Guidelines. Mode equivalence between paper and electronic versions of the EORTC Quality of Life Questionnaire (EORTC QLC-C30, V.3.0) and its Breast Cancer Module (QLQ-BR23, V.1.0) was evaluated, as well as their usability on two electronic devices with different screen sizes. METHODS: Adult women with metastatic breast cancer (mBC) who had not received chemotherapy for metastatic disease were screened. Using the patient interview design, completed questionnaire was first, followed by a tablet (10.1" screen) and a handheld (4.5" screen); the other half used the handheld first, followed by tablet and paper. To optimize recall, the think aloud was conducted. In addition, if participants were interviewed within one day of each other, each questionnaire was completed on each device. Usability questions were asked after completion of both questionnaires on a device. RESULTS: 10 mBC patients were interviewed. Most patients reported that their answers would not differ on paper vs devices (tablet: C30=70%, BR23=100%, handheld: C30=90%, BR23=90%). No participants attributed potential differences to interpreting items differently on the different modalities. 100% easily accessed questionnaires on the devices, understood instructions and easily moved from question-to-question. 90% were satisfied with the touchscreens, and all noted they could use either device independently. Patients preferred the tablet vs handheld due to its larger screen; yet all preferred the handheld’s one-question-per-screen presentation, which allowed for an almost constant workload that screen size did not influence usability, and that either device was acceptable to complete questionnaires. CONCLUSIONS: This study demonstrated mode equivalence between paper and electronic versions of EORTC-C30 and BR23, as well as between two devices. The devices were equally acceptable, providing evidence for their usability to collect PRO information from similar patients in clinical trials.

PCN208 PREVALENCE AND REASONS FOR NONADHERENCE TO AROMATASE INHIBITORS IN AN OUTPATIENT ONCOLOGY CLINIC
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OBJECTIVES: Non-adherence to aromatase inhibitors is known to impact health outcomes in patients with breast cancer. We measured nonadherence to aromatase inhibitors using a novel, clinic-based patient-reporting system. METHODS: Patients of The West Cancer Center (Memphis, TN) were surveyed in the clinic prior to a scheduled appointment using the Patient Care Monitor system, a tablet-based patient-reported outcomes platform. Adults diagnosed with breast cancer and prescribed an aromatase inhibitor were eligible to participate. The survey included 30 questions that included established instruments, including the Morisky Medication Adherence Scale and Medication Adherence Reasons Scale. The survey polled patients on their adherence to aromatase inhibitors, reasons for nonadherence, and health literacy. RESULTS: Over the course of 45 days, 3016 patients were self-identified as eligible and interested; 1101 patients were fully eligible and completed the survey. Respondents were well-distributed by medication: anastrozole (42.2%), exemestane (33.9%), and letrozole (23.9%). Most patients (82.6%) reported being fully adherent (missed 0 days) in the past week; however, only 67.9% reported high adherence (score = 4) according to the Morisky Medication Adherence Scale (Morisky r=0.457, p-value=0.0001). Mean adherence values or days missed did not differ significantly by medication or hormone receptor status. The most common reasons for non-adherence were forgetting to take the medication, not feeling well, or getting side effects. CONCLUSIONS: Colombian women of The West Cancer Center in Memphis, TN, report high levels of self-reported adherence to their aromatase inhibitors. However, a significant portion of patients do report some degree of non-adherence which may impact adherence and toxicities to the healthcare team in real time.

PCN209 INFLUENCE OF THE METHOD OF ANALYSIS ON ESTIMATES OF QALY TREATMENT DIFFERENCE: PHASE III TRIAL OF VINFLUNINE VERSUS BEST SUPPORTIVE CARE IN PATIENTS WITH TCCU
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OBJECTIVES: Utility analyses have previously been conducted for the Phase III trial of vinflunine (VFL) versus best supportive care (BSC) for the treatment of advanced or metastatic transitional cell carcinoma of the urachal tract (TCCU). Results were presented according to progression status. The present study aims to calculate quality-adjusted life years (QALYs) for each patient and summarize results by treatment group. METHODS: QALYs were calculated by patient using the area under the curve technique. Assumptions included that changes between utility measures over time were linear and utility at the time of death is zero. Once QALYs were calculated for all patients, univariate summaries were produced for both treatments separately considering different scenarios based on when baseline was recorded and how censored patients were handled in the QALY calculation. The mean differences between treatments were calculated for each scenario and derived from a sample t-test and non-parametric Wilcoxon rank sum test. An analysis of covariance (ANCOVA), adjusting for baseline utility, was also performed. RESULTS: A total of 462 patients participated, of whom 190 (41%) were censored. The mean utility at baseline was 0.86 ± 0.18. The mean utility at the last observation was 0.76 ± 0.18. Kaplan-Meier survival analysis was conducted, and the median follow-up period was 5.5 years. CONCLUSIONS: Sensitivity analyses show that difference mean estimates in QALYs in favour of vinflunine can be quite different depending on how censored patients are handled especially when proportion of censoring differs by treatment group.

PCN210 LONG-TERM EQ-5D SCORE FOR PATIENTS WITH METASTATIC BREAST CANCER: COMPARISON OF FIRST-LINE ORAL S-1 AND TAXANTE THERAPIES IN THE RANDOMIZED “SELECT” TRIAL
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OBJECTIVES: The present study used long-term EQ-5D scores to evaluate patients with metastatic breast cancer (MBC) in a randomized control trial (RCT). METHODS: Patients with HER2-negative MBC were remotely allocated to the S-1 (an oral fluoropyrimidine) or taxane (paclitaxel or docetaxel) group. The primary endpoint was the area under the curve technique. Assumptions included that changes between blocks. The analysis of DCE included random parameter logit models, conditioned on the maximum number of included participants all six attributes resulted in significant values (p<0.05). This sample sizes then accounts for an AIC (3032.256) and a mean standard error (SE) of 0.07. Within the analysis an increasing sample size linearly improves the model fit. When including N=30 the mean SE does not fit the given 0.05 level (0.173). This improves with a higher sample size. Consequently, including N=90 results in a mean SE below 0.1 with BIC=4034.999 and AIC=3901.391. The mean SE falls to 0.065 when including N=210 (BIC=3169.285; AIC=3032.256) CONCLUSIONS: Using the sensitivity analysis it can be shown that the model fit improves proportionally. An optimal sample size could be determined. Based on the preliminary results it is evident that with the given design and the given number of attributes and level a total N of least 275 participants is appropriate to conduct a DCE.

PCN211 PATIENT SENSITIVITY ANALYSIS IN DISCRETE CHOICE EXPERIMENTS FOR RARE DISEASES – AN ANALYSIS WITHIN THE PIANO-STUDY
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OBJECTIVES: Discrete choice experiments (DCE) are an important method for capturing data on patient preferences. Neuroendocrine tumors (NET) are a rare disease and therefore a sufficient number of study participants for preference studies is difficult to recruit. Moreover there is hardly any international standard for the determination of the appropriate number of study participants in DCEs. A sample size of 30 to 40 patients is a recommended gold standard (Orme and Louviere). METHODS: Patient-relevant outcomes concerning alternative treatment options of NET were weighted using a DCE including six attributes. Akaike Information criterion (AIC), and Bayesian Information criterion (BIC) together with the standard error (SE) were used to check the model fit and to determine the most appropriate sample size. For the sensitivity analysis different patients were randomly drawn from the study sample. RESULTS: N=275 NET-patients (48.5% male, mean age 58.4 years) could be included. With an increasing sample size sample size linearly improves the model fit. When including N=30 the mean SE does not fit the given 0.05 level (0.173). This improves with a higher sample size. Consequently, including N=90 results in a mean SE below 0.1 with BIC=4034.999 and AIC=3901.391. The mean SE falls to 0.065 when including N=210 (BIC=3169.285; AIC=3032.256) CONCLUSIONS: Using the sensitivity analysis it can be shown that the model fit improves proportionally. An optimal sample size could be determined. Based on the preliminary results it is evident that with the given design and the given number of attributes and level a total N of least 275 participants is appropriate to conduct a DCE.

PCN212 PATIENT PREFERENCES CONCERNING ALTERNATIVE NET TREATMENT OPTIONS – THE PIANO-STUDY
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OBJECTIVES: Neuroendocrine tumors (NET) are relatively rare, usually slow-growing malignancies that are found on the patient’s diarrhea, pain or quality of life (QoL). In order to improve the therapy of NET this empirical study aimed at the elicitation of patient preferences in the drug treatment of NET. METHODS: Based on qualitative patient interviews the study design was determined (33+3 Design) was designed using Ngen. The selected design consisted of 84 choices, which were divided into 7 blocks. Participants were randomly assigned to these blocks. The analysis of DCE included random parameter logit models, conditional logit models, and latent class models. RESULTS: N = 275 NET-patients (51.6% female, mean age 58.4 years) participated. Under the subgroup decision model the preference analysis within the random parameter logit model, taking into account...