NAIRE® (PBQ), both containing identical items with different wording. Data were obtained from two studies, one being a cross-sectional study on n=2,009 patients, the other a prospective observational therapeutic study on n=938 patients. Treatment goals and benefits were used to calculate the overall preference-based Patient Benefit Index (PBI). RESULTS: In both studies, the PBQ showed a variety of high therapeutic needs from the perspective of the psoriasis patients. The PBQ questionnaire revealed that under routine treatment only a part of the patient-defined goal was met, resulting in PBI dependent on the treatment. High PBI values were observed in systemic treatments, in particular in biologics. The PBI was feasible with a rate of missing values ≤1.5% in PBQ and ≤2.0% in PBQ. The subscales of the PBQ were internally consistent (Cronbach’s alpha = 0.68–0.87). The PBI showed satisfying convergent validity with respect to correlation with changes in QoL (R = 0.20–0.60) and treatment efficacy. Moreover, correlation with separate single items on treatment benefit (anchoring variables) was markedly high (r = 0.70–0.85, p < 0.001). CONCLUSIONS: The Patient Benefit Index (PBI) is a valid, reliable and suitable instrument for the assessment of patient-reported benefit in the treatment of psoriasis.

PSS26
NAIL ASSESSMENT IN PSORIASIS AND PSORIATIC ARTHRITIS (NAPPA): AN INTEGRATED APPROACH OF OUTCOMES MEASUREMENT IN NAIL PSORIASIS

Augustin M1, Blomme C2, Costanzo A3, Dauden E4, Ferrandez C5, Girolomoni G6, Gnadecki R7, Iversen L7, Menter A8, Michaelis-Wittern K9, Morita A10, Nakagawa H11, Reich K12,13
1University Clinics of Hamburg, Hamburg, Germany, 2University Medical Center Hamburg-Harburg, Hamburg, Germany, 3San Juan University of Rana, Rome, Italy, 4The University of Manchester, Manchester, UK, 5Hospital Universitario La Princesa, Madrid, Spain, 6Hospital Universitarios Geriatricos Tajo y Pajal, 7University Autonoma de Barcelona, Barcelona, Spain, 8University of Verona, Verona, Italy, 9University of Copenhagen, Copenhagen, Denmark, 10Department of Dermatology, Aarhus, Denmark, 11Dermatology Research Institute (both arms) at Weeks 16 and 52. At Week 52 in Arms1 and 2, respectively, 61% and 58% of patients had a DLQI reduction >5 points; 62% and 67% had DLQI 0 or 1. Median DLQI scores were low at Week 28 among patients who dose escalated; further improvements were seen by Week 52. Median EuroQol-5D Visual Analogue Scale improved from baseline to 85.0 (IQR 70.0–95.0) in Arm1, and 70.0 (IQR 50.0–85.0) to 85.0 (IQR 79.5–95.0) in Arm2. Median Hospital Anxiety and Depression Scale (HADS) Anxiety and Depression scores also improved from baseline to Week 52. CONCLUSIONS: In patients with moderate-to-severe psoriasis, ustekinumab use was associated with clinically relevant improvements in patient-reported outcomes, irrespective of whether patients were transitioned to ustekinumab, were treated with moderate or gradual cessation of methotrexate. Improvements at Week 16 were sustained to 52 weeks of ustekinumab therapy.

PSS29
DO SCARS IMPACT BEYOND JUST APPEARANCE? A REPORT OF THE CONTENT ELICITATION (CE) PHASE IN THE DEVELOPMENT OF THE PATIENT REPORTED SCAR EVALUATION QUESTIONNAIRE (PR-SEQ)

Pelis A1, Jensen J1, Galpeazu N2, Olude O2, Klemm M1, Shields A1
1The Rayne Institute, University of Toronto, Toronto, ON, Canada, 2Eyes and Cataract, Universitair Medisch Centrum Brussel, Brussels, Belgium.

OBJECTIVES: The aim of this study was to develop a patient-reported scar evaluation questionnaire (PR-SEQ) that assesses the psychological and functional impact of scars on patients’ quality of life. The questionnaire is based on the findings of two content elicitation (CE) phases, which are described in this report. METHODS: In the first CE phase, a multidisciplinary expert panel was convened to develop a draft PR-SEQ. In the second CE phase, a pilot study was conducted to further refine the questionnaire. RESULTS: The first CE phase resulted in a draft PR-SEQ with 61 items. The second CE phase revealed that the questionnaire was feasible with a rate of missing values ≤1.5% in PBQ and ≤2.0% in PBQ. The subscales of the PBQ were internally consistent (Cronbach’s alpha = 0.68–0.87). The PBI showed satisfying convergent validity with respect to correlation with changes in QoL (R = 0.20–0.60) and treatment efficacy. Moreover, correlation with separate single items on treatment benefit (anchoring variables) was markedly high (r = 0.70–0.85, p < 0.001). CONCLUSIONS: The Patient Benefit Index (PBI) is a valid, reliable and suitable instrument for the assessment of patient-reported benefit in the treatment of psoriasis.