the 95% confidence interval, showed a predominance for the attribute “overall survival” (coef: 1.568). The attributes “response to treatment” (coef: 0.617) and “stabilization of tumor growth” (coef: 0.547) followed. However, the side effects “nausea/vomiting” and “diabetes” are considered of relatively equal importance (coef: 0.544 vs. 0.413). The analysis of possible subgroup differences using latent class analysis revealed no relevant differences in the patterns. The side effect “overall pain” had a significant effect in just one class. CONCLUSIONS: The results thus provide evidence about how much influence a treatment capacity has on therapeutic decisions in general. The preference measurement showed that “observing tumors” has the strongest influence on the therapeutic decision. The preference analysis also made it clear that the participants weight the outcome attributes higher than the side effects. Thus it becomes clear that a mono-critical decision would not fully reflect the patient benefits.

PCN213 IMPACT OF STAGING AND HORMONE SENSITIVITY ON QUALITY OF LIFE IN US PROSTATE CANCER PATIENTS

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OBJECTIVES: To evaluate the difference in quality of life of hormone-sensitive (HSPC) and castrate-resistant (CRPC) prostate cancer patients in the US as measured by EQ-5D-5L and VAS.

METHODS: Data were extracted from the Adelphi Real World Prostate Cancer Disease-Specific Programme® (DSP), a cross-sectional survey of urologists and oncologists and their prostate cancer patients, conducted in the US between February and May 2014. Physicians completed detailed record forms for the next 12 consulting patients receiving prescribed drug therapy for prostate cancer. The physician’s objective was to complete a questionnaire which included the EQ-5D-5L and VAS-

RESULTS: The scores were compared between HSPC and CRPC patients using t-tests or Mann-Whitney tests.

CONCLUSIONS: Compared to 0.78 (n = 640) for the overall population (n = 5,025), worse QoL was seen with patients with a worse Eastern Cooperative Oncology Group (ECOG) and castrate-resistant prostate cancer using t-tests or Mann-Whitney tests.

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1Evidera, Lexington, MA, USA, 2Evidera, Bethesda, MD, USA, 3Onyx Pharmaceuticals Inc., Amsterdam, the Netherlands

OBJECTIVES: To evaluate the difference in quality of life of hormone-sensitive (HSPC) and castrate-resistant (CRPC) prostate cancer patients in the US as measured by EuroQol-5L (EQ-5L) and Visual Analog Scale (VAS).

METHODS: Data were extracted from the Adelphi Real World Prostate Cancer Disease-Specific Programme® (DSP), a cross-sectional survey of urologists and oncologists and their prostate cancer patients, conducted in the US between February and May 2014. Physicians completed detailed record forms for the next 12 consulting patients receiving prescribed drug therapy for prostate cancer. The physician’s objective was to complete a questionnaire which included the EQ-5D-5L and VAS-

RESULTS: The scores were compared between HSPC and CRPC patients using t-tests or Mann-Whitney tests.

CONCLUSIONS: Compared to 0.78 (n = 640) for the overall population (n = 5,025), worse QoL was seen with patients with a worse Eastern Cooperative Oncology Group (ECOG) and castrate-resistant prostate cancer using t-tests or Mann-Whitney tests.

PCN214 ESTIMATING EORTC-8D HEALTH STATE UTILITY VALUES FROM EORTC QLQ-C30 SCORES IN RELEASED MULTIPLE MYELOMA

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OBJECTIVES: To derive EORTC-8D health state utility values from patient-reported EORTC QLQ-C30 scores from the ASPIRE trial. ASPIRE is a randomized, open-label, phase III trial of bortezomib in patients with relapsed/refractory multiple myeloma (RRMM) versus the standard treatment of oral melphalan and prednisone. The ASPIRE trial was conducted in the UK.

METHODS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

RESULTS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

CONCLUSIONS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

PCN215 MAPPING HEALTH STATE UTILITY VALUES FROM EORTC DATA COLLECTED FROM A CLINICAL TRIAL POPULATION WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA

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OBJECTIVES: To derive health state utility values (HSUV) required for cost-effectiveness analysis of new medicines. Health-related quality of life data collected from the widely accepted EQ-SD are often not available and data from other instruments need to be mapped using algorithms. The objective of this study was to map HSUVs using data from a clinical trial population with relapsed/refractory multiple myeloma (RRMM).

METHODS: Patient-level EORTC QLC-C30 and EORTC QLC-MY20 data were collected in a clinical trial of RRMM patients (n = 640) and mapped to EQ-SD scores using published algorithms. Descriptive statistics of mapped EQ-SD scores were estimated overall, and treatment regimens by: health state (progression vs. progression-free disease), response (with/without complete response), and adverse events (with/without grade ≥ 3 AE).

RESULTS: Generalized estimating equation (GEE) models provided direct estimation of HSUVs, controlling for confounders. Mapped HSUVs were compared with published HSUVs in RRMM to assess reliability.

CONCLUSIONS: The algorithm that included the EORTC QLC-C30 and EORTC QLC-MY20 produced reliable HSUV estimates for progression-free disease and CRPC patients using t-tests or Mann-Whitney tests.

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1Ahuja A, Attri S, Kamra S, Kaira M

OBJECTIVES: To derive health state utility values from patient-reported EORTC QLQ-C30 scores from the ASPIRE trial. ASPIRE is a randomized, open-label, phase I/II trial of bortezomib in patients with relapsed/refractory multiple myeloma (RRMM) versus the standard treatment of oral melphalan and prednisone. The ASPIRE trial was conducted in the UK.

METHODS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

RESULTS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

CONCLUSIONS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

PCN217 HRQOL AND HEALTH-RELATED UTILITY IMPACT ON PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA IN US AND EUROPE: A SYSTEMATIC LITERATURE REVIEW

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1Ahuja A, Attri S, Kamra S, Kaira M

OBJECTIVES: To derive health state utility values from patient-reported EORTC QLQ-C30 scores from the ASPIRE trial. ASPIRE is a randomized, open-label, phase I/II trial of bortezomib in patients with relapsed/refractory multiple myeloma (RRMM) versus the standard treatment of oral melphalan and prednisone. The ASPIRE trial was conducted in the UK.

METHODS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

RESULTS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.

CONCLUSIONS: The EQ-5D-5L scores were generated from the EORTC QLQ-C30 scores in the ASPIRE trial.