

MP25-13

THE NORTH AMERICAN QUALITY OF LIFE STONE CONSORTIUM: FOLLOW-UP RESULTS FROM A PROSPECTIVE, LONGITUDINAL, MULTI-CENTER VALIDATION STUDY OF THE HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH KIDNEY STONES

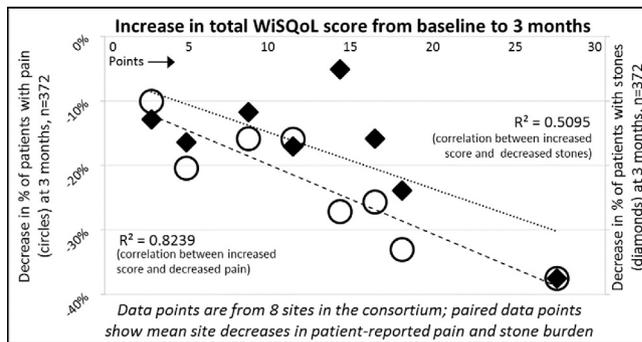
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INTRODUCTION AND OBJECTIVES: The Wisconsin Stone Quality of Life (WiSQoL) questionnaire (J Urol, 2013) is a 28-item instrument originally validated at the University of Wisconsin-Madison. It is the only urolithiasis-specific measure to assess patients' health-related quality of life (HRQOL). We recently reported preliminary results from use of the WiSQoL in a multi-center trial. Herein we report changes in HRQOL over time.

METHODS: A multi-center consortium of sites within the U.S. and Canada was created to test the external validity of the WiSQoL. Adult patients were enrolled from clinics or at surgical stone procedures. Baseline WiSQoL scores were compared to those gathered at 3 months.

RESULTS: IRB approval is maintained at all sites. Enrollment is ongoing; current race/ethnicity distribution is 84% white (4% Spanish/Hispanic/Latino), 6% black, 5% Asian, and 5% other. Patients (n=1,001; M 525 & F 476) are largely recurrent stone formers (77%); BMI 30.5±7.8; age 55±14 y; number of stone events 7.8±18; and duration of stones 12.7 y (range, 0-69 y). Stone prevalence among 1,001 respondents at enrollment (baseline) was 58% (range, 48-88% for individual sites). So far, 372 follow-up questionnaires are received. Compared to baseline, stone prevalence was lower at 3 months (39%; range, 34-50% for individual sites) and total WiSQoL scores were higher (paired t-test, P=0.0008). Patients without stones at 3 months had higher HRQOL scores than those reporting they had stones (P<0.0001). Patients with no stones or those not sure if they had stones accounted for most (65%) of the increase in total HRQOL scores. Sites with greater reductions in stone prevalence and patient-reported pain from baseline to 3 months had larger increases in WiSQoL scores (figure). Specific items improving most for HRQOL at 3 months were related to missed work, family, or leisure time; physical pain; frustration; and limits on activity.

CONCLUSIONS: Stone-related HRQOL is dynamic and is affected by changes in stone status, physical symptoms, and/or effects on daily life. The WiSQoL questionnaire captures and helps to characterize the lower HRQOL of patients with stones. These data show that the WiSQoL also reflects changes in stone status within patients over time.



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