ally. All costs were reported in Egyptian pounds of the financial year 2013. **RESULTS:** The total quality-adjusted life-years (QALYs) of pazopanib was estimated to be 725 and that for sunitinib was 674, which resulted in a difference of 51 QALYs. The total costs for pazopanib and sunitinib were EGP 2,692,116 and EGP 3,712,660, respectively (the difference was -1,020,543), which yielded an incremental cost-effectiveness ratio of EGP -19,946/QALY. Thus, pazopanib was superior. Various one-way sensitivity analyses indicated that the overall survival medians of both drugs had the greatest effects on the results. **CONCLUSIONS:** The present study concludes that, from the perspective of the health insurance, pazopanib is more effective and less costly than sunitinib for patients with metastatic renal cell carcinoma. This model addresses both the health and economic implications of both drugs. These results suggest that pazopanib is the superior therapy. This study helps to inform decisions about the allocation of health care system resources and to achieve better health in the Egyptian population.

PCN132
COST-UTILITY ANALYSIS OF COFFEE CONSUMPTION FOR PREVENTION OF CHRONIC DISEASE AND CANCER IN THE UNITED STATES

O'Day K, Campbell CM, Popelar BV
Xcenda, LLC, Palm Harbor, FL, USA

OBJECTIVES: Coffee (*Coffea arabica*) is one of the most widely consumed beverages worldwide. Epidemiologic studies suggest coffee may prevent some chronic diseases and cancers. This study aims to assess the cost-utility of coffee consumption from a US consumer perspective. **METHODS:** A cohort life-table analysis was developed to model life years (LYs) and quality-adjusted life years (QALYs) of coffee drinkers versus non-drinkers over a lifetime horizon. Age- and sex-specific incidence and mortality rates were used to model outcomes of chronic disease (Alzheimer's, depression/suicide, diabetes, heart failure, Parkinson's, stroke) and cancer (bladder, breast, colorectal, endometrial, esophageal, leukemia, liver, oral, pancreatic, prostate). Relative risks of chronic diseases and cancers by cups of coffee consumed daily were obtained from meta-analyses of prospective cohort and case-control studies. Utility weights, baseline health care costs, and attributable disease costs were obtained from the literature. Costs per cup of coffee were estimated for home preparation and obtained from a national sample of low- and high-cost vendors. Incremental analyses were conducted by dose, cost, and sex. The model was validated by comparing predicted life-expectancy to data from studies examining all-cause mortality of coffee consumption. Probabilistic sensitivity analyses (PSA) were conducted. **RESULTS:** Coffee increased undiscounted LYs in 2, 4, and 6 cup/day male (0.29, 0.52, 0.70) and female (0.31, 0.54, 0.69) drinkers, respectively, compared to non-drinkers. Home preparation resulted in ICERs per discounted QALY of $36,031, $44,125, and $55,572 for male and $31,029, $37,779, and $46,280 for female drinkers, respectively, for 2, 4, and 6 cups/day. ICERs were higher for coffee purchased from low-cost vendors (>$50,000/QALY) and high-cost vendors (>$80,000/QALY). In the PSA, 4 and 6 cups/day were most likely cost-effective for males and females, respectively, at a $50,000/QALY threshold. **CONCLUSIONS:** Coffee consumption may be a cost-effective approach to improve health outcomes. Given the limitations of observational effectiveness data, additional research is warranted.

PCN133
COMPARE DEMOGRAPHIC AND CLINICAL CHARACTERISTICS AMONG COLORECTAL CANCER PATIENTS WITH A DIFFERENT NUMBER OF TREATMENT LINES IN THE UNITED STATES VETERANS HEALTH ADMINISTRATION

Seal BS[1], Xie L[2], Rietschel P[3], Baser O[4]
[1]*Bayer HealthCare Pharmaceuticals, Inc., Wayne, NJ, USA,* [2]*STATinMED Research, Ann Arbor, MI, USA,* [3]*Bayer HealthCare Pharmaceuticals, Inc., Whippany, NJ, USA,* [4]*STATinMED Research and The University of Michigan, Ann Arbor, MI, USA*

OBJECTIVES: Compare demographic and clinical characteristics among colorectal cancer (CRC) patients with different treatment lines (TL) in the U.S. veteran population. **METHODS:** Adult patients with at least one administration of CRC treatment were selected from the U.S. Veterans Health Administration database (01APR2006-30SEP2012). The first observed treatment date was designated as the index date. Patients were required to have continuous pharmacy and medical benefits at least 6 months pre-index date (baseline) and were followed until the earliest of death, or end of enrollment or study period. At least one primary CRC diagnosis code was required during the baseline period. Four cohorts were created based on the number of TL. Demographic and clinical characteristics were compared among patients with one, two, three, or four TL using appropriate statistical tests. **RESULTS:** A total of 11,078 patients were included in the study sample (63% with one TL; 22% with two TL; 8% with three TL; 7% with four TL). Patients treated with three or four TL were similar in age (3 TL: 63.8 years; 4 TL: 63.3) but significantly younger compared to patients with one or two lines (1 TL: 67.0; 2 TL: 64.6). Patients with 3 or 4 TL had a lower Chronic Disease Score, and lower rates of hypertension and stroke. During the 6-month baseline period, patients with 1 TL had much longer hospitalization stays and a higher rate of inpatient visits (7.3 days, 57.4%) compared to patients in other cohorts. A similar trend was found in baseline health care costs, where patients with 1 TL incurred the highest costs ($38,010) compared to the other three cohorts (2 TL: $34,332; 3 TL: $33,738; 4 TL: $31,120; all p-values<0.002). **CONCLUSIONS:** CRC patients with more than two TL were younger and had less comorbid conditions than patients with one or two TL.

PCN134
COST-UTILITY ANALYSIS OF PRACTICE DEVIATIONS FROM GUIDELINES IN HER2-TARGETED TESTING AND TREATMENT FOR BREAST CANCER

Ferrusi IL[1], Kulin NA[2], Goeree R[1], Leighl N[3], Pullenayegum EM[4], Phillips K[5], Marshall D[2]
[1]*McMaster University, Hamilton, ON, Canada,* [2]*University of Calgary, Calgary, AB, Canada,* [3]*Ontario Cancer Institute, Toronto, ON, Canada,* [4]*Hospital for Sick Children, Toronto, ON, Canada,* [5]*University of California, San Francisco, San Francisco, CA, USA*

OBJECTIVES: Observational research suggests that personalized medicine practices in human epidermal growth factor receptor-2 positive (HER2+) breast cancer (BC) deviate from practice guidelines. We compared observed clinical testing and treatment practices to practices that follow guidelines to target adjuvant trastuzumab in HER2+ BC using cost-utility analysis. **METHODS:** We used a probabilistic decision tree linked to a Markov model to estimate the incremental cost-utility of 2 alternative test-treat strategies to target adjuvant trastuzumab in Canadian BC patients; primary fluorescence in situ hybridization (FISH) vs. primary immunohistochemistry (IHC) with FISH confirmation with trastuzumab treatment for all FISH+ or IHC+. The BC Markov model was calibrated against Canadian BC registry mortality. Population-level observational data informed model probabilities of confirmatory FISH testing, probabilities of treatment based on test results, and HER2+ disease prevalence under the current practice scenario. Uncertainty was characterized using deterministic and probabilistic sensitivity analyses and cost-effectiveness acceptability curves (CEACs). **RESULTS:** In the base case analysis assuming 20% HER2+ disease prevalence and perfect adherence to testing and treatment guidelines, primary FISH testing was dominant; it decreased costs by a mean of $815 and improved outcomes by 0.0022 QALYS compared to the strategy of primary IHC with FISH confirmation of equivocal results. Health outcomes were poorer in simulations of current testing and treatment practice. Results were sensitive to HER2+ disease prevalence rate, test accuracy, treatment benefit carryover and testing behaviors. **CONCLUSIONS:** Improved adherence to treatment guidelines combined with primary FISH testing could improve long-term outcomes and costs in practice. Local disease epidemiology should be considered when formulating personalized medicine policies. Scenario analyis comparisons of guideline adherent vs. practice patterns derived from observational data can provide important insights into the consequences of deviations from practice when forming policy.

PCN135
RESOURCE USE AND COSTS ASSOCIATED WITH THE TREATMENT OF ADVERSE EVENTS IN CHRONIC MYELOID LEUKEMIA (CML) BRAZILIAN PATIENTS

Alves MR[1], Boquimpani C[2]
[1]*Novartis Pharmaceuticals, São Paulo, Brazil,* [2]*HEMORIO, Rio de Janeiro, Brazil*

OBJECTIVES: This research aimed to estimate the standard of resource use and its cost associated of treating CML patients, considering hematological and non-hematological adverse events grades 3-4 from the perspective of the Brazilian National Health System. Cost of treatment per event was generated as a result. **METHODS:** A Delphi methodology was applied in Brazil to study the management of adverse events related to CML by collecting data on resource used and estimating costs associated. Ten experts completed the questionnaires developed and the results were compiled and validated. The data collected were related to the percentage of patients affected by each AE and to the resource used for management. The unit cost of resources was based on the Price Bank System (SUS-SIGTAP). Cost of treatment considered treatment options and monitoring (e.g., outpatient visits, laboratory tests, procedures, hospitalizations) in the Brazilian Public Health System. **RESULTS:** Among non-hematologic adverse events, gastrointestinal bleeding and central nervous system (CNS) hemorrhage presented the highest costs of treatment (R$ 1.022,90 and R$ 1.173,34, respectively). Hospitalization was the resource with more impact; mainly in CNS hemorrhage, with an average length of hospitalization reported by the experts of 1 week and also demanded by 100% of patients affected by this AE. Management of cardiac events and pericardial effusion was R$973,35 and R$3.896,55. Cytopenias are the most commonly events in patients with CML receiving BCR–ABL inhibitors; experts suggested use of growth factors in patients with CML receiving TKI therapy. Costs associated with the management of hematologic adverse events are: Anemia: R$14,93, Thrombocytopenia: R$14,47 and neutropenia: R$211,54. **CONCLUSIONS:** Adverse event management in CML patients has important economic impact All adverse events related to treatment of CML, with differences in the occurrence and intensity should be valued and recorded as contributing to the estimative of total cost of treating the disease.

PCN136
HEALTH CARE COST AND UTILIZATION AMONG PATIENTS TREATED WITH STIVARGA

Chastek B[1], Seal BS[2], Rietschel P[2]
[1]*OptumInsight, Eden Prairie, MN, USA,* [2]*Bayer HealthCare Pharmaceuticals, Inc., Wayne, NJ, USA*

OBJECTIVES: Examine health care cost and utilization among patients diagnosed with metastatic colorectal cancer (mCRC) or Gastrointestinal stromal tumor (GIST) prior to being treated with Stivarga® (regorafenib). **METHODS:** Adult patients treated with Stivarga from 9/27/12-7/31/13 were identified from a large national US claims database. Patients were retained if they were continuously enrolled in the health plan for at least 6 months before the initial (index) diagnosis and 1 month after the index diagnosis. Patients were required to be diagnosed with mCRC or GIST, be 18+ years old, and have non-missing demographic information. Health care cost and utilization was examined during 2 time periods; 1) the 6 months immediately preceding the index fill (fixed baseline) and 2) the entire variable length period preceding the index fill (variable baseline). Cancer-related cost and utilization included claims with a diagnosis of cancer. **RESULTS:** 283 patients were treated with Stivarga and 235 met all inclusion criteria. Mean age was 61.6 years, 66.4% were female, and 38.7% were Medicare Advantage patients. Mean length of baseline enrollment was 4.2 years (median: 3.3 years). In the 6-month baseline period, 41.3% of patients had an ER visit and 34.0% had an inpatient stay (IP); 18.7% and 32.8% had a cancer-related ER visit and IP stay, respectively. On average, patients had 35.8 ambulatory visits; 27.8 were cancer-related. Mean 6-month health care cost was $78,771 ($6,559 pharmacy, $72,212 medical); the majority of medical costs were cancer-related ($68,866). Cancer-related ambulatory services and IP stays accounted for $57,814 and $9,713, respectively. In the variable baseline, cancer-related medical costs were $314,410 with $240,544 in ambulatory costs. The cost of all chemotherapy (oral and administered) was $168,386. **CONCLUSIONS:** Patients treated with Stivarga incur significant health care cost and utilization, accounting for over $18.5 million in health care cost in the 6 months prior to initiating Stivarga.

CANCER – Patient-Reported Outcomes & Patient Preference Studies

PCN137
TREATMENT PATTERNS AND PERSISTENCE AMONG PATIENTS TREATED WITH STIVARGA
Chastek B[1], Seal BS[2], Rietschel P[2]
[1]OptumInsight, Eden Prairie, MN, USA, [2]Bayer HealthCare Pharmaceuticals, Inc., Wayne, NJ, USA
OBJECTIVES: Examine baseline treatment patterns and persistence among patients diagnosed with metastatic colorectal cancer (mCRC) or Gastrointestinal stromal tumor (GIST) and treated with Stivarga® (regorafenib). **METHODS:** Adult patients treated with Stivarga from 9/27/12-7/31/13 were identified from a large national US claims database. Patients were retained if they were continuously enrolled in the health plan for ≥6 months before the initial (index) fill (baseline period) and ≥1 month after the index fill (follow-up period). Patients were required to be diagnosed with mCRC or GIST, be 18+ years old, and have non-missing demographic information. Follow-up persistence with Stivarga was identified based on a gap in therapy of at least 30 days. The use of chemotherapy in the baseline, the last regimen received before initiating Stivarga, and the amount of time between receipt of last chemotherapy and Stivarga initiation was identified. **RESULTS:** 283 patients were treated with Stivarga and 235 met all inclusion criteria. Mean age was 61.6 years, 66.4% were female, and 38.7% were Medicare Advantage patients. Mean baseline length was 4.2 years (median: 3.3 years). Mean follow-up length was 4.5 months. Baseline chemotherapy use was observed in 97.5% of patients; 89.5%, 72.9%, and 79.9% of patients received irinotecan, oxaliplatin or bevacizumab, respectively. The most common regimens prior to Stivarga were FOLFIRI (12.7%), FOLFIRI+BEV (10.0%), and Irinotecan+Cetuximab (8.7%). On average, patients had a gap of 85 days from receipt of last chemotherapy until initiating Stivarga; 50% initiated within 30 days and 25% initiated after more than 84 days. Patients received 2.5 fills of Stivarga and were persistent for 69.5 days, on average. 37.5% of patients were persistent through the end of their follow-up. **CONCLUSIONS:** Most Stivarga-treated mCRC or GIST patients received chemotherapy in the 3 months prior to initiating Stivarga. At least half of patients were persistent for at least 8 weeks.

PCN138
COMPARISON OF ADHERENCE RATES BETWEEN ORAL CAPECITABINE AND INTRAVENOUS CHEMOTHERAPY REGIMENS TO TREAT METASTATIC COLON CANCER
Seal BS[1], Anderson S[2], Cameron J[2], Shermock KM[3]
[1]Bayer HealthCare Pharmaceuticals Inc., Whippany, NJ, USA, [2]Bayer HealthCare Pharmaceuticals, Inc., Pine Brook, NJ, USA, [3]The Johns Hopkins Medical Institutions, Baltimore, MD, USA
OBJECTIVES: To compare adherence rates to oral versus intravenous (IV) chemotherapy regimens to treat metastatic colorectal cancer (CRC). **METHODS:** A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with metastatic CRC between July 1, 2004 and December 31, 2010, who were insured by a commercial health plan were included. Adherence was assessed using the medication possession ratio (MPR), calculated as the proportion of days a patient was covered by their chemotherapy regimen, according to NCCN guidelines, from the first to the last cycle/prescription of that regimen. Comparisons of MPR between the groups were performed by multivariate logistic regression, using the threshold of MPR>0.8 to define high adherence; and by multivariate linear regression treating MPR as a continuous variable. **RESULTS:** A total of 9,964 chemotherapy regimens in cycles in 3,367 patients were analyzed. The most common regimens were IV FOLFOX (n=1,710), oral capecitabine (n=1,328), and IV FOLFOX+bevacizumab (n=1,100). Overall, adherence was significantly higher for IV regimens (mean MPR = 0.88) versus capecitabine oral regimens (mean MPR = 0.80, p<0.001). Additionally, a significantly higher proportion of patients receiving IV regimens (77%) achieved an MPR > 0.8 compared with patients receiving capecitabine chemotherapy (53%, p<0.001). These differences persisted when stratifying by line of chemotherapy, age, and disease severity (measured using the weighted Charlson index). In multivariate logistic regression, oral chemotherapy regimens were associated with an odds ratio of 0.33 regarding achieving an MPR of >0.8. Similarly, in multivariate linear regression capecitabine oral chemotherapy regimens were associated with a significant decrement in MPR (beta coefficient = -0.084, p<0.001). **CONCLUSIONS:** Capecitabine oral chemotherapy regimens were associated with a significantly lower adherence rate compared with IV regimens in metastatic CRC patients. The clinical impact of the observed differences is unknown.

PCN139
THE ASSOCIATION BETWEEN NON-ADHERENCE AND QUALITY OF LIFE AMONG WOMEN WITH METASTATIC BREAST CANCER
DiBonaventura M[1], Copher R[2], Basurto E[1], Faria C[2], Lorenzo R[1]
[1]Kantar Health, New York, NY, USA, [2]Eisai, Inc., Woodcliff Lake, NJ, USA
OBJECTIVES: The increasing availability of treatment options for metastatic breast cancer (mBC), particularly oral chemotherapy agents, has elevated the importance of adherence. This study sought to address the relationship between non-adherence and quality of life among women with mBC. **METHODS:** A cross-sectional Internet survey was administered to 181 women diagnosed with mBC who had prior experience with either a taxane, paclitaxel, or docetaxel. Demographic, health history, treatment history (e.g., current use of chemotherapy [oral or IV], radiation therapy, or hormone therapy) and quality of life in the past 7 days (using the FACT-B) information was collected. Patients were asked whether they had skipped/missed a dose and the reason for doing so (e.g., tolerability of side effects, reduce cost). The number of different non-adherence reasons was used to predict FACT-B scores using regression modeling, controlling for demographics and health history. Subgroup analyses were conducted among those using IV and oral chemotherapy agents, separately. **RESULTS:** The mean age was 52.2 years and 93.9% were non-Hispanic white. 42.0% and 24.3% of respondents were currently using an IV and oral chemotherapy agent, respectively. Across all treatments, 34.8% of respondents reported engaging in non-adherent behavior. Aside from hormone therapy (43.0%), non-adherence was highest among patients who were using oral chemotherapy agents (34.1%). The number of non-adherent behaviors was significantly associated with a decrease in functional well-being (FWB; b=-1.40), FACT-G total score (b=-3.01), FACT-B total score (b=-3.92), and FACT trial outcome index (FACT-TOI; b=-2.98) (all p<.05). These relationships were stronger when focusing on respondents who were using an oral chemotherapy agent (n=44) (bs=-3.14, -7.37, -6.11, -8.63 for FWB, FACT-G, FACT-B, and FACT-TOI, respectively). **CONCLUSIONS:** Approximately a third reported engaging in non-adherent behavior. These behaviors were associated with significant decrements in health status, suggesting improvements in adherence could correspond to quality of life benefits to the patient.

PCN140
HEALTH STATE UTILITIES FOR CHRONIC LYMPHOCYTIC LEUKEMIA
Shingler SL[1], Kosmas CE[1], Samanta K[2], Wiesner C[3], Lloyd AJ[1]
[1]ICON Patient Reported Outcomes, Oxford, UK, [2]Roche Products Limited, Welwyn Garden City, UK, [3]Genentech Inc., CA, USA
OBJECTIVES: Utility values used in economic evaluations of new products reflect the strength of preference for the health related quality of life (HRQL) of a given health state. These can be captured using the time trade-off (TTO) methodology. The aim of this study was to elicit societal utility values for states related to chronic lymphocytic leukemia (CLL). **METHODS:** Nine health states were developed following a literature review, interviews with patients (n=6) and clinicians (n=5), and review by lay members of the public (cognitive debriefing; n=5). These health states were: progression free survival (PFS) on initial intravenous (IV) therapy; PFS on initial oral therapy; PFS on initial therapy with increased hospital visits; PFS without therapy; progression after 1st line therapy; PFS on 2nd line therapy; PFS without 2nd line therapy (post 2nd line treatment, but not currently receiving therapy); further progression (disease progression after 2 lines of treatment); and relapsed lines of treatment (≥3 lines of treatment). One hundred members of the UK general public valued each health state using the TTO methodology. **RESULTS:** PFS states were the least burdensome: PFS without therapy (mean utility=0.82); PFS on initial oral therapy (0.71); PFS on initial IV therapy (0.67), apart from PFS on initial therapy with increased hospital visits (0.55). Mean utility for disease progression after 1st line therapy was 0.66 and for PFS without 2nd line therapy was 0.71; further progression (0.59), PFS on 2ndline therapy (0.55), and relapsed lines of treatment (0.42) had greater burdens. **CONCLUSIONS:** The results show the weights that the general public place on CLL states, underlining the value in maintaining PFS for as long as possible. Findings also highlight the extent to which HRQL declines following first line progression. These findings can support the estimation of quality adjusted life years associated with treatments for CLL.

PCN141
A SYSTEMATIC REVIEW OF HEALTH-STATE UTILITY VALUES IN ADVANCED GASTRIC, OESOPHAGEAL, OR GASTRO-OESOPHAGEAL JUNCTION ADENOCARCINOMA
Cuyun Carter G[1], King DT[2], Mitchell SA[2], Hess LM[1], Taipale KL[3], Kiiskinen U[3], Rajan N[4], Novick D[5], Liepa AM[1]
[1]Eli Lilly and Company, Indianapolis, IN, USA, [2]Abacus International, Bicester, UK,, [3]Oy Eli Lilly Finland Ab, Helsinki, Finland, [4]Eli Lilly Australia Pty Limited, West Ryde, NSW, Australia,, [5]Eli Lilly and Company, Windlesham, UK
OBJECTIVES: Health-state utilities values (HSUVs) are an essential component for cost-utility analysis (CUA). The aim of this review was to systematically identify utility weights associated with advanced gastric (GC), oesophageal (OC), or gastro-oesophageal junction (GEJ) adenocarcinoma. **METHODS:** Embase, MEDLINE and Cochrane databases (accessed September 2013) were interrogated for relevant studies using a predefined search strategy. Studies eligible for inclusion included those reporting HSUVs using direct (standard gamble [SG] and time-trade-off [TTO]) and indirect methods (such as EuroQol 5D [EQ-5D], short-form 6D [SF-6D] and 15D). **RESULTS:** A total of 703 publications were identified, of which eight met the inclusion criteria (GC, n=2; mixed population [MP], n=4; OC, n=2). The most commonly used instrument to estimate HSUVs was the EQ-5D (n=7): post-chemotherapy (GC, 0.550 [n=1]; MP, 0.66-0.76 [n=1]); progression-free survival (GC, 0.73 [n=1]); weight loss (MP, 0.52-0.69 [n=2]); patient's valuation of health state (OC, 0.60-0.93 depending on stage [n=1]); dysphagia-associated (OC, 0.39-0.82, depending on score [n=1]); societal valuation of health state (OC, 0.15-0.77 [n=1]); inoperable OC/GEJ (MP, 0.63 [n=1]). One study derived utilities using the SF-6D and the 15D (post-chemotherapy in GC patients, 0.606 and 0.685, respectively). In two studies the TTO method was used to determine the following HSUVs: patient's valuation of health state (OC, 0.52-0.80 depending on stage [n=1]); societal valuation of health state (0.15-0.77, [n=1]); dysphagia-associated (OC, 0.25-0.86, depending on score [n=1]); inoperable OC (0.08-0.66, depending on health state [n=1]). Only one study determined HSUVs for inoperable OC according to the SG method (0.08-0.78, depending on health state). **CONCLUSIONS:** There are limited data estimating HSUVs in patients with advanced GC, OC or GEJ. Comparisons are confounded by heterogeneity across patient and study characteristics in the identified studies. Further research into HSUVs associated with advanced gastric/oesophageal cancers is required in order to improve the evidence available for use in CUAs.

PCN142
QUALITY OF LIFE OUTCOMES OF THE UNITED STATES CHRONIC MYELOID LEUKEMIA (CML) PATIENTS
Kuo KL[1], Stenehjem D[1], Kluibenschaedl M[2], Rochau U[3], Brixner D[1]
[1]University of Utah, Salt Lake City, UT, USA, [2]UMIT - University for Health Sciences, Medical Informatics and Technology, Hall i. T., Austria, [3]UMIT - University for Health Sciences, Medical Informatics and Technology/ ONCOTYROL - Center for Personalized Cancer Medicine, Hall in Tyrol/ Innsbruck, Austria
OBJECTIVES: To evaluate the quality of life (QoL) of CML patients using the EQ-5D-5L instrument by gathering the patient's perspective of how, and to what extent, their therapy impacts QoL. **METHODS:** Patients from the Huntsman Cancer Institute com-