**Table 1** Characteristics of the 56 patients who participated in the linguistic validation

| Age, mean (range, years) | 60 (25–79) |
|---|---|
| Gender | N (%) |
| Female | 28 (50) |
| Male | 28 (50) |
| Disease site | |
| Prostate | 8 (14) |
| Head and neck | 8 (14) |
| Lung | 8 (14) |
| Breast | 8 (14) |
| Gynecological | 8 (14) |
| Gastrointestinal | 8 (14) |
| Hematological | 8 (14) |
| Current disease status | |
| Localized | 13 (23) |
| Advanced or metastatic | 43 (77) |
| Highest attained education | |
| Basic school | 6 (11) |
| High school | 3 (5) |
| Vocational education | 15 (27) |
| Higher education, 2 years | 3 (5) |
| Higher education, 3–4 years | 22 (39) |
| Higher education, ≥ 5 years | 7 (13) |
| Employment status | |
| Student | 3 (5) |
| Working full time | 17 (30) |
| Working part time | 8 (14) |
| Unemployed | 2 (4) |
| Retired | 26 (46) |
| Marital status | |
| Single | 10 (18) |
| Married or cohabiting | 38 (68) |
| Widowed | 4 (7) |
| Divorced or separated | 4 (7) |

examined in two successive rounds of semi-structured cognitive interviews with 56 patients equally distributed by gender and cancer site (prostate, head and neck, lung, breast, gynecological, gastrointestinal and hematological cancer); all were currently undergoing cancer treatment (Table 1). RESULTS: In the translation of PRO-CTCAE into Danish, no substantial differences were observed between the two translators in the forward or in the backward translation. In the first round of linguistic validation ($n = 42$), the phrasing of five symptom terms was adjusted, and the refined phrasing was tested in a second round of interviews ($n = 14$). For these five symptom terms, consensus around phrasing that was both culturally acceptable and semantically comprehensible was achieved in the second round of interviewing. Across the two rounds, statements from participants describing the meaning of the PRO-CTCAE terms support the conceptual equivalency to the English version. CONCLUSIONS: The availability of the NCI PRO-CTCAE in languages other than English will support international congruence in self-reporting of side effects of cancer treatment. A rigorous methodology was used to develop and test a Danish language version of PRO-CTCAE; results provide support for the use of PRO-CTCAE in cancer clinical trials that include Danish speakers.

### (2049) Improving the reporting quality of instrument cross-cultural adaption: the IRICA statement

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AIMS: Reporting quality is vital for the researchers and physicians to prepare the paper and assess the scientific properties for translated instruments. The article aims to propose the preferred reporting items for instrument cross-cultural adaption. METHODS: Abiding by the guidance recommended by the Enhancing the quality and transparency of health research (EQUATOR) Network, we identified the need for a guideline, performed a literature review, obtained funding for the guideline initiative and identified participants. RESULTS: A comprehensive literature search were performed in PubMed, IEEE Xplore, and A catalogue of reporting guidelines for health research in EQUATOR Network, we found few studies focused on the reporting items for instrument cross-cultural adaptation. With the same literature search strategy, two independent researchers and one coordinator extracted the study information with a standardized survey form. Excluding 1532 articles, the study group included 19 instrument translate research guidelines and 30 high quality reviews for preliminary item pool establishment, and formed a 70 items checklist. After three waves of focus groups discussion (July and August 2014, February 2015, Guangzhou), a checklist draft about the preferred reporting items for instrument cross-cultural adaption was put forward, which contains 25 items subheadings under 6 topics: title and structured abstract are subheading under 'Title and Abstract', rationale and objective are subheading under 'Instruction', Authorization, Participants Criteria, Forward Translations, Forward Synthesis, Backward Translations, Backward Synthesis, Experts Qualitative Review, Pilot Testing, International Harmonization, Field Testing, Statistical methods are subheading under 'Methods', Participants, Series Instruments, Main results, Other analyses are subheading under 'Results', Summary of evidence, Comparison of evidence, Limitations, Final Permission, Clinical attentions, Conclusions are subheading under 'Discussion', Appendix, Funding are subheading under 'Other information'. Now, the online survey systems were established for worldwide Delphi exercise, and the expert information from the International Society for Quality of Life Research (ISOQOL) Translation & Cultural Adaptation Special Interest Group, The Cochrane Collaboration Patient-Reported Outcomes Methods Group, et al., were identified for further Delphi survey. CONCLUSIONS: The preferred reporting items assist researchers to report their results more accurately and evaluate the quality of research methods. The international Delphi survey is ongoing and a more strict preferred reporting checklist was expected

### (2051) Chinese–English language equivalence of the short form 12-item health survey

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AIMS: The Short Form 12-item health survey (SF-12) was originally developed in English, which is also available in Hong Kong (HK) Chinese. While both language versions had their measurement properties well assessed in their respective populations, their equivalence in scores has not been examined. Therefore, we aimed to assess the language equivalence of the English and HK Chinese versions of the SF-12. METHODS: We conducted a cross-sectional study on individuals aged 18 years or above in a university campus via both an online platform and papers. Those who were bilingual in English and Chinese were randomly assigned to self-complete either