chart. RESULTS: An equal number of male and female were enrolled. For those patient using herbal the mean age for the Pre-op clinic and SCPC was 60 and 55 years, respectively. Of those taking herbal medication, 41% indicated they started after their cancer diagnosis. Overall, 64–74% of patients spent $25 or less per month with an additional 23–28% spending up to $100 and 3–8% spending over $100. Patients reported taking herbal medications to cure their disease, feel more in control, help with conventional therapy, and help control symptoms. Sixty-six percent of the SCPC group and 70% of the Pre-op group had informed one of their physicians of herbal use. There were no statistical correlations between any of the demographic or other parameters report in the survey. CONCLUSION: As the use of herbal medications and other alternative treatments increase for the cancer population it is important for health care professionals to understand their use by the patient and incorporate these treatments into the patient care plan.

A WEIGHTED INDEX FORM OF THE FACT-L FOR USE IN ECONOMIC EVALUATION

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FACT-L is a 44-item multidimensional measure of quality of life developed for use in evaluating treatment of lung cancer. Patients self-rate items on 0 to 4 scale corresponding to “not at all” and “very much”. Regulatory and other approval bodies increasingly demand preference-weighted measures of outcome. For economic analysis it is generally held that such weights should be utilities. The pressing need for users of condition-specific measures such as FACT-L is a scoring system that meets the requirements of regulatory and other non-clinical users. This paper describes the successful completion of that task. OBJECTIVES: The primary purpose of the study was to develop a set of weights for converting FACT-L into a index measure for use in cost-utility analysis. METHODS: The descriptive complexity of FACT-L had been reduced in a preliminary study that resulted in the identification of 10 key items covering the 6 dimensions of the FACT-L. These were used to define 2 sets of 10 health states, each presented in a 14-page questionnaire together with EQ-5D. Health states were valued on a 0–100 scale corresponding to worst-best possible health. A value for dead was also recorded. A random sample of 4000 individuals was drawn from the Electoral Registers of England Scotland and Wales who were mailed questionnaires during September 2002. RESULTS: Four hundred twenty-five (11%) returned a completed questionnaire. Conjoint analysis and OLS regression were used to estimate the marginal utilities for the 6 FACT-L dimensions. Decrements for each of the 10 key FACT-L items were also computed. Utilities for FACT-L health states range from 0.738 to 0.146. CONCLUSIONS: Despite the response rates, valuations from a representative sample of the general population were obtained for critical FACT-L items enabling a utility-weighted index score to be derived from patient self-assessments for use in economic evaluation.

ASSESSMENT OF PATIENT-REPORTED OUTCOMES AMONG PATIENTS WITH PROSTATE CANCER

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OBJECTIVE: To compare the psychosocial status and functional limitations in prostate cancer patients with patients diagnosed with other types of cancer in a national sample of US adults. METHODS: This study compared perceived health status, mental health status, and physical limitations among prostate cancer patients with patients of other cancers using the 1998 Medical Expenditure Panel Survey (MEPS). Men over 18 years reported to have only one type of cancer (ICD-9-CM = 140 to 239) were included in the analysis. Men with colorectal cancer or lung cancer and women with breast cancer were selected for further comparison in the health and mental health status categories. All analyses used patient-specific sampling weights provided by MEPS and were adjusted for age and number of co-morbid conditions. RESULTS: Approximately 750,000 men were identified with prostate cancer and an additional 4.6 million male patients were identified with one other type of cancer. Fewer prostate cancer patients reported having “excellent” or “very good” health (51%) compared to patients with other oncology diagnoses (66%). Individuals with prostate cancer reported poorer health status than patients with all other types of cancer (2.9 vs. 2.6, respectively) and poorer mental health (2.3 vs. 2.1, respectively). Specifically, compared to men with colorectal cancer, patients with prostate cancer reported poorer health and mental health status. Prostate cancer patients also have an increased odds of requiring assistance with ADL and IADL (1.22 and 1.26, respectively) than patients with all other types of cancer. CONCLUSIONS: Despite a prolonged life expectancy, we found that prostate cancer has a greater impact on patients’ perception of health than other types of cancer. Prostate cancer patients also reported more limitations in functional ability compared to other types of cancer combined. These findings indicate that in addition to identifying treatments that improve important clinical parameters, an emphasis should be placed on improving other health attributes important to prostate cancer patients (e.g., quality of life, satisfaction with treatment).