RESULTS: The responses from 29 of the thirty-two patients (91%) were analyzed. Most patients were able to answer questions regarding FN, including whether their health care provider had discussed, and if they had received treatment for FN prophylaxis (81% and 60%, respectively). The attribute with the most impact on patient’s choices was “risk of developing an infection”; whereas “inconvenience of treatment” had the least impact and was likely confounded with “frequency of treatment.” The median completion time was 13 minutes. CONCLUSIONS: The pilot study results suggest that the survey is feasible in the breast cancer population. The only change to the survey instrument will be the removal of the attribute “inconvenience of treatment”; otherwise, the 16-treatment-scenario design, including the “no treatment” option, will be maintained.

PCN123 A CONJOINT ANALYSIS OF WILLINGNESS TO PAY TO AVOID METASTATIC BREAST CANCER SIDE EFFECTS
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OBJECTIVES: Metastatic breast cancer (MBC) patients are treated with a variety of regimens with differing side effects that can reduce the patients’ quality of life. Conjoint analysis is a research method used to evaluate how trade-offs are made between different attributes. This study assessed the willingness to pay (WTP) to avoid side effects related to MBC treatment using conjoint analysis. METHODS: An online, self-administered conjoint analysis survey of US adult female MBC patients was conducted to elicit preferences for MBC treatment side effects. Attributes included in the analysis with levels described in lay terms were: Alopecia, Diarrhea, Fatigue, Nausea, Neutropathy, Pain, Neutropenia and Out of pocket cost. 15 choice-based conjoint questions were presented where patients selected the most preferred therapy. A partial profile design was used to allow for each treatment description and one treatment in combination with another. The attribute choices for each question included two side effects and an out of pocket price. The survey also collected information on prior treatment regimens, previous side effect history, and demographics. RESULTS: There were 298 respondents. Most respondents were white (84%), married (57%) over 40 years of age (86%), and covered with private insurance (57%). MBC patients were WTP (US$) $3,894 to avoid severe diarrhea, $3,479 to avoid being hospitalized due to infection, $2,764 to avoid severe nausea, $2,652 to avoid severe fatigue, $1,853 to avoid obvious hair loss and $1,458 to avoid severe pain. The most important attributes when selecting a therapy for MBC in terms of average utility were $1,853 to avoid obvious hair loss and $1,458 to avoid severe pain. The estimated indirect costs associated with the presenteeism amounted to about 363 million EUR and were significantly lower than the previously estimated costs of sickness absence (1,572 million EUR). CONCLUSIONS: The analysis showed that the loss of productivity associated with the presenteeism has important implications for the Polish economy but less pronounced than costs of absenteeism in the workplace. This study was funded by the Ministry of Science and Higher Education grant no. N N405 110304.

CANCER - Health Care Use & Policy Studies
PCN126 CAN A POPULATION-BASED PATIENT REGISTRY IMPROVE THE FEASIBILITY OF OUTCOMES RESEARCH IN MULTIPLE MYELOMA?
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OBJECTIVES: Dutch policy requires evidence from outcomes research for the assessment of appropriate drug use and real-world cost-effectiveness. We investigated whether a population-based patient registry could improve the feasibility of outcomes research in multiple myeloma compared to a retrospective cohort study. METHODS: Two methods were used to investigate the feasibility of outcomes research for bortezomib in multiple myeloma (n=139) by retrospectively collecting detailed data from hospital medical records in 38% of all Dutch hospitals. Second, we conducted outcomes research by using a population-based registry for haematological malignancies (PHAROS) covering up to 90% of all patients with cancer, including 802 patients with multiple myeloma. RESULTS: In the retrospective bortezomib study, it was possible to gather data on drug and resource use in everyday practice. However, due to great patient heterogeneity, extensive treatment variation (10 drugs in ~20 combinations) and missing prognostic information (e.g. 71% missing serum ß2-microglobulin levels), it was impossible to estimate incremental cost-effectiveness of bortezomib. The PHAROS population-based registry also provided data on drug and resource use in everyday practice. Like the retrospective study, the registry revealed extensive treatment variation. Thus, in combination with great patient heterogeneity, challenged the feasibility to identify appropriate groups of comparable patients to calculate cost-effectiveness. CONCLUSIONS: Compared to a clinical trial, outcomes research in multiple myeloma is complicated by extensive treatment variation and wide patient populations. The PHAROS registry provides better generalisable outcomes research results, but many challenges remain in data analysis. Nevertheless, the greater number of real-world patients might provide the opportunity to obtain a sufficiently valid cost-effectiveness estimate by using comprehensive modeling techniques and different data sources.

PCN127 POLICY MAKER, PLEASE CAREFULLY CONSIDER YOUR NEEDS: DOES OUTCOMES RESEARCH OF BORTEZOMIB FOR ADVANCED MULTIPLE MYELOMA REDUCE UNCERTAINTY? Franken M1, Gaultney JG2, Bloomstein HM3, Huijgens PC3, Sonneveld P3, Redekop WK4, Uyl-de Groot CA5
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OBJECTIVES: Dutch policy regulations for expensive inpatient drugs require outcomes research for the assessment of appropriate drug use and cost-effectiveness after the implementation of temporary reimbursement. Our study evaluates the outcomes research of bortezomib in advanced multiple myeloma reduced decision makers’ uncertainty. METHODS: Our cohort study included 139 patients who were treated for advanced multiple myeloma outside of a clinical trial. Detailed data were retrospectively collected from medical records in 38% of all Dutch hospitals. RESULTS: It was possible to develop evidence on types of drug used, dosages, dose modifications and health care costs. However, it was impossible to identify a single treatment comparator (>10 drugs in ~20 combinations), partly due to rapid developments in multiple myeloma. Moreover, patients treated with bortezomib (n=72) were not comparable to other patients (n=67) regarding prognostic factors. It was not clear whether physicians used standardised outcome measures (i.e. EBMRT response and CTC toxicity criteria) since such information was often not reported in medical records. Although different adjustment techniques were applied to the Cox multivariable regression model to obtain a valid (overall) survival estimate, none succeeded in correcting for the observed confounding. Moreover,