happen at home and those reported to physicians at the time of the subsequent course.

**Purpose** To set up a comprehensive tool for AE reporting by patients and to assess whether it leads to an improvement in patients’ quality of life.

**Materials and Methods** All consecutive patients treated in a day hospital oncological ward (digestive, thoracic, dermatological and haematology) over four courses of chemotherapy were included. A physician-patient logbook of 14 questions (rated from 1 = absence to 4 = strong) was completed daily during the first and third TIs. A global score was calculated for each course and compared to the results of QLQ-C30 forms.

**Results** Thirty-four patients were included, with a mean age of 59.9 and a male/female ratio of 1.3. A majority of metastatic diseases (67.6%) had a WHO performance status (PS) score of 0/1 (88.2%). Most frequent AEs during the first TI were eating disorders (1.72 ± 0.11) and pain (1.41 ± 0.08). The daily score progressively decreased over subsequent TIs. Mean global score was 1.51 ± 0.06 and 1.14 ± 0.06 after the first and third TI, respectively. The frequency of all side effects decreased between the first and third courses. Eating disorders (1.28 ± 0.10) and neuropathy (1.25 ± 0.08) were the most frequent AEs in the third TI. Results of QLQ-C30 forms showed an improvement of the quality of life between the first and fourth courses. Most important improvements concerned nausea/vomiting (respectively score 22.1 to 8.3) and loss of appetite (score 5.4 to 21.2).

**Conclusions** A better awareness of AEs of anti-cancer drugs may improve their management. The use of a logbook could be helpful, as its interpretation may be related to an improvement in the quality of life.

No conflict of interest.