

Quality of Life

QUARTERLY

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PRESIDENT'S MESSAGE

Galina Velikova, MD; University of Leeds



Dear ISOQOL Members,

For those of us in the Northern hemisphere the spring is coming. We enjoy the warmth

and the longer daylight. The spring brings with it busy months for ISOQOL. All poster and oral poster abstracts are due 18 April and the review process runs through May. I would like to encourage all members to volunteer to serve as an abstract reviewer this year. Having a diverse group of reviewers will lead to a more thorough review of abstracts across all disciplines. Even if you are a relatively junior researcher, please come forward. There is no better way of learning than looking at how other colleagues are performing and reporting their work. All reviews are done online. If you are interested in volunteering, please send an e-mail to info@isoqol.org

I would like to thank Jordi Alonso and Susan Bartlett for their relentless and yet imaginative hard

work. They have put together an outstanding schedule of plenary speakers. A full list of speakers can be found here: <http://www.isoqol.org/2014conference/plenary>

The Workshops have been announced for our conference. I am pleased to say that there will be a full-day workshop presented in German, "Basics You Need to Know About Methods Used in QOL Research," as well as ten additional workshops. Each student registering for the conference will receive a complimentary registration to one workshop as part of his/her registration. For a complete listing of workshops that are available at the conference, visit the ISOQOL website: <http://www.isoqol.org/2014conference/workshops>

As the conference program continues to develop, I ask that you serve as our ISOQOL ambassadors and spread the word to your colleagues about our conference. There are PDF documents available for download on our website: <http://www.isoqol.org/2014conference>

Please consider sharing this with those in your department or research area.

Continued on page 2.

VOLUME 20 ISSUE 2

*Newsletter for
ISOQOL Members*

SPRING 2014





The ISOQOL Newsletter is published four times a year by the International Society for Quality of Life Research.

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Ana Popielnicki, BA, USA

Send articles with subject line addressed "Newsletter Submission" to:
info@isoqol.org

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President's Message, Continued from page 1.

May is also the deadline for nominating someone for the ISOQOL Emerging Leader Award or for the President's Award. All nominations must be received by 30 May. Nomination information can be found on our website: <http://www.isoqol.org/membership/awards>

The coming months provide you with many different opportunities for engagement with ISOQOL. I hope you take advantage of these opportunities

to share your knowledge with your colleagues.

Sincerely,




G Velikova

Galina Velikova, MD PhD FRCP
ISOQOL President



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to STAY
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FROM THE EDITOR'S DESK

By: Ana Popielnicki



Dear ISOQOL Family:

Welcome to the Spring 2014 issue of our *Quality of Life Quarterly*. This time of year is always

a busy time for our Society and its members, and we are happy to bring you the latest updates on our projects, initiatives, and our continued work towards our mission.

In her President's Message, Dr. Velikova informs us of the exciting program being developed for the Annual Conference in Berlin, as well as several deadlines for awards nominations and abstract submissions. She also encourages our members to contribute as abstract reviewers, an enriching experience that also adds value to our review process, and one that provides personal growth as well.

Many thanks to Tom Dahlborg of the National Initiative for Children's Healthcare Quality, for his compelling article about true patient-centered healthcare and patient engagement, which ties perfectly with the piece from our new Health Preference Research SIG. Our colleagues invite us to join the group and touch up on

incorporating the patients' voice and understanding the value they place on the outcomes we aim to measure.

Our Canadian members as dynamic as ever -- please see Nancy Mayo's article on Cancer Physical, Occupational, and Speech-Language Therapists (POSTS) meeting last year in Montreal. If you wish to get involved in their initiative please contact Nancy at nancy.mayo@mcgill.ca.

No issue is complete without the enthusiastic contribution of our co-chairs of the New Investigator SIG, Marc Jacobs and Katerina Papageorgiou. This time they bring us a practical set of tips for new investigators on how to assess the quality of a study. Excellent tips for reviewing as well as writing your own work!

On publications and research databases, Dr. Alex Michalos kindly sent us his picture with the impressive hard copy (12 volumes!) of the Encyclopedia of Quality of Life and Well-Being Research – a comprehensive reference work in which many of our members participated as authors and/or editorial members.

In terms of announcements and news, please look for our "call for" pieces. We are calling for nomi-

nations for the President's and Emerging Leader Awards, as well as a friendly reminder of the looming deadline for abstract submissions. We have information on travel scholarships, and exciting details on the Annual Conference program – look for updates on the Plenary sessions, plus the Industry Advisory Committee's interesting symposium, "Advancing Measurement Science Beyond PROs: Patient-Centeredness and Validity across all Clinical Outcome Assessments" – make plans to be there!

But don't let me keep you from reading ☺ Let me just say – as I always do – please don't hesitate to contact us directly with questions, comments, or submissions for the summer issue. Send your queries/comments to your Communications Committee at info@isoqol.org with "Newsletter" on your subject line.

Enjoy!



Ana Popielnicki
Editor





Validated translations of PRO instruments equal validated results.

Corporate Translations' state-of-the-art linguistic validation process is modeled after the FDA guidance document and the ISPOR Good Practice Guidelines for the translation and validation of PRO instruments. As pioneers in linguistic validation, we have developed an array of support services designed to help our clients utilize PRO instruments in their global clinical trials. Corporate Translations has completed over 10,000 PRO instrument translations in a wide range of languages and therapeutic areas. That's why we are the preferred supplier of ISO 9001:2008 translation and linguistic validation solutions to the world's leading life science companies.

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OUR MEMBERS' PROJECTS – CANCER POSTS

By: Nancy E. Mayo, BSc(PT), MSc, PhD (on behalf of the group), McGill University and McGill University Health Center, nancy.mayo@mcgill.ca

Physical, Occupational, and Speech-Language Therapists (POSTS) are the cornerstone rehabilitation professions and their interventions target all aspects of function: physical, cognitive, emotional, social, and occupational. These outcomes are all patient-centered and represent the key domains of QOL.

The magnitude of disability with cancer is on par with that observed for people with stroke and other health conditions with known disabling sequelae. A study published in 1978¹, found that, out of 805 patients with cancer, 25% to 35% had limitations in ability to walk, carry out basic activities of daily living and weakness. Decades later, data from NHANES shows that the situation has not improved for even long-term survivors, with more than 50% having one or more limitations in basic mobility or self-care and more than 30% with restrictions in role participation². Despite this disability burden, rehabilitation services for people with cancer are limited.

In June 2013, Canadian POSTS involved with cancer rehabilitation from the educational, clinical, and research perspective met in Montreal to take stock of how to best prepare the new generation of POSTS to meet the needs of people with cancer, now and into the future.

POSTS have an evidence-base for effectiveness throughout the continuum of cancer care for:

- (i) functional optimization prior to commencement of treatment so patients are better prepared to deal with these stressors (prehabilitation);
- (ii) reducing the expected and unexpected acute or long-term impairments arising from treatment or complications, or from pre-existing co-morbidity, disability, or age;
- (iii) reducing the late effects of cancer that act as barriers to engaging in health promoting activities through community based resources, as part of a broader survivorship approach; and
- (iv) for people with advanced cancer, maintaining independent function as long and as comfortably as possible to optimize quality of life and reduce burden of care to family members (functional longevity).

The conclusion from the meeting was that the extent to which this involvement is able to meet the needs of a growing population of people with cancer requires development in the following areas:

- (i) curriculum;
- (ii) operationalization of clinical core competencies as they apply to cancer rehabilitation;

- (iii) learning from flagship cancer rehabilitation programs;
- (iv) raising the profile of cancer rehabilitation in oncology; and
- (v) development of a model of care for integrating POSTS effectively, efficiently, and with sustainability into the Cancer Care Continuum.

While POSTS target outcomes that are integral to QOL, POSTS rarely measure this outcome because of a limited understanding of QOL as an outcome of rehabilitation. ISOQOL was identified as one of the forums that would contribute to defining core elements of cancer rehabilitation curriculum and raising the profile of cancer rehabilitation in oncology. Anyone interested in knowing more about this Canadian initiative or joining forces for a more international perspective should contact the author.

1. Lehmann JF, DeLisa JA, Warren CG, deLateur BJ, Bryant PL, Nicholson CG. Cancer rehabilitation: assessment of need, development, and evaluation of a model of care. *Archives of Physical Medicine and Rehabilitation*. 1978; 59(9):410-9.
2. Ness KK, Wall MM, Oakes JM, Robison LL, Gurney JG. Physical performance limitations and participation restrictions among cancer survivors: a population-based study. *Annals of Epidemiology*. 2006; 16(3):197-205.



PREVENT A 'TRIPLE FAIL' WITH TRUE PATIENT-CENTERED CARE

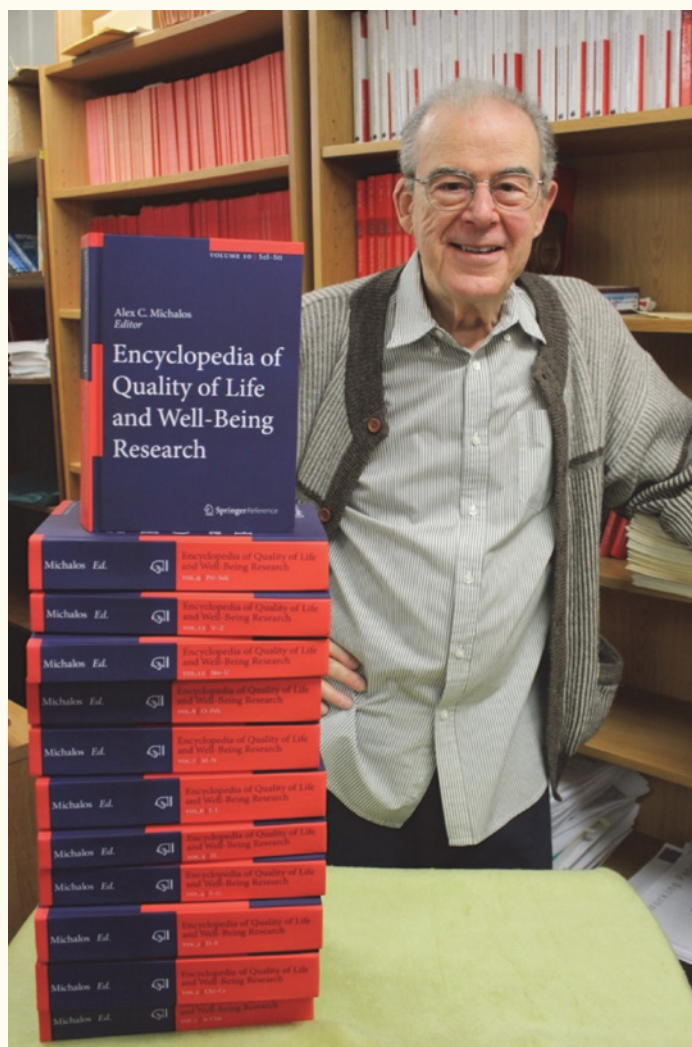
By: Tom Dahlborg, Chief Financial Officer and Vice President of Strategy – NICHQ (National Initiative for Children's Healthcare Quality)

During the recent NEHI 2013 Innovation Conference: Patient Engagement 360, two questions kept coming to mind: How can the healthcare system be patient-centered and engage patients without truly knowing the patient? How can we provide the care the patient desires without understanding who they are, how they live, their culture, fears, hopes, goals, and so much more?

The questions reminded me of a story about how ignoring time, relationship, trust, empathy and not hearing the patient's whole story can harm those we are blessed to serve.

My friend's 87-year-old mother was recently diagnosed with dementia. After much prayer and reflection, she met with her children to finalize her funeral arrangements and confirm her DNR ("do not resuscitate") code.

Please read the complete article here: <http://www.hospitalimpact.org/index.php/2013/10/08/p4367#more4367>



Dr. Alex C. Michalos, CM, PhD, DLitt, FRSC – Prof. Emeritus, Political Science – University of Northern British Columbia. Prof. Michalos is the Editor of the Encyclopedia of Quality of Life and Well-Being Research (Springer). Our thanks to Alex for sending us a picture of him with the 12-volume hard copy version of the Encyclopedia. Many of our members are part of 155-member Editorial Board and/or contributing authors and thus have access to the electronic version. The encyclopedia is Springer's largest reference work, with nearly 1300 authors and roughly 2200 articles.



"HOW GOOD IS THIS STUDY?" – TIPS FOR NEW INVESTIGATORS TO ASSESS THE QUALITY OF A STUDY

By Marc Jacobs and Katerina Papageorgiou, Co-Chairs, New Investigators SIG

One of the primary tasks of being a New Investigator is getting to know about the research done by others. Most often, the only source of information available to us is the study report, or published article, provided by the authors. Very often, when reading these interesting studies, we end up thinking: "is this a good study"? However, due to space restrictions, authors are often unable to provide all the necessary information. As such, this question is difficult to answer.

Luckily, the recently published CONSORT extension for PROs and the widely used Cochrane Risk of Bias tool can provide us with some guidelines. In this article, we want to use these two excellent guidelines to highlight some of the issues we consider to be important in order to assess the quality of the design, conduct, analysis, and reporting of PRO research. Although these guidelines focus primarily on randomized controlled trials, we feel that the items may, to some extent, also be applicable to observational research. Below, you will find our item selection in question form.

Design: Did the authors...

- ... provide a rationale for the choice of the PRO instrument used?
- ... provide or cite evidence of the PRO instrument validity and reliability?

- ... provide information on the generation of the randomized sequence used?
- ... provide information on the concealment of allocations prior to assignment?
- ... report on the blinding of both the participants and personnel, as well as the outcome assessors?
- ... state the status of the PRO as either a primary or secondary outcome?

Conduct: Did the authors...

- ... provide the intended PRO data collection schedule?
- ... report the mode of administration of the PRO tool and the methods of collecting data (e.g. telephone, other)?

Analysis: Did the authors...

- ... conduct a power/sample size calculation relevant to the PRO?
- ... explicitly state their statistical approaches in dealing with missing data?
- ... provide evidence of appropriate statistical analysis and tests of statistical significance?
- ... state how multiple comparisons were addressed?

Reporting: Did the authors...

- ... report the extent of the data missing?

- ... explain the reasons for missing data?
- ... provide the magnitude of the effect size for each statistically significant PRO result?
- ... report the PRO outcomes in a graphic format?
- ... describe study patients' characteristics, including baseline PRO scores?
- ... explicitly discuss the limitations of the PRO components of the study?
- ... discuss generalizability issues uniquely related to the PRO results?
- ... discuss the clinical significance of the PRO findings?

We hope that the above mentioned items will prove helpful. Unfortunately, there is no consensus on the requirements that need to be met in order for research to be labeled 'robust'. As such, quality assessments remain, like most aspects of research, a subjective and selective process – and is therefore best done by at least two independent reviewers. A suggestion from us would be to join or perhaps even start a journal club. This way, you can discuss the research of others with your peers, practice your skills, and have a lot of fun at the same time!



CHOICE DEFINES VALUE: AN INVITATION TO PARTICIPATE IN THE HEALTH PREFERENCE RESEARCH SPECIAL INTEREST GROUP

Benjamin M. Craig, PhD, Moffitt Cancer Center, Tampa, FL, USA; Axel C. Mülbacher, PhD, Hochschule Neubrandenburg University of Applied Sciences and IGM Institute Health Economics and Health Care Management, Germany

Quality of life (QOL) and stated preference researchers incorporate the patient and citizens voice using similar qualitative methods, apply their own set of innovative tools for quantitative measurement, and promote themselves based on decision relevance. Nonetheless, paucity of communication, understanding, and collaboration persists between these fields. However, outside the EuroQol Group, rarely does a health valuation study include a psychometrician (e.g., Bryce Reeve) and few psychometric studies include an econometrician (e.g., David Feeny). To inform critical decisions, greater interdisciplinary synthesis is required: QOL should be precisely measured (via psychometrics) and valued (via econometrics). In order to bridge these two fields, we have initiated the Health Preference Research Special Interest Group within ISOQOL.

Clearly, economists do not have a monopoly on scoring QOL. QOL scores may be based on clinical

relevance (e.g., diagnostic), predictive capacity (e.g., survival), or discrimination (e.g., IRT). Yet, to inform clinical or regulatory decision-making, it is best to score health outcomes according to the value stakeholders place on the outcomes. As in all forms of economics, value is defined by “opportunity cost” or what stakeholders are willing to forgo to receive a health benefit or to avoid harm. For example, are you willing to lose 5 years of life to avoid 1 year in poor health? When asked “which do you prefer?” a person’s choice reveals his or her preference, and when aggregated among stakeholders, these preferences indicate the value to the stakeholders (in this case patients; i.e., demand). In health preference research, we conduct discrete choice experiments (e.g., paired comparisons) to assess the value of health (i.e., choice defines value), so that we can better inform clinical or regulatory decision-making.

Like demand for goods and services, the value of QOL varies by subpopulation (e.g., men vs. women) and over time. Yet, all QOL measures can be enhanced through a greater understanding of the value patients and citizens place on the outcomes that are being measured. With recent efforts to improve healthcare systems around the world, an understanding of stakeholders’ preferences is quickly becoming an integral part of health policy and medical guidelines. Although limitations related to evidence-based decisions (i.e., privacy concerns, poorly defined outcomes, and highly regulated markets) are unlikely to change in the near future, preferences are already providing critical information to stakeholders about stakeholders (i.e., know thy self). Looking forward, the powerful combination of QOL and health preference research at clinical and regulatory levels can reveal important factors to consider in future treatments, reforms, and policies.



HOW TO JOIN AN ISOQOL SPECIAL INTEREST GROUP (SIG)

Membership in a SIG is free for all ISOQOL members. To join a SIG, log in to the [Members Only](#) portion of the website and select **Edit My Profile**. SIG preferences can be customized using the SIGs tab.

A complete list of SIGs can be found on the [Special Interest Groups](#) page of the website.



ADVANCING MEASUREMENT SCIENCE BEYOND PROS: PATIENT-CENTEREDNESS AND VALIDITY ACROSS ALL CLINICAL OUTCOME ASSESSMENTS

By Emuella Flood

IAC SYMPOSIUM AT ISOQOL 2014

There has been an important shift in the medical community toward a more patient-centered approach to research and drug development. This approach requires that the patient perspective be considered when designing trials and selecting key study endpoints. Patient-centeredness does not mean that all outcomes in trials should be captured through patient-reported outcomes (PROs). In fact, some key outcomes are best reported by clinicians (ClinROs) or observers (ObsROs), or measured through performance-based assessments (PerfOs).

With respect to drug development, the FDA has suggested that ClinROs, ObsROs and PerfOs may be held to the same evidence requirements as PROs. While the FDA PRO Guidance¹ and other published guidelines² provide specific recommendations on examining the validity of PROs, no guidance is currently available on establishing the validity of the other types of clinical outcome assessments (COAs) with respect to regulatory review. As such, there are many outstanding questions about best

practices for examining these COAs and generating sufficient evidence of their validity.

ISOQOL's Industry Advisory Committee (IAC) will be holding a symposium during the upcoming conference in Berlin, Germany, Wednesday, October 15 at 4:30 PM to address some of the key questions around the evaluation of COAs beyond PROs. The symposium will use case studies in certain therapeutic areas (e.g., cognitive impairment), in which ClinROs, ObsROs and PerfOs are particularly relevant, in order to highlight some of the challenges of establishing the validity of these assessments and discuss possible solutions to help advance the measurement of these outcomes. Some key questions that will be addressed include:

- What are some of the unique challenges associated with establishing validity of COAs beyond PROs?
- What are suggested methodological approaches to address these challenges?

- How might the methods for establishing validity vary across COAs?
- What methods for assessing validity, beyond those detailed in the PRO guidance, need to be considered for other COAs to avoid evidence gaps?

The symposium is designed to be interactive, and audience participation will be encouraged. We welcome those planning to attend ISOQOL 2014 to join us in this important conversation.

- 1 US Department of Health and Human Services. Guidance for industry. Patient Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims. (2009). www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM193282.pdf
- 2 Patrick DL, Burke LB, Gwaltney CJ, et al. Content validity - Establishing and reporting the evidence in newly-developed patient-reported outcomes (PRO) Instruments for medical product evaluation: ISPOR PRO good research practices task force report: Part 2 – Assessing respondent understanding. *Value Health* 2011;14:978-988.



2014 PLENARY SESSIONS

The Scientific Program Chairs, Jordi Alonso, MD PhD, and Susan Bartlett, PhD are pleased to announce an exciting slate of plenary session speakers for the ISOQOL 21st Annual Conference. The annual conference will take place in Berlin, Germany from 15 – 18 October, 2014.

PLENARY SESSIONS SUPPORT THE CONFERENCE THEME: *QUALITY OF LIFE: ADVANCING MEASUREMENT SCIENCE AND TRANSFORMING HEALTHCARE*

The conference will open on Thursday with: *PROs: Contributing to Better Services, Better Societies*. Featured speakers include **Nick Black, MD**, Chair of NHS England National Advisory Group for Clinical Audit & Enquiries, and Professor of Health Services Research at the London School of Hygiene and Tropical Medicine; **Laurie Burke, MPH**, founder of the LORA Group, LLC and career-long US Public Health Service officer; and **Ulrike Ravens-Sieberer, MPH**, Professor for Public Health, Health Psychology and Health Care Services Research for Children and Adolescents at the University Medical Center Hamburg-Eppendorf, Germany.

Speaker bios and complete session details

Friday morning will feature a plenary session discussing *Integrating Patients into PRO Development and Research*. This plenary session will feature **John Kirwan, BSc MD FRCP**, Professor of Rheumatic Diseases at the University of Bristol, Head of Teaching at the Department of Clinical Science at South Bristol, Visiting Professor at the University of the West of England, and Consultant Rheumatologist at University Hospitals Bristol NHS Foundation Trust; **Maarten de Wit, PhD**, VU University, Amsterdam, Netherlands and active patient research partner with EURLAR and OMERACT; and **Lori Frank, PhD**, Program Director of Research Integration and Evaluation, PCORI - Patient-Centered Outcomes Research Institute based in Washington, DC, United States.

Speaker bios and complete session details

Saturday's plenary session will focus on *Well-Being and Mental Health Measurement Opportunities*. **Carol D. Ryff, PhD**, Director of the Institute on Aging and Marie Jahoda Professor of Psychology at the University of Wisconsin-Madison, United States; **David Cella, PhD**, Professor and Chair of the Department of Medical Social Sciences at the Northwestern University Feinberg School of Medicine in Chicago, IL, United States; and **John Brazier, PhD**, Professor of Health Economics at the School of Health and Related Research (SchARR) at the University of Sheffield, United Kingdom are the presenters of the closing plenary session.

Speaker bios and complete session details

Also included in the scientific program will be the return of the *Cutting Edge Research* plenary session. This session will highlight some of the high quality research of members of the ISOQOL community. Some of the top rated abstracts submitted during ISOQOL's call for oral and poster abstracts will be selected to be featured at this plenary session. Speakers will be announced following abstract selection in June.



Nick Black, MD



John Brazier, PhD



Laurie Burke,
MPH



David Cella, PhD



Maarten de Wit,
PhD



Lori Frank, PhD



John Kirwan, BSc
MD FRCP



Ulrike Ravens-
Sieberer, MPH



Carol D. Ryff, PhD

21ST ANNUAL CONFERENCE SUBMISSION DEADLINE IS THIS FRIDAY

Abstract submission closes **Friday, 18 April** at 11:59 pm CST.

The 21st Annual Conference Scientific Program Committee is now accepting abstracts for oral and poster presentations at the 2014 Annual Conference. Visit the **Abstract Submission Page** of the ISOQOL website for submission instructions and a link to the online abstract submission system.

The speakers for the *Cutting Edge Research* plenary session will be selected during oral and poster abstract evaluation. This plenary will feature some of the highly ranked, innovative research from ISOQOL abstract submissions. All oral and poster abstract submissions are eligible for selection, but you will be able to opt out of selection during submission.

All abstracts will be peer reviewed and notifications will be e-mailed to all submitting authors in June.



ANNUAL CONFERENCE TRAVEL SCHOLARSHIPS

DEVELOPING COUNTRIES SCHOLARSHIP AND STUDENT AND NEW INVESTIGATOR SCHOLARSHIP

ISOQOL is pleased to announce that scholarships up to \$3,000 USD will be awarded to selected applicants to help defray costs associated with travel to the Annual Conference. Eligible applicants must be current ISOQOL members. Scholarships are available for members in the early stages of their careers and/or members from developing countries; [List of Eligible Countries](#). Members who meet eligibility requirements can apply for both scholarships.

The ISOQOL Scholarship Program provides members access to the educational content of the annual conference, and also provides the opportunity to meet with their peers and establish research contacts. Applications must be received by **Friday, 30 May**, and notifications will be sent by the end of June. [Scholarship Application](#)



CALL FOR ABSTRACT REVIEWERS- ORAL AND POSTER PRESENTATIONS

Abstract Reviewers serve a vital role in the scientific program planning by ensuring the quality of the educational content presented at the Annual Conference. Serving as an Abstract Reviewer provides an excellent way to support ISOQOL. Time commitment is low, but the impact is high!

Abstract review begins on 4 May, and will take place through 23 May. Abstract review is 100% electronic and all rankings will be submitted online. Contact the ISOQOL Executive Office at info@isoqol.org for more information or to volunteer to serve. Abstract reviewers must be current ISOQOL members.



INVITE A COLLEAGUE TO ATTEND THE 21ST ANNUAL CONFERENCE

The Scientific Program Committee encourages you to invite your colleagues that do not typically attend ISOQOL to join us in Berlin. Download the first announcement flyer to distribute to a friend.

First Announcement with Plenary Speakers: <http://www.isoqol.org/UserFiles/FirstAnnouncement-April.pdf>



ISOQOL AWARDS

By: Rebecca Brandt, CAE, Executive Director, ISOQOL

EMERGING LEADER AWARD IN HONOR OF DONNA LAMPING, PHD

With the passing of Past President Donna Lamping, PhD in 2011, the Board of Directors agreed to establish an award for emerging leaders within ISOQOL and the field of health-related quality of life research. Donna spent much of her career mentoring young researchers, and by creating this award, ISOQOL hopes to honor her legacy. Special recognition goes to Neil Aaronson and Madeleine King for leading the process of designing this award.

The award nominee must be a current member of ISOQOL and have been active on an ISOQOL committee, SIG or working group for at least 2 years, having shown exceptional leadership skills and potential. Individuals must be within 10 years of completing a PhD (or equivalent), MD or Masters Degree. Current and past ISOQOL board members are ineligible. Self-nominations are ac-

cepted. Full information regarding the application process can be found on www.isoqol.org.

PRESIDENT'S AWARD

The goal of this award is to recognize outstanding contributions (by an individual or group) to the advancement of the quality of life field in one or more of the following areas: "education of professionals, patients or lay individuals about the value of quality of life assessment as related to health"; "promotion or execution of quality of life research or other scholarly activities"; and "facilitating or furthering policy initiatives that impact upon health-related quality of life." The winner may be given the opportunity to give a 20-minute plenary during the Annual Meeting.

Please submit your nomination package consisting of a letter from the nominator specifying the nominee's contributions, the curriculum vitae of the nominee, and an external support letter.

The award will be selected by the ISOQOL Executive Committee and approved by the Board of Directors. The award will consist of a plaque, a \$1,000 US honorarium and up to \$1,000 US in travel expenses if the recipient plans to attend the Annual Conference.

Make sure to read the full description and criteria for the awards at www.isoqol.org by clicking on "awards" on the left side of the homepage.

Please send your nomination package for either award to:
President's Award/Emerging Leader Award

ISOQOL Executive Office
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info@isoqol.org)

