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**Aim:** The scope of this study was to develop an electronic PRO tool to systematically assess and, possibly, to reduce, the burden of radiation therapy side events on prostate cancer patients' quality of life both during the treatment and the follow-up.

**Materials and Methods:** To materialize such an electronic PRO tool, we proceeded with a four-step process. In the first step a comprehensive literature search was conducted to review the existing items from dedicated QoL questionnaires already validated in literature. The second part was to generate a set of adequate questions and answers for the patients with the help of a dedicated psycho-oncologist. The further step was to identify a reliable scale to report adverse events which was linked to the number of possible responses to each item included. The last phase was to implement a user-friendly interface with the help of graphic experts for patients including all the items previously organized.

**Results:** Our results need to be evaluated in the light of a wider project called VALEO+® thought to provide patients and their caregivers with multiple applications to help them copy the entire radiation therapy process. We performed a literature research to collect the existing items from dedicated QoL questionnaires already validated and we displayed a complete list of all the most relevant items (Figure1). Subsequently, a list of questions and answers, that recalled the CTCAE v4.03 scale of toxicity was elaborated. We developed an innovative and comprehensive list of items for prostate cancer patients receiving radiotherapy, either as single modality or after surgery, whose main feature is to link the PROs obtained from patients to a well-established scale of toxicity.

**Conclusion:** The final validation of this conceptually innovative tool should allow to overcome the differences present in literature and to help both patients and physicians to reduce, and possibly prevent, side effects during and after radiotherapy with a potential improvement in terms of QoL.

Figure 1

