The study of baseline HRQOL as a prognostic indicator for survival strongly suggests that patient-reported HRQOL data increase the predictive accuracy by 8.3% when compared to clinical data alone. The pooled analysis study of clinical MID estimated HRQOL the smallest HRQOL score in the EORTC-QLQ-C30 considered important (>10). While these analyses provided valuable insights, major constraints, such as data access, data ownership, and patient status were interlinked to standardize databases to facilitate pooled funding, and finding are possible long term barriers that need to be addressed by PROBE investigators.

The goal of this study was to compare the relative information gained with respect to survival estimation and minimal important differences (MID) for HRQOL scores.

**RESULTS**

The goal of this study was to compare the relative information gained with respect to survival estimation and minimal important differences (MID) for HRQOL scores.

**CONCLUSION**

Despite the challenges to undertaking pooled analyses from international RCT's, we believe the PROBE initiative to be something invaluable that can maximize the use of patient-reported data, which otherwise may have limited further use in closed RCTs. Our multi-disciplinary research project suggests that PROs, alongside clinical data, can be used by health care professionals to predict survival more accurately, evaluate changes in HRQOL and better understand patients’ needs. More analysis in minimal important differences and systematic literature reviews will be carried out in cancer types that have not yet been investigated (Breast, Head and Neck, Colorectal etc.). Furthermore, the differences in HRQOL assessment between patient and caregiver will be studied to provide prognostic information and improve the predictive accuracy of the patient reported outcomes. The dissemination of the HRQOL research results will continue through the QOL Department’s most prominent tool which is the successful organization of the 3rd International QOL Symposium.

**ACKNOWLEDGMENTS**

Financial support for this research was provided by the Pfizer Global Partnerships Foundation, the EORTC Charitable Trust, and the Belgian Cancer Foundation. We thank all the research groups of the EORTC for allowing us access to their data, including the NCIC-CTG and AGO. We thank all the patients for allowing us to better understand QOL issues. We also thank Sheila Sanderson for her assistance in editing.

**FUTURE ANALYSIS**

More analysis in minimal important differences and systematic literature reviews will be carried out in cancer types that have not yet been investigated (Breast, Head and Neck, Colorectal etc.). Furthermore, the differences in HRQOL assessment between patient and caregiver will be studied to provide prognostic information and improve the predictive accuracy of the patient reported outcomes. The dissemination of the HRQOL research results will continue through the QOL Department’s most prominent tool which is the successful organization of the 3rd International QOL Symposium.