications for clinical management of psychological sequelae. *Oncologist*, 21, 34-36.
 15. Wagner, L.I., Wenzel, L., Shaw, E., & Cella, D. (2007). Patient-reported outcomes in phase II clinical trials: Lessons learned and future directions. *Journal of Clinical Oncology*, 32, 5058-5062.

D. Ongoing Research Support

1R21CA173193-01A1 (Wagner)
NCI/NIH

02/15/13 – 1/31/15

Role: Principal Investigator

Targeted eHealth intervention to reduce fear of cancer recurrence among breast cancer survivors
The purpose of this project is to develop and evaluate an eHealth intervention to teach breast cancer survivors coping skills to manage fear of cancer recurrence.

U10 CA037403 (Comis)
NCI/NIH

06/01/12 – 05/31/13

Role: Committee Chair

ECOG: Patient Outcomes & Survivorship Committee

The major goal of this project is to run the Patient Outcomes & Survivorship Committee of the Eastern Cooperative Oncology Group (ECOG), including its subcommittee structure and work collaboratively with NCI and scientific members of ECOG who are interested in cancer prevention and control. Dr. Lynne Wagner is the Chair of this committee and Dr. David Cella is the co-chair.

A 60553 (Rosen)
NCI/NIH

08/01/07 - 07/31/13

Role: Co-Investigator

The Robert H. Lurie Comprehensive Cancer Center

This funding supports an outcomes measurement Core facility as a shared resource to this NCI designated Comprehensive Cancer Center. Ms. Hahn has been appointed the Director and Dr. Wagner provides consultation to cancer center members on the scientific design of studies that measure patient-reported outcomes in oncology.

1R01NR014182-01 (Wang)
National Institute of Nursing Research

09/26/12-06/30/13

Role: Co-Investigator

HippoPCI Hippocampal Predictors Cognitive Impairment in Breast Cancer Patients

In this study we will use longitudinal magnetic resonance imaging (MRI) to identify predictors and mechanisms of cognitive impairment in breast cancer patients receiving hormonal treatment. We will achieve this by using structural and functional assessments that are sensitive to the integrity of the hippocampal-cortical circuitry. Our central hypothesis is that measures of the hippocampal-cortical circuitry can be used to predict cognitive decline, and that the trajectories of specific domains of cognitive performance in patients receiving adjuvant therapy may be related to trajectories of specific hippocampal-cortical circuitry components.

Completed Research Support (select list)

RL1HD058296 (Emanuel)

09/20/07-06/30/12

NIH/NICHD

Role: Co-Investigator

R01D: An Interdisciplinary Perspective: A Social Science Examination of Oncofertility

Dr. Wagner works on the sixth project on this R01D, under the direction of Dr. Linda Emanuel.

This project is an 18-month study to examine the emotional and cognitive processing state of patients starting from the time of diagnosis and for a period of the duration of their treatment/illness journey.

U01 AR 052177-01 (Cella)

09/30/04 – 04/29/12 NCI

NIH

Role: Co- Investigator

NIH PROMIS Statistical Coordinating Center

The goal of this project is to serve as a coordinating center for a NIH-Roadmap initiative, developing a dynamic internet-based computer adaptive testing system for the national PROMIS (Patient-Reported Outcomes Measurement Information System) network.

RTOG 0841 American College of Radiology

09/1/09 – 8/31/2011

Pennsylvania Department of Health, Commonwealth Universal Research Enhancement (C.U.R.E.) program

Role: Co-Investigator

Screening for Depression and Referral for Treatment of Cancer Patients

Collaborate with the Statistical and Data Management Center, and Quality Assurance; and Departments during the accrual as well as the follow-up periods to identify problems with data collection and/or monitoring; Collaborate on the preparation of the manuscript reporting the analysis of the data for the primary endpoint of the study using only the RTOG Clinical Trials Management System database information

R01CA125671 (Lai)

08/01/09 - 07/31/11

National Cancer Institute

Role: Co-Investigator

Perceived Cognitive Function Item Bank for Children Who Undergo Cancer Treatment

The purpose of this project is to develop a comprehensive perceived cognitive function item bank for children 7-21 yrs. To facilitate CAT and short form assessment.

ACS-RSGPB PBP-105176 (Champion)

01/01/09–12/31/10 NCE

American Cancer Society

Role: Co-Investigator

Quality of Life in Younger Breast Cancer Survivors

The primary purpose of this study is to compare the differential impact to survivors who were age 45 or younger at diagnosis with a group of survivors were 55-70 at diagnosis. Focused upon will be quality of life of male partners of both groups, and other variables, such as; QOL, functioning, demographic, disease and treatment variables.