PCN107 MEASURING RISK FACTORS FOR NON-ADHERENCE USING PATIENT-REPORTED OUTCOMES IN STUDIES EVALUATING ADHERENCE WITH ORAL ANTIINFECTION AGENTS: A 10-YEAR REVIEW
Mukono S1, Hanson KA2
1CRC, Express Scripts Company, London, UK, 2JBC: An Express Scripts Company, Dorval, QC, Canada

OBJECTIVES: With oral antinefection agents (OAsAs) becoming the mainstream of treatment for several cancer types, understanding risk factors for medication non-adherence is becoming increasingly important in oncology. Patient-reported outcome (PRO) instruments may provide valuable insight on barriers to medication adherence in the real world. This study sought to identify and describe key patient-reported risk factors for non-adherence measured in observational studies evaluating adherence with OAsAs.

METHODS: A targeted literature review was conducted to identify OAAs adherence studies utilizing PROs and published between January 2003 and December 2012. Key data points extracted from each included study design, cancer type, and all PRO instruments or study-specific questions used. Domains measured by each PRO instrument and questionnaire were recorded to understand patient-reported risk factors measured. RESULTS: Of 106 articles reviewed, 11 studies met all study inclusion/exclusion criteria. Nine studies (82%) used at least one validated PRO instrument and 7 studies (64%) used at least one study-specific questionnaire to measure patient-reported risk factors for non-adherence. The most commonly used PRO instruments were the Beliefs About Medicines Questionnaire (BMQ; n=4) and the Satisfaction with Information about Medicines Scale (SIMS; n=3). Six studies (55%) used a validated PRO to measure health-related quality of life (HRQoL); however, only the European Organization for Research and Treatment of Cancer (EORTC) QLC-Q-30 was used in more than one study. Overall, the most common domains measured by PRO instruments or questionnaires were knowledge about medication (n=6), attitudes toward adherence (n=6), attitudes toward side effects (n=3), and side effects (n=3). CONCLUSIONS: Risk factors for non-adherence are commonly measured by patient-report in observational studies evaluating adherence with OAsAs. Further work is needed to clarify advantages and disadvantages of using specific PROs to measure relevant risk factors and determine if risk factors vary by cancer type.

PCN108 MEASUREMENT OF HEALTH STATE UTILITIES FOR RELAPSED OR REFRACTORY PERIPHERAL T-CELL LYMPHOMA USING TIME –TRADE-OFF AND VISUAL ANALOGUAL SCALING METHOD
Choi I1, Park S1, Song J, Jun J.H., Suh D2
1Chung-Ang University, Seoul, South Korea

OBJECTIVES: To elicit health utilities for relapsed or refractory peripheral T-cell lymphoma (PTCL) using visual analog scaling (VAS) and time-trade-off (TTO) methods, to examine the impact of age on TTO values, and to estimate power curves to convert VAS scores to TTO values. METHODS: Health state vignettes for four health states [complete remission, partial response, stable disease and progressive disease] and four treatment-related adverse events [mucositis, thrombocytopenia, anemia, neutropenia] were developed. Utility elicitation from 125 Koreans from the general public living in Seoul was conducted using VAS and TTO methods. Linear mixed regression models and linear mixed models were used to assess the impact of age on TTO values. Nonlinear regression was used to estimate power curves to convert VAS scores to TTO values. RESULTS: Complete remission was the most preferred health state (mean TTO value = 0.865), followed by partial response (0.784), stable disease, 0.746, and progressive disease, 0.567. Treatment related adverse events were related to significant negative impacts. The smallest disutility was associated with mucositis (mean TTO value = 0.061). The largest disutility was related to neutropenia (mean TTO value = 0.167). Age had a significant effect on utility values. Health state (p-value < 0.001) and cancer experience (p-value = 0.025) had a significant impact on preferences. Two power functions (w, w′) were derived, where w = aggregated TTO values and w′ = aggregated VAS scores. CONCLUSIONS: This study demonstrated that utility values and power curves for PTCL can be used in economic evaluations and decision making.

PCN109 UTILITIES FOR HEALTH STATES IN PATIENTS WITH RELAPSED/REFRACTORY NON-HODGKIN LYMPHOMA AND FACTORS INFLUENCING UTILITY VALUES
Choi I1, Park S, Song J, Jun J.H., Suh D1, Chung-Ang University, Seoul, South Korea

OBJECTIVES: To elicit utility values for health states associated with relapsed/refractory non-Hodgkin lymphoma and compare utilities after adjusting for demographic and sociopolitical characteristics in South Korea’s general public. METHODS: Health state ‘vignettes’ associated with a treatment for RR non-Hodgkin lymphoma were developed and characterized as: complete response (CR), partial response (PR), stable (SD), progressive disease (PD), and treatment related adverse events (neutropenia, mucositis, thrombocytopenia, anemia, AE). Vignettes were valued by South Koreans using the time-trade-off method. The health state vignettes combined information provided from health state experts, cancer specialists, and interviews with patients, which were used to develop health dimensions consistent with the EQ-SD. Utility values were summarized and compared across treatment-related adverse events, using general paired factors of utilities (e.g. DM, PD, HD, 1H12). In addition to the key health dimensions, comparative searches were conducted using internet search engines and citation searching and reference list checking were undertaken with no restriction by date, language or study design. Any study which provided a statistical regression model describing the relationship between one (or more) of the stated FACT and preference-based measures in patients with malignant melanoma were included in the review. Identified studies were appraised using a checklist for the reporting standards of statistical regression models. RESULTS: A total of 19 studies were identified from the literature searches, increasing to 27