therapies for managing palliative care patients with Opioid Induced Constipation (OIC). **METHODS:** The study was conducted by developing and administering a survey composed of a modified decision board and a WTP instrument to subjects recruited from the general public in Ontario, Canada (N = 401). The decision board described the state of OIC, therapeutic options and the outcomes and side effects associated with each option. Participants stated their therapeutic preference and those who preferred methylnaltrexone were subsequently presented with a WTP instrument which elicited the hypothetical amount of money they would be willing to pay out-of-pocket per week and as additional monthly insurance premium for the therapeutic option that included methylnaltrexone. Kruskal-Wallis test, Wilcoxon Rank-Sum test, chi-square tests and multiple linear regression analysis were performed to assess the influence of demographics and other variables on treatment preference and WTP. **RESULTS:** Majority of the participants (N = 241) chose the methylnaltrexone plus laxative regimen as their therapeutic preference (60% vs. 36%, 4% indifferent). Treatment preferences were found to be significantly different between age groups (p < 0.001) and education levels (p = 0.021). The mean WTP for out-of-pocket expenses per week was $163.42 with values ranging from $0 to $ 2308. The overall mean additional monthly premium was $8.65. Household income was a significant predictor of out of pocket amount (p < 0.05). Other demographic parameters did not have a significant impact on WTP. **CONCLUSIONS:** In this study population, which determined the maximum WTP for treatment of OIC, most participants were willing to pay to have methylnaltrexone added to conventional therapies. The WTP values need to be further incorporated in a formal cost benefit analysis.

PCN92

VALUE OF ALOPECIA FOR LUNG CANCER PATIENT TREATED BY SECOND LINE CHEMOTHERAPY: A WILLINGNESS TO PAY STUDY

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OBJECTIVES: quality of life (QOL) is an important outcome in lung patient (LC) treated by chemotherapy. Alopecia may be an important part of this QOL but in fact very few data's are availablethe aim of this study is to assess, in patients treated by chemotherapy, the impact of alopecia. **METHODS:** This prospective, single centre study, use a willingness to pay method. Advanced LC patients were asked first to assess the impact of alopecia in second line chemotherapy setting from an analogical visual scale (from 0: no impact to 10 major impact); then they participated, in a face to face interview, at the presentation of a hypothetical scenario giving the choice between 2 chemotherapies with the same efficacy, the same pattern of administration (every 3 weeks, in day care hospital) and the same tolerability except for the risk of alopecia : 5% for the product A and 40% for the product B and were asked for their willingness to pay for product A. **RESULTS:** Sixty-four patients had been enrolled (59%, age : 60,8 ± 10,3 y, married 58%). In analogical visual scale, the impact of alopecia were assessed at 4,1 ± 3,4. Patients were willing to pay, for a 3-week chemotherapy cycle, a median amount of €130,4 ± 151.9 (median 62.5) to receive the product with the lower rate of alopecia. But 27 (42.2%) are not ready to

pay anything. The patients no willing to pay are more often men (p < 0.001), no married (p < 0,03), have low income (p < 0,001) and hairless before treatment (p < 0.001). Correlation between the results of the analogical visual scale and the willingness to pay is good. **CONCLUSIONS:** a limit of this study is the context of the French health system (universal health coverage) with no payment by the patient for chemotherapy treatment than the scenario tested is really hypothetical and may under or over estimated the real willingness to pay of the participants. Prospective international studies are needed to confirm these preliminaries results.

PCN93

THE IMPACT OF A COST ATTRIBUTE ON PREFERENCES

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OBJECTIVES: To assess the impact of a cost attribute on preferences for a surgical treatment, in particular Surgical Excision (SE) and Mohs Micrographic Surgery (MMS), to remove primary Basal Cell Carcinoma (BCC). **METHODS:** Six attributes (recurrence, re-excision, travel time, surgical time, waiting time surgical results, costs) and their levels were selected, based on results of a clinical trial, a cost-effectiveness study, a review and a focus group of patients who recently had received treatment for BCC. Two DCEs, one without (DCE_nocost) and one with a cost attribute (DCE_cost) were conducted among the general public. Outcomes of both DCEs were compared in terms of theoretical validity, relative importance of the attributes and the rank order of preferences. **RESULTS:** Except for travel time in DCE_nocost, respondents in both DCEs valued a surgical treatment with a lower level for all the selected attributes. Differences in ordering of attribute importance occurred with the attribute waiting time surgical results which was third in DCE_nocost and ended as last in DCE_cost. The incremental utility score for DCE_nocost was 1.497 while the incremental willingness to pay for DCE_cost amounted to € 847 in DCE_cost, both indicating a preference of MMS to SE. **CONCLUSIONS:** From a policy perspective, results show that the inclusion of a cost-variable does not change the rank order of preferences for a surgical treatment to remove BCC. However, the results of our comparison are specific to the clinical setting of primary BCC and the surgical procedures MMS and SE. Further research within different settings will be needed to confirm our findings.

CANCER—Health Care Use & Policy Studies

PCN94

COST-EFFECTIVENESS AND PREFERENCE FOR FOLLOW-UP SCENARIOS FOLLOWING BREAST CANCER

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OBJECTIVES: About one in every eight women in The Netherlands develops breast cancer. Every year, 11,000 new cases are registered and about 3500 women die of breast cancer. Prognosis after primary treatment for patients with breast cancer is improving. This leads to an increased number of patients in follow-up, which leads to increased workload. One of the main goals of follow-up is to improve the survival of patients. This study aims to determine a more individualized follow-up by modelling cost-effectiveness of various follow-up scenarios and by determining individual preferences by using a discrete choice experiment

(DCE). **METHODS:** A discrete-event state-transition model was developed to estimate the cost-effectiveness of all scenarios for all patient groups. In addition, a discrete choice experiment (DCE) was designed to establish patient preferences. The DCE incorporated three process attributes (duration of follow-up, frequency and type of consult) and data were collected in a sample of 125 breast cancer patients. Patients had to complete all 18 choice sets that were generated from the three attributes. **RESULTS:** The modelling study revealed recommendations for follow-up in different age categories. Patients younger than 40 and patients with unfavorable tumor characteristics (>3 lymph nodes, tumor size >2 cm) can benefit from a more intensive follow-up of five or possibly ten years. Patients older than 40 but younger than 70 years old sometimes benefit from a more intensive follow-up; e.g. when younger than 50 and tumor size >2 cm. The DCE, however, showed that patients chose maximum levels of follow-up independent from age and their individual clinical risk profile. Duration of follow-up and type of consult (either hospital visit or telephone) weighted approximately 0.43 and 0.50 respectively. The frequency of follow-up (either once or twice a year) was least important (0.07). **CONCLUSIONS:** The model showed that follow-up may be individualized according to risk profile and age. However, patients preferred long and intensive follow-up strategies after breast cancer treatment. Taking into account individual patient preferences it may be recommended to reduce the frequency of follow-up to once a year. The service delivery by nurse practioners is well appreciated and another means for improving cost-effective follow-up.

POLICY-MAKING FOR EXPENSIVE INNOVATIVE DRUGS IN FRANCE: ECONOMIC IMPACT AND INFLUENCE ON STAKEHOLDERS' BEHAVIOURS OF POTENTIAL DECISIONS ABOUT TAXANES

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OBJECTIVES: In France, expensive innovative drugs are paid by health insurance over and above per-case payments to hospitals. Health authorities and pharmaceutical companies set a ceiling price. Hospitals are encouraged to negotiate cheaper prices and receive bonus payments equal to half of the difference. We assessed the impact of policy decisions about Taxanes (Paclitaxel and Docetaxel) on the costs of breast cancer drugs, both for health insurance and hospitals, on the turnover of pharmaceutical companies and on the behaviours of these three stakeholders. **METHODS:** We conducted 1) a retrospective observational study to determine the resources allocated to chemotherapy drugs in an actual clinical setting, and 2) a prospective study simulating stakeholders' behaviours using clinical evaluations of Taxanes, results of French epidemiological and drug use studies and published drug prices. We assessed the impact of 1) decreasing the ceiling price of Paclitaxel by 50%, and 2) excluding Paclitaxel from the list of expensive innovative drugs. **RESULTS:** Baseline economic data for drug use in breast cancer are: €369 million expenditure for health insurance; €0.73 million savings for hospitals, especially because of the bonus payments; and €366 million turnover of pharmaceutical companies. Decreasing the ceiling price of Paclitaxel has an impact on hospitals who then might substitute Paclitaxel to Docetaxel, but the manufacturer of Docetaxel can get the market back by lowering actual price by 3%. The impact of excluding Paclitaxel from the list of expensive innovative drugs is small for health insurance but important for hospitals who may then substitute Docetaxel to Paclitaxel. This increases health insurance expenditures and health authorities must then

negotiate a lower ceiling price for Docetaxel. **CONCLUSIONS:** Our study shows that policy decisions modify stakeholders' behaviours, though not always as expected. This approach could be used in the future for studying other expensive innovative drugs.

ASSOCIATION BETWEEN RESPONDENT- AND PRACTICE-RELATED CHARACTERISTICS AND RADIATION ONCOLOGY STAFF-REPORTED BURDEN ON MUCOSITIS MANAGEMENT FOR HEAD AND NECK CANCER (HNC) PATIENTS

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OBJECTIVES: A web-based survey was designed to confirm time and activities associated with mucositis management for US-based radiation oncology staff treating HNC patients at different treatment stages. This study examined some of the respondent and practice characteristics that were observed to be associated with the mucositis management time. **METHODS:** Respondents completing the survey were required to be either licensed physicians (n = 50) treating at least 3 HNC patients per month or RNs (n = 51) actively practicing in a radiation oncology facility. The survey was designed after detailed interviews with four physicians and nurses to identify key activities associated with mucositis management. Time associated with each task was analyzed using descriptive statistics and summed to per-patient per-treatment level. Nonparametric tests (Wilcoxon, Spearman correlation) were used to explore the association between respondent and practice characteristics and mucositis management time by physician and nurse. **RESULTS:** Physicians and nurses reported spending a median of 5.7 and 9.0 hours per HNC patient, respectively, managing mucositis-related activities from planning to post-treatment. Female physicians reported spending more than male physicians (9.0 vs. 5.3 hours, p = 0.04), and non-Caucasian (predominantly Asian) physicians reported spending more time than Caucasian physicians (6.9 vs. 4.0 hours, p = 0.03). Further, physician-reported time was significantly associated with total number of all patients treated per month (r = 0.3, p = 0.04). Similar associations were not observed for nurse respondents. Respondents' years of practicing in radiation oncology, number of HNC patients treated per month, total number of HNC patients treated in previous two months, type of facility respondents practicing at (private vs. community-based), and facility HNC patient/clinician ratio were not associated with the mucositis management time reported by respondents. **CONCLUSIONS:** The amount of time spent managing mucositis-related activities for HNC patients receiving RT is substantial. Physician-reported time varied substantially by gender and race and was found to be associated with number of patients treated per month.

TREATMENT OF PATIENTS WITH METASTATIC BREAST CANCER (MBC) IN THE UK WHO PROGRESS ON TRASTUZUMAB AND HAVE PREVIOUSLY RECEIVED AN ANTHRACYCLINE AND A TAXANE: A NEED FOR EVIDENCE BASED THERAPIES?

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OBJECTIVES: Continuous suppression of the HER2+ (ErbB2+) receptor is an accepted treatment strategy for patients with HER2+ MBC. However, consideration of the evidence base