psycho-oncology service within a large academic medical center. Questionnaires included the Brief Resilience Scale (BRS), The NCCN Distress Thermometer, and a demographic form. RESULTS: Analysis revealed a significant, negative correlation between perceived resilience and reported distress, $r = -0.40$, $p < 0.01$, and perceived resilience and number of reported problems, $r = -0.33$, $p < 0.01$. CONCLUSIONS: Patients' perceived resilience may serve as a protective factor against distress in physical, practical, and emotional domains.

Research Implications: Future research in this area may assess the impact of psychosocial interventions to foster the development of resilience and measure the effects of improved resilience on psychosocial distress.

Practice Implications: Clinicians may focus on interventions to build resilience with patients reporting heightened distress.

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Translation and Validation of a Quality of Life and Needs Assessment Tool: The Cancer Rehabilitation Evaluation System and Its Short Form

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BACKGROUND/PURPOSE: Patient centeredness is an important aspect of quality care. The use of patient-reported outcome (PRO) tools to stimulate communication and patient involvement is encouraged. The Cancer Rehabilitation Evaluation System (CARES), a quality of life (QOL) and needs assessment tool, was translated and validated for use in the Dutch speaking part of Belgium. Psychometric properties of the full and short versions were examined. METHODS: Data were collected with questions on socio-demographic characteristics, the CARES and six concurrent measures in a first questionnaire. The CARES contains 139 problem statements (min.93-max.132 applicable per person) with a 5-point-Likert scale to obtain a QOL-rating and for each item the question 'Do you want help?' Five summary scores and a CARES Total can be computed. After 2 weeks the CARES was completed a second time. The CARES-Short Form contains 59 items. RESULTS: Data of 176 patients with divers cancer diagnosis were eligible for analysis. For both the long and short version internal consistency ratings of the summary scales and CARES Total were high (0.72–0.96). Test–retest correlations ranged from 0.70 to 0.91. Correlations with concurrent

measures were moderate to high (0.42–0.73). With principal component analysis the original factor solution was approximately replicated. CONCLUSIONS: The Flemish translations of the CARES and the CARES Short Form have excellent psychometric properties. Reliability and validity ratings are in the same range as in the original American instrument.

Research Implications: The CARES is a valuable PRO-tool for research in cancer patient populations, since it gives the opportunity to measure patients well-being in the physical, psychosocial, marital and sexual domains of life and on the topic of medical interaction. This study as well proves the reliability and validity of the instrument.

Practice Implications: If for implementation in clinical practice a shorter instrument is needed, the CARES Short Form is a good alternative for the full version. The psychometric qualities are equally robust.

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One Single Help Question versus Differentiated Needs Assessment and Their Potential Value for Quality Cancer Care

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BACKGROUND/PURPOSE: To improve quality of cancer care, screening for distress and supportive care needs is recommended. In the clinical field, screening is preferred to be short to be easy implementable in the busy everyday practice. In this study data obtained with 'one single help-question' is compared to the results of more extensive and differentiated needs assessment. METHODS: Three instruments were used to collect data from 176 adult oncology patients: (1) The Distress Thermometer (DT) joint with one single help-question, (2) the Care Needs Questionnaire (CNQ) posing help questions for eight distinguishable domains of life, and the Cancer Rehabilitation Evaluation System (CARES) with a help-question following each individual problem statement. RESULTS: On average, participants were 50.54 years of age ($SD = 7.21$), female (69.20%) and in a relationship (87.20%). On the single help-question 59.10% answered 'no', 31.30% 'maybe' and 7.4% 'yes'. From the 59.10% participants answering 'no', a fairly large group indicates they are in need in the differentiated needs assessment. On the several life domains presented in the CNQ 6.7–26.0% indicates to have care needs to a greater or lesser extent. As well in the needs assessment of the CARES 1–17.5% of them indicates