DERIVING UTILITY VALUES FROM THE GENERAL POPULATION FOR INDUCTION CHEMOTHERAPY ADMINISTERED BEFORE CONCURRENT CHEMOTHERAPY-RADIATION THERAPY IN THE TREATMENT OF HEAD AND NECK CANCER

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OBJECTIVES: To derive Australian utility values for different health states associated with a new treatment regimen used as induction chemotherapy before concurrent chemoradiation for patients with locally advanced squamous cell carcinoma of the head and neck (SCCHN). METHODS: As head and neck cancer includes over 30 specific sites of cancer, for simplicity, the study focused on oropharyngeal cancer. This reduced the need to present multiple attributes in each scenario, and reduced complexity of the study with the aim of preventing cognitive overload among respondents. 86 participants were recruited by an independent research company. They ranged from 18–77 years (mean age 44 years). Participants were presented information about locally advanced SCCHN, as well as cancer of the oropharynx and its treatment. Participants were then presented with 10 health states describing locally advanced cancer of the oropharynx and its chemotherapy treatment and were asked to value these using a standard gamble technique. RESULTS: The results showed that participants successfully valued the health states, applying values derived for the main four health states (baseline, responding, non-responding, and disease progression) and their varying toxicity levels in a logical sequence. Utility values ranged from 0.67 (SD = 0.24) for treatment response, 0.65 (SD = 0.24) at baseline, 0.60 (SD = 0.27) for non-response, and 0.48 (SD = 0.23) for a patient experiencing disease progression. When mild, moderate and severe toxicities were added, face validity of results showed the standard gamble instrument was sensitive to these differences. CONCLUSIONS: Within the broad term ‘head and neck cancer’, tumours are biologically similar as are some of the associated symptoms of disease. As such, it could be expected that the same incremental differences in utilities could be derived for health state scenarios using the same treatment for SCCHN but arising in alternate tumour sites such as the hypopharynx, oral cavity or larynx.

QUALITY OF LIFE (QOL) IN PATIENTS WITH METASTATIC BREAST CANCER (MBC) IN TREATMENT WITH PLACITAXEL WITH/without BEVACIZUMAB, RELATED WITH TREATMENT RESPONSE (REMISSION AND PROGRESSION)

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OBJECTIVES: To perform a QoL evaluation in patients with mBC in treatment with chemotherapy with/without bevacizumab according with treatment response. METHODS: We included 48 patients with mBC in two groups, 28 without disease progression (NP) median age 55.19 years (51.2–59.18) and 5.6 years (3.07–8.13) of disease evolution; and 20 with disease progression (DP) median age 57.7 years (50.9–64.3) and 3.74 years (2.48–4.99) of evolution. We applied to both groups the Functional Assessment of Cancer Treatment—Biological Response Modifier questionnaire. The dimension between the five answers categories (Not at all, A little bit, Some-what, Quite a bit, Very much) was quantified using the Karnofsky scale in order to construct a QoL index. A one year QoL evaluation was done with a simulation using a Markov Model, the model included three health status: remission, relapse and dead. The probability of progression and dead was obtained from the data reported with the use of Plactaxel w/wo Bevacizumab (Miller K. 2007) assuming an exponential behavior. RESULTS: The 78.2% (75%–82%) of patients with NP reported a good or very good status, compared with 23.6% (14%–34%) of patients with DP. The global QoL reported by patients with NP was 80.66% (78.99%–82.34%) significantly greater than 66.97% (66.97%–69.69%) obtained form patients with DP (Mann-Whitney < 0.0001). The QoL results showed differences in the use of chemotherapy, there was a greater improve in QoL mBC patients with Pachtaxel + Bevacizumab than with Plactaxel alone: 0.77 vs. 0.745 p = 0.017. CONCLUSIONS: The Qol level reported by patients with mBC is determined by the presence or absence of disease progression, better QoL no disease progression. With these data, it is possible that the use of Paclitaxel + Bevacizumab, improves QoL and might be, it’ll related with less social and familiar disturbances.