received induction chemotherapy (2-3 cycles) prior to RT. Most patients received weekly CRT. The date of local recurrence and distant metastasis were acquired. However, 66 patients have not been assessed radiologically for local recurrence/metastasis at point of cut off. Data collected were analysed using 'R' version 3.5.3. **Results:** 277 patients were identified in the study. Median follow up was 32.3 months. The majority (75.8%) were Stage III and IV at presentation. This contributed to why induction chemotherapy was given in majority of the cohort (62.1%), CRT with IMRT was a favourable prognostic factor for OS (p<0.001) and PFS(p=0.002). The 3-year PFS and OS rates were 66.6% (95%CL 60.1-72.3) and 77% (95%CL 71.1-81.9) respectively. Local control rate was 85.3-88.9% in 3 years.

**Conclusion:** IMRT is effective in achieving good loco-regional control. Distant metastasis is the commonest site of failure. CRT improves PFS and OS. A longer follow-up is required as median OS and PFS has not been reached in this cohort.

**Keywords:** intensity modulated radiotherapy, nasopharyngeal carcinoma, overall survival, progression free

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**C04**

**Patient Concerns Inventory (PCI) as an Innovative Approach to Improve Patients’ Quality of Life and Satisfaction During Post-Operative Head and Neck Cancer Consultation Sessions in Malaysia: A Multicentre Study Protocol**

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**Background:** Oral cancer and its treatment undeniably impacts patients’ quality of life, posing a challenge to clinicians in managing them optimally. Identifying patients’ QOL issues is central to total patient care; as such time constraints faced by clinicians during consultation sessions may pose a barrier in identifying such concerns effectively. In this aspect, the use of PCI-H&N during post-op oral cancer consultation sessions has previously shown to be beneficial, simultaneously promoting effective doctor-patient communication during consultations. **Objectives:** This study intervention is aimed to improve patients’ quality of life and satisfaction with the consultation, and further assess its usefulness, feasibility and the computerised web-based version of PCI-H&N as a new approach at Oral Maxillo-Facial Surgery (OMFS) Clinics, Malaysia. **Methods:** This protocol describes a comparative study of parallel randomised control trials among post-op oral cancer patients in six OMFS Clinics in Government Hospitals, Malaysia. Eligible patients of 1 month until 5 years follow-up will be randomly assigned into 3 groups (required sample size: 64 per arm; total=192) of paper version of PCI, computerised web-based of PCI and control group. A self-administered questionnaires will be administered with assistance from researcher or their proxies. The primary outcomes are patients’ quality of life represented in the FACT-H&Nv4.0 and patients’ satisfaction with the consultation session measured by a study specific questionnaire. Patients’ psychological distress, feasibility and preferred versions of PCI-H&N are secondary outcomes assessed by using DT score and study specific questionnaires respectively. The outcomes will be analysed using Chi-square test, t-test and linear regression, and expected to be completed by May 2020. **Discussion:** This study could potentially enhance patient-centered care by improving doctor-patient communication, identifying oral cancer patients’ concerns and further improving quality care delivery for Malaysian oral cancer patients. In addition, the computerized web-based version is in tandem with patient health management system advancement.

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**Keywords:** Patient Concerns Inventory (PCI), quality of life, post-op oral cancer patients, web-based computerised, consultation

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