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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 in-
strument 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%;
rage, 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 character-
ize 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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