



International Society for Quality of Life Research

Volume 5 Issue 1

Newsletter for ISOQOL Members

February 2000

PRESIDENT'S MESSAGE

Dr. Sharon Wood-Dauphinee

Greetings from snowy Montreal. We are already two months into the new Millennium. It seems like only yesterday that we were enjoying Barcelona where it was much warmer. Perhaps time passes so quickly because, as you will see in this newsletter, we have been extremely busy.

Under the leadership of Rick Berzon and with the teaching abilities of several Board members and others, we have just given a highly successful methods workshop in Virginia. Plans are also well under way for our 7th Annual Conference to be held in Vancouver, Canada October 29-31, 2000. You can expect an announcement and call for abstracts in the near future. Diane Fairclough, Carol Moinpour and David Osoba are chairing the Scientific Committee.

Last month, several societies with foci somehow related to those of ISOQOL met to consider topics of mutual interest. Issues such as sharing resources and collaborative efforts were discussed. Ivan Barofsky, ISOQOL President-Elect and George Degnon, ISOQOL Executive Director, represented us at this meeting. Ivan has also moved forward on his proposal for ISOQOL to be involved in three events yearly—one in North America, one in Europe and the third in another continent. To facilitate this proposal, Guidelines for Symposia/Workshops are being prepared. Other guidelines related to long term planning are also in the works. Even the Mission Statement is being elaborated. The Board has planned a mid-year meeting to be held in Baltimore in April and so the new documents can be polished at that meeting prior to circulation to the membership.

As you are aware, this is the ISOQOL voting season and information is provided in this Newsletter. Every vote is important so make your preference get counted by voting in a timely fashion. Also start thinking about an abstract for Vancouver. Like our other conference locations, Vancouver is a beautiful and interesting city. I am not biased—of course.

EDITOR'S COLUMN

Dr. Mirjam Sprangers

The first ISOQOL Newsletter appeared in April, 1995 and was edited by Eva Lydick, ISOQOL's first Communications Chairperson. Her task was subsequently taken over by Geraldine Padilla. Under their guidance, two to three Newsletters a year have been released. They have succeeded in making the newsletters informative, reliable, and increasingly attractive. They deserve special thanks for all their efforts and time.

As the new Communications Chairperson, I will take on the editorial task of the Newsletter. Diane Fairclough continues to take care of ISOQOL's Web Site. We are both eminently helped by Laura Degnon, member of Degnon Associates (see Newsletter 1999; 4(3):1-2), who is managing the society in general, and its means of communication, in particular. The Newsletter Committee was installed previously to provide solicited and unsolicited advice. Its current members are Rao Pipalla, Carolyn Schwartz, Jane Scott-Lennox, and Suzanne Skevington. Their help will be invaluable in making the newsletter informative as well as enjoyable to read. We invite you to comment our work and to provide advise. For example, should you have a news-worthy item you would like

included in the newsletter, then please let us know.

This issue contains a host of interesting topics, including the message of the president, an account of the successful ISOQOL-sponsored workshops, procedures for policy initiatives, and information on the membership committee. Additionally, a brief overview is provided of the 6th annual conference of ISOQOL in Barcelona in terms of attendance, submitted and presented abstracts, and awardees. Since this conference was a major and uplifting event, a few members share their personal impressions and experiences with us. Finally, it is no secret that international quality of life research is dominated by North-American and North/Western European countries. We are happy that Drs. Novik and Ionova provide some background information on the state of the art of quality of life research in Russia. We wish you pleasant reading.

ISOQOL Conference October 29-31, 2000 Vancouver, Canada

- ~ Sunday: Workshops & Opening Reception
- ~ Monday & Tuesday: Invited Speakers, Papers & Posters

- March 24, 2000 ~ Call for abstracts (abstract submissions will be on-line: www.isoqol.org)
- May 31, 2000 ~ Abstracts due
- July 14, 2000 ~ Notifications sent about abstracts
- August 18, 2000 ~ Early registration deadline

(ISOQOL members will automatically receive the call for abstracts announcement and registration material.)

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ISOQOL WORKSHOPS A RESOUNDING SUCCESS

*Dr. Rick Berzon, Chairperson, ISOQOL
Education Committee*

The first ISOQOL-sponsored series of seminars in state-of-the-art research methods were held at the Ritz-Carlton Hotel in Tysons Corner, Virginia (outside Washington, DC) from 10-11 January. The outcome measures we employed to evaluate the program—attendee informal comments, evaluation forms and net revenue—indicate that the workshops were an unqualified success. The venue at which the meeting occurred improved the quality of life of everyone who was present. The purpose of the workshops was to help those in the research community, private industry, policymakers, payors and statisticians better understand HRQL measurement and interpretation of these types of self-report data. Boehringer Ingelheim Pharmaceuticals provided a generous unrestricted educational grant to help offset meeting costs.

Approximately 72 persons attended the two-day event, which consisted of two tracks. Track I included presentations by Diane Fairclough and Jeff Sloan, and consisted of the following topics: analysis of longitudinal studies with missing data; summary measures and other methods for multidimensional and repeated QOL measures; and imputation for non-randomly missing QOL data in longitudinal studies. Track II included presentations by Ron Hays, David Cella, Ivan Barofsky, Jane Scott-Lennox, Dennis Revicki, Rick Lennox, Albert Wu, and William Lenderking. Topics included: HRQL instrument development and psychometric evaluation; conceptualization and refinement of QOL instruments; advanced psychometrics; and identifying meaningful change in QOL assessments.

The remark made to me by Marcia Valenstein, MD, of the University of Michigan in Ann Arbor, MI says it all: “ISOQOL did a very nice job with these workshops. So many workshops don’t deliver; these did. The meetings were very useful to me.”

During the sessions, many attendees expressed a desire for ISOQOL to hold these workshops again this year. I would like to hear from the membership on this point; our plan at the present time is to hold methods seminars and workshops at our next annual meeting, to be held in Vancouver, British Columbia, Canada in late October. If there is an overwhelming desire on the part of the membership to hold a third set of workshops, we—the Education Committee—will consider this request. Incidentally, if you are interested in serving on this standing ISOQOL Committee, please contact the Executive Office.

It is our intent to hold these types of seminars and workshops in other countries throughout the world. Countries under consideration for 2001 include Argentina, Russia and Japan. If you are interested in having ISOQOL methods workshops held in your country, please contact Laura Degnon or me. We are on the lookout for countries in which to hold future annual conferences, as well.

QUALITY OF LIFE RE- SEARCH IN RUSSIA: THE STATE OF THE ART

Drs. A.A. Novik and T.I. Ionova, Russia

Quality of life research (QoL) is the new field in Russia. A few QoL studies have been conducted in Russia until recently. However there is the strong request of clinicians and health-care managers to implement the method of QoL research in Russia. Moreover as far as Russia is a large country with the regions with definite distinctions in demography, health status of population, differences in environmental conditions, areas of high morbidity developing of health status assessment and QoL research is worthwhile in Russia.

In order to provide QoL research in Russia according to international standards, to implement cross-cultural QoL questionnaires, to be involved in international QoL network it is of much importance to have the Center that could unite specialists interested in the method, coordinate QoL research

projects and provide educational programs. Such center “Multinational Quality of Life Research Center – MQOLRC” (President -Prof. A. Novik, MD, PhD, member of ISOQOL, ASCO, ASH, ESMO, EHA, Chairman - Dr. T. Ionova, Head of St. Petersburg QoL Study Group, ISQOLR member) was established after the first in Russia All-Russian QoL Research Conference (St. Petersburg, 15-16 May, 1999). Dr. D. Fairclough and Dr. P. Kind made keynote presentations at the conference. The participants of the conference representing different Russian cities were inspired by the activity of international QoL research network and as their initiative the Center was created.

At present MQOLRC unites clinicians, researchers, psychologists, social workers of North-West Russia, Siberia and Central Russia interested in QoL research. The Minister of Health of Russia, health-care authorities and governmental structures supports the activity of MQOLRC. It intends to work in close cooperation with ISOQOL to share the experience of QoL research in different fields of medicine and to spread the concept and methodology of QoL in Russia. The main objectives of the Center are as follows:

1) *To develop and coordinate national programs on QoL research in different fields of medicine: Oncology, Hematology, Cardiology, Pulmonology, Gastroenterology, Hepatology, Rheumatology, Neurology, Pediatrics, Dermatology, Transplantology, Palliative care. The Center also intends to provide pharmaco-economic analysis and epidemiologic QoL research. It will be much desirable to have ISOQOL experts as resource persons in each field.*

2) *To provide language and cultural adaptation of QoL questionnaires as well as to conduct their validation. At present the special MQOLRC Unit participates in adaptation and validation of a number of QoL questionnaires. It is desirable to establish the close links with ISOQOL members to coordinate the work.*

3) *To conduct joint QoL research projects in medicine and epidemiologic*

studies.

4) *To conduct educational programs (conferences, training courses, workshops etc.) on QoL research for Russian specialists. The second All-Russian QoL research conference will take place in St. Petersburg, 3-4 June 2000. It will be much desirable to arrange regional conferences of ISOQOL for Russia and the countries of the former Soviet Union with keynote lectures of ISOQOL experts, to provide local workshops with ISOQOL experts as facilitators.*

5) *To provide information support on QoL research state of art for Russian specialists. As the first step a book has recently been published, "Concept of Quality of Life Research in Medicine" by A. Novik, T. Ionova and P. Kind. The book is the first publication in Russia on modern state of art on quality of life (QoL) research in medicine. It summarizes international experience in the field as well as describes the results of QoL studies in Russia. The book consists of 8 chapters, introduction, conclusion and references with about 200 items in it. At the presentation of the book which took place on 16 November 1999 the idea of making joint book of Russian specialists and international QoL experts as well as the book itself was highly appreciated by the participants. It is much desirable to prepare joint booklets (with ISOQOL experts) for Russian doctors in Russia - summary of international experience of QoL research in above mentioned fields of medicine. MQOLRC Newsletter will be published 4 times a year. The first issue was printed in January 2000. It is much desirable to have information, brief reviews from ISOQOL members for MQOLRC Newsletter.*

6) *To establish QoL research network in Russia. It is desirable to have close cooperation with ISOQOL members to use international experience. MQOLRC hopes that close collaboration with International QoL Research networks and, in particular, with ISOQOL will promote QoL research in Russia. Implementation of the method in different Russian areas will be beneficial both for Russia and the international community.*

PROPOSED PROCEDURE FOR POLICY INITIATIVES

Dr. Ivan Barofsky, President-Elect

ISOQOL mission statement identifies three broad functions for the organization; Promotion of research in health-related quality of life, education of professionals and lay people about the opportunities that health-related quality of life assessment offers, and issuing of policy initiatives that are meant to influence decision making.

Policy initiatives ordinarily require the consensus of the members of the Society. The following is being proposed as the procedure whereby policy statements are processed.

First, all policy initiatives are screened by the executive committee of the Board and if agreed to, are sent to the full Board, or delegated committee of the Board, for review. They are to judge if the proposed statement is consistent with the principles of the Society and has sufficient scientific evidence to warrant declaring it as a reflection of the collective judgment of the members of the Society.

Second, the policy statement is to be posted on the Society web-site for a fixed period of time and members are to be alerted to the existence of the statement (i.e. via email, the Newsletter). After a 30-day period the executive committee of the Board is to review the comments of the members and if sufficient objection is raised return the policy statement for a second review by the full Board, or delegated committee of the Board. At this point the Board, or delegated committee of the Board, would ordinarily accept the policy statement as is, modify it, or decline to issue the statement. If the policy statement is modified then the modified statement is to be posted again on the web-site.

Third, this initiative relative to policy statements is to be followed for one year, after which the full Board will review its usefulness. If the policy remains in place then review of the procedure would ordinarily occur every two years.

MEMBERSHIP COMMITTEE

Dr. Jane Scott-Lennox, Chairperson, ISOQOL Membership Committee

As we launch into the new year, our society faces many exciting opportunities to expand both its membership and its activities. ISOQOL has an ever growing number of members and conference attendees, so that our current active membership is over 500. We expect this impressive growth trend to continue in the coming years, particularly because we are actively seeking new members for the society who share our interest in improving quality of life for people around the world.

A new membership brochure is scheduled to be available soon. If you know someone who you think would be interested in joining our society, in attending one of our conferences, or in receiving the ISOQOL newsletter or other membership information, please encourage them to visit our web site or contact the ISOQOL office so they can be placed on our mailing lists for conference and membership information.

Our society must make some important decisions about the growth we desire and how quickly we hope to grow so that the future conferences and other resources can be planned more effectively. For now, the membership committee will be convening as an e-mail network of members from countries around the world who have volunteered to help with the membership committee projects. Our first project for the year 2000 will be to establish the committee so that we can address membership-related issues prior to the next ISOQOL board meeting in late April. Some of the issues we will be addressing include clarification of membership categories, finalizing the membership brochure, establishing networks for disseminating meeting and membership information throughout the world, and clarifying membership goals for ISOQOL. If you would like to be a member of the membership committee, please contact me directly via e-mail at JAS-L@MINDSPRING.COM. Happy New Year and Happy New Millennium!!

ASSOCIATE EDITOR FOR QOL RESEARCH JOURNAL

Quality of Life Research (the Official Journal of the International Society for Quality of Life Research) is seeking an Associate Editor

The candidate for Associated Editor should have:

- A broad knowledge of the field of quality of life research and its applications in health care settings. Although the candidate is likely to be more knowledgeable in one area of the field than another, s/he should have sufficient familiarity with the broad field to make appropriate judgments and have meaningful dialogue with authors submitting manuscripts, with the editor-in-chief, and with the publisher.
- A strong commitment to the peer-review process for selection of manuscripts to be published, and a willingness to carry a caseload of manuscripts through from submission to final editorial decision. Editorial responsibilities include:
 - Identifying appropriate referees for submitted manuscripts
 - Evaluating the merits of manuscripts, based on both referee reports and her/his own judgment, and making final decisions regarding the disposition of those manuscripts.
 - Communicating effectively with authors, peer reviewers, other members of the editorial board, and the publisher (Kluwer Academic Publishers).
 - Day-to-day administrative work (i.e., preparing correspondence, tracking of manuscripts, etc.) is kept to a minimum. These tasks are carried out primarily by the central editorial office of the journal.
- A commitment to contributing to the planning of the future of the journal, considering innovative ideas and to fostering the growth of the journal, both in content and readership.
- Previous experience with comparable editorial activities is desirable, but not required.

Interested individuals should submit a curriculum vitae and a brief letter indicating her/his specific areas of interest and expertise to:

Neil K. Aaronson, PhD, Editor-in-Chief,
Quality of Life Research, Division of
Psychosocial Research and Epidemiology,
The Netherlands Cancer Institute,
Plesmanlaan 121, 1066 CX Amsterdam,
The Netherlands: Telephone: 31-20-512-
2481; Telefax: 31-20-512-2322;
Email: naaron@nki.nl

The deadline for submission of applications is March 31, 2000.

OVERVIEW OF ISOQOL'S 6TH ANNUAL CONFERENCE

Dr. Jordi Alonso, Chairperson, Organizing Committee

There were a total number of 566 participants from around the world: Spain, United States, United Kingdom, France, The Netherlands, Germany, Norway, Italy, Canada, Finland, Lithuania, Turkey, United Arab Emirates, Uruguay, Cuba, Colombia and Zimbabwe.

As usual, the 6 Annual Conference included Oral and Poster sessions, in which the best communications were presented. This year, the abstracts received by the conference achieved the record figure of 503. A total of 434 (86%) were finally selected for presentation in the 6 Annual Conference, of which 154 were selected for oral presentations and the remaining, 280, for poster presentations.

Accepted abstracts came from 32 different countries, the majority from Europe, followed by North America and Asia, including countries such as Argentina, Iran, Malaysia, Mexico, Romania, United Arab Emirates or Zimbabwe. Among the first three countries with more presentations appeared the United States, Spain and the United Kingdom. Other countries with a high frequency of presentation were The Netherlands, France, Germany, Italy, Canada, Sweden and Norway. This pattern was reflected in the total of abstracts submitted by each country.

In relation with the most frequent topics of accepted abstracts, 'Oncology' was the most frequent clinical area, as it was the main topic for 49 (12,3%) presentations. Next was 'Psychiatric Disorders/ Substance Abuse' with 28 (7%), followed by the 27 abstracts (6'8%) of 'Cardiovascular Disease'.

"Spanish Meeting: I Reunión Española de Calidad de Vida Relacionada con la Salud" was held the day before the 6 Annual Conference began and involved about 140 participants.

Another satellite symposium, on health-related quality of life regulatory issues, took place before the 6 Annual Conference, in which the proposals of ISOQOL and other organizations were exposed. These proposals are being elaborated so that the American FDA and the Drug European Agency require a rigorous evaluation of Quality of Life in the evaluation process of drugs and other treatments. Different expert groups are currently working on writing these guidelines that could be converted to a handbook to help regulatory authorities to judge evidences about impact of treatments in Quality of Life not only quicker, but also better.

The Young Investigator Award was for **Joke Korevaar**, MSc, from the Department of Clinical Epidemiology and Biostatistics, Academic Medical Centre of Amsterdam, the Netherlands, for her oral communication '*Changes in Quality of Life after the First Three Months of Chronic Dialysis Treatment: the Necosad-2 Study*' (Qual Life Res 1999; 8(7): 592).

Three Best Poster Presentations were awarded. The first award was for **Nutjaree Pratheepawanit**, PharmD, from the Medicines Research Unit, Welsh School of Pharmacy, United Kingdom, for her poster presentation '*Health-related Quality of Life Assessment in Practice*' (Qual Life Res 1999; 8(7): 644). The second award was for **Nerea González**, RF, from the Unidad de Investigación, Hospital de Galdakao, Spain, for the poster presentation '*Use of the SF-36 in Different Clinical Prob-*

lems' Qual Life Res 1999; 8(7): 591. And the third award was for **Sylvia Jansen**, MA, from the Department of Medical Decision Making, Leiden University Medical Center, The Netherlands, for her poster presentation '*Unstable Preferences: a Shift in Valuation or an Effect of the Elicitation Procedure?*' Qual Life Res 1999; 8(7): 590

The next three articles are from ISOQOL members who share their reflections of the 6th Annual Conference in Barcelona, Spain.

Dr. Suzanne Skevington, Professor of Psychology, Univ. of Bath, UK

The glitzy shops and shine of steel and neon mesmerise you as you step into the stunning new airport concourse in Barcelona. It acts as a great energy boost to weary jet age travellers crossing the world in the hope of enhancing their quality of life, in what is coming to be known as conference tourism. It exudes the high octane atmosphere of an invigorating place to be and do. This was the start to the 6th Annual ISOQOL meeting and by consensus, probably the best yet. Jordi Alonso proved to be superman (as some of us had already suspected) in his various roles as host, diplomat, counsellor, improviser and director, ably supported and abetted by John Brazier and their team.

As I checked in, the punters were already cramming into their air-conditioned bunkers in the Hotel Barcelona Sants, to listen to a pre-conference satellite symposium outlining the role of the European Agency for the Evaluation of Medical products. It is not clear whether this is good news or bad, but there is still remarkably little agreement about which measures of health related quality of life are the best, despite the publication of thousands of papers published on the subject.

Measurement was the conference theme, with Rasch modelling flavour of the year. My numerical indigestion on this front was relieved by David Cella, who provided the most lucid user

friendly account I have been privileged to hear, designed to persuade the non cognoscenti to at least try it. But there were also high quality technical debates going on in other less sexy areas; measuring responsiveness from Terwee and her Dutch colleagues and analysing different types of measurement change from Robert Brook.

As a soothing counterpoise to this number crunching, we had the heady sight of Alan Williams and Donald Patrick in glorious tandem, but not quite pushing the policy pedals at the same time. Williams' imperatives were loud and clear, as an opinion leader in the NHS - it is no longer sufficient to show that an intervention does some good but it must do better than any rival claim to those resources. Both agreed about accountability in social decision making and are concerned in different ways about transparency in demonstrating fairness and justice. However the best methodology for achieving this is still a contentious issue. As elsewhere, dissolving the disciplinary boundaries is hard work in quality of life research, but at least there is the will to try. In another arena, the debate turned to the users as a third theme of plenary ideas. Why is it that doctors do not use quality of life scales, asked Alan Hutchinson, in providing the answer through a long list of reasons and impedimenta.

As someone who attended the first ISOQOL meeting in Brussels, it feels as though we have come a long way both academically and as a society. We are now more confident in our identity as an organisation and what we want from a meeting and this has helped to shape and expand our happy, energetic constituency. My memory of Brussels is of a long string of quantitative papers, detailing alphas and kappas of favourite instruments but few ideas in sight. We now feel able to openly question our direction and approach. While highly rigorous technical work will continue to be the backbone of our endeavours, at other levels there is now more than a nod towards theory on the one hand and the measurement of individuality at another. Sonya Hunt had her audience

laughing at her clever, vivid examples but the message was serious: it is time to reclaim the individual and best to do this through careful qualitative methods. Has positivist reductionism really had its day?

I brought home warm and stimulating impressions of a fast moving field, together with indelible images of the Sagrada Familia on a clear sunny November day. Quality of life was very good for a few days and we shall be back....

Dr. Bill Lenderking, Abt Associates, Cambridge, MA, USA

The unfinished cathedral, the Sagrada Familia, rises high above the surrounding Barcelona skyline, representing both creative vision and the determined work of many artisans. This incredible building, and the many other architectural, culinary, and artistic delights of Barcelona formed the backdrop for what was a very successful ISOQOL meeting. Perhaps it would not be straining credulity too much to draw a metaphorical similarity between ISOQOL itself and the cathedral.

ISOQOL and creative vision...as illuminated by the career of Rachel Rosser, which was summarized so eloquently by Paul Kind. Creative vision was reflected at ISOQOL in many other ways, such as by those who are working to develop new approaches to instrument development and psychometric analysis, or by the efforts to have standards for quality of life studies be accepted by the FDA, or by the plenary addresses by Drs. Williams, Patrick, Osoba, and Hutchinson, outlining the application of QOL data to social problems, analyzing the current state-of-the-art, and providing recommendations for moving the field forward.

Determined work of many artisans...as reflected in the efforts of so many contributors and presenters, whose contributions this year reflect an ever-increasing standard for quality and originality. Abstracts were submitted in four primary areas: disease-specific issues,

QOL in special populations, QOL in different research settings, and methodological and theoretical topics in QOL. The poster sessions were bustling, well attended, and very diverse. It was impossible at this meeting to take all of the posters in; I found myself narrowing my explorations to posters related to methods and specific diseases. The oral sessions covered a wide range. I was gratified to see work presented by seasoned investigators and students alike. Our society will only remain strong when the leaders of the field continue to remain involved, and when new students and investigators continue to join and contribute.

Unfinished...The cathedral for all its splendor is still lacking a roof over the central transept. And so in many respects is the work of our field incomplete. There were many insights expressed, pointing our way forward. But I think we can say that our structure is still incomplete; incomplete until general practitioners routinely use QOL assessment in clinical practice, incomplete until FDA and international regulatory bodies have proceeded further in establishing guidelines which are widely used, incomplete until important scientific issues are better understood, for example, the effect of adaptation to a clinical condition on responses over time. The scientific work of a vibrant field always remains unfinished to some extent; our challenges lie in both the science and the application of our science to medical care and health policy.

Like the Sagrada Familia, the work of our society remains unfinished, but the creative vision and hard work of its members which was so evident at the 6th Annual Conference in Barcelona will sustain its continued growth and development. I am looking forward to Vancouver!

Dr. Carol M. Moinpour, Behavioral Scientist, Southwest Oncology Group Statistical Center, Seattle, Washington, USA

ISOQOL Conference Chairs, Jordi Alonso and John Brazier are to be con-

gratulated for hosting a very successful conference for the International Society for Quality of Life Research. I have been fortunate enough to attend four of the six ISOQOL meetings, and have found each to be a positive and productive use of my time. I am the lone behavioral scientist at the Statistical Center for a cancer clinical trials organization in the United States. Attending ISOQOL and immersing myself in quality of life (QOL) research for several days is "wretched excess" of the best kind. There is particular value in bringing together the perspectives of scientists from a wide range of disciplines when we address QOL research issues. Finally, reconnecting with international colleagues and friends is a real plus of these meetings and one of the benefits of ISOQOL membership.

The Plenary Session presentations on the first day were stimulating. Dr. Osoba provided a helpful overview of how QOL data have contributed to the evaluation of treatments in clinical trials. I was reminded of several requests in the early 90's to identify QOL findings that made a difference in the interpretation of clinical trials results. At that point in time, my only candidate was the Sugarbaker et al. trial, with which our new President was associated. The examples are increasing as we improve our assessment and statistical techniques.

The parallel invited sessions produced the usual frustrations of having to make a choice. I chose Dr. Jones's excellent session on clinical interpretation of change in QOL scores because this is the question I am asked most frequently in my work. This session was particularly informative because of the good mix of a stimulating presentation and insightful questions from the floor. Of course, I then had to miss Dr. Hunt, who is always provocative. The good selection of oral sessions kept me occupied for two days.

Then there was my first visit to Barcelona. I must admit to being completely taken with this wonderful city. My husband and I were quite captivated

with Gaudí's architecture and did our best to seek out as many examples as we could. We stayed much longer in the whimsical Parc Güell than we expected and Sagrada Familia was extremely moving. I have a calendar of Gaudí's architecture in my office and it provides a reminder of our meandering in Barcelona.

We took an excellent tour on Sat. morning arranged by the local organizing committee. The conference hotel was conveniently located due to the train and subway stations underneath us. Hotel personnel were extremely helpful and friendly. Many thanks again to Drs. Alonso and Brazier, to the Organizing Committees (both local and international), and to the Scientific Committee for providing an intellectually stimulating and socially pleasurable experience at ISOQOL Barcelona, 1999.

Pan Pacific Meeting
of ISOQOL
April 13, 14, and 15, 2001
Tokyo, Japan
For more information contact:
Shunichi Fukuhara, MD at
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Large Pharmaceutical Company is offering a career position as a Manager/Assistant Director outcomes research. In order to qualify must have outcomes research experience within the pharmaceutical industry of 1 to 5 years, clinical experience, quality of life studies and pharmaco-economics (clinical side). Qualified persons only, email CV to: adevillier@mri-boston.com

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