

European countries (France, Germany, Italy, UK). Additionally it was tested which influence a generic product would have on the relative importance of product attributes. **RESULTS:** The conjoint analyses resulted in the fact that there were major differences between the relative importance of attributes between physicians in Europe and the US. In the US efficacy was the most preferable attribute. Even when a generic drug would enter the market efficacy would still be the most important attribute—on a lower level than for the “branded” product market but still the most important. In Europe the most important attribute was the cost. Even when a generic product would enter the market the costs would be the most important factor. **CONCLUSIONS:** The discussions about the increasing health care costs across Europe could have a major impact on the potential prescribing behavior of physicians. Even in the breast cancer market which is highly under public view the pressure on health care budget is changing the relative importance of products. In the US where these discussions are not as intensive as in Europe this conclusion cannot be found.

PCN33

MAPPING FACT-P AND EORTC QLQ-C30 TO THE EQ-5D HEALTH UTILITY IN METASTATIC HORMONE-REFRACTORY PROSTATE CANCER PATIENTS

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OBJECTIVES: To construct and validate a prediction model of health utility (EQ-5D) for metastatic hormone-refractory prostate cancer (HRPCA) patients using cancer-specific health-related quality of life (HRQL) measures. **METHODS:** Data were obtained from a multicenter, multinational observational study of metastatic HRPCA patients conducted during 2002–2004. In addition to clinical and resource utilization, health utility (EQ-5D) and HRQL (Functional Assessment of Cancer Therapy—Prostate [FACT-P] and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire [EORTC QLQ-C30]) data were collected. Predictive validity of ordinary least square (OLS), Tobit, and median regressions of various model specifications were tested using cross-validation samples. The selected specification was then further refined and tested for alternative model specifications and restrictions. **RESULTS:** OLS regression with both HRQL measures as individual components and patient demographics was the best performing model. It explained 58.2% of the observed EQ-5D variation in the validation sample. A model including only the prostate cancer-specific HRQL measure, FACT-P, explained 53.5% of the observed EQ-5D variation. Both models have good ability to distinguish patients with high health utility from those with low utility for cutoff points between the 20th and 80th percentiles of observed EQ-5D values. **CONCLUSIONS:** The prediction models developed have good predictive validity. These algorithms enable researchers to translate cancer-specific HRQL measures to health utility in metastatic HRPCA patients. The findings will help perform utility adjustments in cost-utility analyses.

PCN34

VALIDATION OF AN INTERNET-BASED PATIENT HEALTH-RELATED QUALITY OF LIFE QUESTIONNAIRE: DATA FROM CAPSURE

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OBJECTIVES: The purpose of this validation study was to test the accuracy and acceptability of an Internet-based questionnaire (Qx) assessing health-related quality of life (HRQoL) among subjects in CaPSURE, a longitudinal study of health outcomes among men with prostate cancer. **METHODS:** Active participants were sent a flyer with their usual bi-annual Qx offering the opportunity to test the new Internet version and were paid \$25 for their participation. Volunteers were randomized to one of two Qx administration groups (paper-then-Internet or Internet-then-paper). The SF-36 and the UCLA Prostate Cancer Index (PCI) comprised the HRQoL Qx. A 10-item survey designed to measure patient preference of administration was administered after completion of both modalities. Descriptive statistics, Pearson correlation coefficients, and percent agreement were used to assess comparability between these two methods of administration. **RESULTS:** A convenience sample of 245 subjects volunteered to participate; 209 (85%) completed both paper and online Qx. Subject median age was 63 years-old (range 46–83). The majority of respondents were white (97%), college educated (66%) and had an income of >\$75,000/year (46%). With few exceptions, correlation coefficients for the HRQoL multi-level items were high (0.66–0.97) and the percent agreement for yes/no items was also very high (>0.89). Subjects rated both methods of administration favorably, although the Internet was rated as somewhat more convenient and faster to complete. There were no differences between the two versions on respondent ratings for ease of reading, ease of answer completion, confusion or stress. 70% preferred the Internet mode; 21% had no preference and 9% preferred paper. **CONCLUSIONS:** Administration of the HRQoL Qx, including SF-36 and PCI domains, demonstrated a high correlation between the Internet and the paper-and-pencil methods. The Internet was a well-accepted mode among this select group of older men with prostate cancer.

PCN35

DEVELOPMENT AND VALIDATION OF A DISEASE-SPECIFIC, NEUROENDOCRINE TUMOR QUESTIONNAIRE (QOL-NET), TO MEASURE PATIENTS' PERCEPTION OF THE EFFECTS OF DISEASE ON THEIR QUALITY OF LIFE (QOL)

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OBJECTIVE: Develop/validate a quality of life questionnaire for capturing the unique spectrum of symptoms and impact on physical/psychological functioning related to neuroendocrine tumors and eliciting patients' own perceptions of their illness, providing a guide to therapeutic options. **METHODS:** A total of 103 subjects from a Philadelphia Neuroendocrine Tumor (NET) Conference completed the QOL-NET. Seventy-two subjects were females (mean age 56.29 + 1.03 years); and 27 were males (mean age 54.89 + 0.95 years). The population was predominately Caucasian (92.2%). On the data, we performed an exploratory factor analysis using a forced 7-factor varimax rotation. A descriptive statistical analysis was completed on the total QOL score and seven factors. Internal consistency was estimated using Cronbach's alpha coefficient. Test-retest reliability over a 4–6 week period was assessed by a pairwise t-test on data from a subset of 20 subjects. **RESULTS:** All 72 questions loaded into the 7 domains, which we called: Factor 1 = Depression; Factor 2 = Flushing; Factor 3 = Respiratory; Factor 4 = Gastrointestinal; Factor 5 = Cardiovascular; Factor 6 = Physical Functioning; Factor 7 = Positive Attitude. Seventy-two items on the forced seven factor solution accounted for 71.74% of the variance. If items loaded with a score ≥ 0.35 on more than one factor, the highest loading was used. The summary statistics for the Total QOL and each domain: Total QOL, 76.80 \pm 4.80; Factor 1,