RELATIVES IN POLAND

Additional research with a global patient population is needed to quantify the WTP $2,764 to avoid severe tingling in hands and feet, $2,652 to avoid severe fatigue, insurance (57%). MBC patients were WTP (US$) $3,894 to avoid severe diarrhea, and demographics.

PCN23

A CONJOINT ANALYSIS OF WILLINGNESS TO PAY TO AVOID METASTATIC BREAST CANCER SIDE EFFECTS

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OBJECTIVES: Metastatic breast cancer (MBC) patients are treated with a variety of regimens with differing side effects that can reduce the patients’ quality of life. Conjoint analysis is a research method used to evaluate how trade-offs are made between different attributes. This study assessed the willingness to pay (WTP) to avoid side effects related to MBC treatment using conjoint analysis. METHODS: An online, self-administered conjoint analysis survey of US adult female MBC patients was conducted to elicit preferences for MBC treatment side effects. Attributes included in the analysis with levels described in lay terms were: Alopecia, Diarrhea, Fatigue, Nausea, Neuropathy, Pain, Neutropenia and Out of pocket costs. 15 choice-based conjoint questions were presented where patients selected the most preferred therapy. A partial profile design was used to allow for each treatment description of the most preferred instead of all attributes. The attribute choices for each question included two side effects and an out of pocket price. The survey also collected information on prior treatment regimens, previous side effect history, and demographics. RESULTS: There were 298 respondents. Most respondents were white (84%), married (57%) over 40 years of age (86%), and covered with private insurance (57%). MBC patients were WTP (US$) $3,894 to avoid severe diarrhea, $3,479 to avoid being hospitalized due to infection, $3,211 to avoid severe nausea, $2,764 to avoid severe tingling in hands and feet, $2,652 to avoid severe fatigue, $1,853 to avoid obvious hair loss and $1,458 to avoid severe pain. The most important attributes when selecting a therapy for MBC in terms of average utility were neutropenia, diarrhea and nausea. CONCLUSIONS: Patients most highly value the avoidance of diarrhea, neutropenia, and nausea with MBC treatment regimens. Additional research on the global MBC patient population is needed to quantify the WTP to avoid MBC side effects.

COST OF PRESENTEEISM DUE TO CANCER IN POLAND

Cancer population (1,935 billion EUR).

COST OF PRESENTEEISM DUE TO CANCER IN POLAND

Cancer of close relatives of cancer patients have important implications for the Polish workforce owing to cancer are almost twice as high as the estimated direct costs of cancer in Poland.

PCN126

CAN A POPULATION-BASED PATIENT REGISTRY IMPROVE THE FEASIBILITY OF OUTCOMES RESEARCH IN MULTIPLE MYELOMA?

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OBJECTIVES: Dutch policy requires evidence from outcomes research for the assessment of appropriate drug use and real-world cost-effectiveness. We investigated whether a population-based patient registry could improve the feasibility of outcomes research in multiple myeloma compared to a retrospective cohort study. METHODS: Two methods were used to investigate the feasibility of outcomes research. First, we conducted outcomes research for bortezomib in multiple myeloma (n=139) by retrospectively collecting detailed data from hospital medical records in 38% of all Dutch hospitals. Second, we conducted outcomes research by using a population-based registry for haematological malignancies (PHAROS) covering up to the Netherlands healthcare system contains 30% of the population, including 802 patients with multiple myeloma. RESULTS: In the retrospective bortezomib study, it was possible to gather data on drug and resource use in everyday practice. However, due to great patient heterogeneity, extensive treatment variation was difficult to gather with great patient heterogeneity, challenged the feasibility to identify appropriate groups of comparable patients to calculate cost-effectiveness. CONCLUSIONS: Compared to a clinical trial, outcomes research in multiple myeloma is complicated by extensive treatment variation. This, in combination with great patient heterogeneity, challenged the feasibility to calculate cost-effectiveness. The PHAROS registry provides better generalisable outcomes research results, but many challenges remain in data analysis. Nevertheless, the greater number of real-world patients might provide the opportunity to obtain a sufficiently valid and generalisable estimate by using comprehensive modelling techniques and different data sources.

PCN127

POLICY MAKER, PLEASE CAREFULLY CONSIDER YOUR NEEDS: DOES OUTCOMES RESEARCH OF BORTEZOMIB FOR ADVANCED MULTIPLE MYELOMA REDUCE UNCERTAINTY?

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OBJECTIVES: Dutch policy regulations for expensive inpatient drugs require outcomes research for the assessment of appropriate drug use and cost-effectiveness after 30 days of temporary reimbursement. This study aimed to assess outcomes research of bortezomib in advanced multiple myeloma reduced decision makers’ uncertainty. METHODS: Our cohort study included 139 patients who were treated for advanced multiple myeloma outside of a clinical trial. Detailed data were retrospectively collected from hospital medical records in 38% of all Dutch hospitals. RESULTS: It was possible to develop evidence on types of drug used, dosages, dose modifications and health care costs. However, it was impossible to identify a single treatment comparator (>30 drugs in >20 combinations), partly due to rapid developments in myeloma. Moreover, patients treated with bortezomib (n=72) were not comparable to other patients (n=67) regarding prognostic factors. It was not clear whether physicians used standardised outcome measures (i.e. EBMRT response and CTC toxicity criteria) since such information was often not reported in medical records. Although different adjustment techniques were applied to the Cox multivariate regression model to obtain a valid (overall) survival estimate, none succeeded in correcting for the observed confounding. Moreover,