

collected on demographic and clinical parameters and patients were asked to complete the 5-level EQ-5D health-related quality of life (HRQL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Student's t-test. Categorical variables were summarized with proportions. P-values <0.05 were taken to indicate significance. Data analyzed using SPSS-19. **RESULTS:** There were 31 (76%) males. 38 (93%) had contracted HCV through intravenous drug use. Median HRQL utility was 0.71 (+/- 0.32). Mean HRQL utilities were significantly lower in patients with cirrhosis (0.38 versus 0.67, p=0.03) and in patients with CD4 counts <200 (0.41 versus 0.70, p=0.005). Mean HRQL scores were found to be higher in patients who had received HCV treatment than those who did not (0.71 versus 0.52) although this did not reach statistical significance (p=0.06). **CONCLUSIONS:** HRQL was found to be reduced in patients with advanced HIV and HCV. Since HCV evolution to cirrhosis has been shown to reduce quality of life, the importance of treatment of both HIV and HCV infection to prevent progression of liver disease is emphasized.

#### PHS61

##### PATIENT INVOLVEMENT IN TREATMENT DECISIONS AND ITS PERCEIVED IMPACT ON PATIENT OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE): A COMPARISON OF PHYSICIAN AND PATIENT PERSPECTIVES

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**OBJECTIVES:** Understand physician and patient perspectives with respect to patient involvement in treatment decisions and the perceived impact on patient outcomes in SLE. **METHODS:** This was a cross-sectional U.S survey of independent (geographically diverse) samples of practicing rheumatologists (with >3yrs of SLE experience) and adult SLE patients recruited from panels & clinics. Study participants completed a one-time web-survey covering perceptions of SLE-management, patient-physician-communication and expectations. Analysis included descriptive statistics and subgroup comparisons using chi-square and t-tests. **RESULTS:** 218 physicians (Caucasian 68%; African-American <1%; mean age 49ys) and 166 patients (Caucasian 61%; African-American 30%; mean-age 47ys) completed the survey as of April 2012. Overall, 61% and 76% of physicians and patients, respectively, reported high-patient-involvement (often/very often) in treatment decisions. Physicians and patients in high-patient-involvement groups (vs. low-patient-involvement groups): a) reported greater satisfaction with physician-patient interactions (physicians: 8.1vs.7.5,p=0.12; patients: 9.1vs.6.3,p<0.001) and b) were more likely to discuss daily impacts all/most of the time (physicians: 70%vs.54%,p=0.002; patients:76%vs.55%,p=0.002). Among physicians, no differences were observed between high-vs.-low-patient-involvement groups in being hopeful about patient future (95%vs.95%) and ratings of their bedside manner (78%vs.75% warm/very-warm); whereas, among patients in high-vs.-low-involvement groups, these ratings were 82%vs.67% (p<0.001) and 72%vs.41% (p<0.001), respectively. More patients in high-involvement group reported not missing a dose/appointment since treatment-initiation (59%vs.50%,p=0.36) and setting clear goals with their physicians (78%vs.26%,p=0.003); more high-involvement patients also reported their SLE had a high/very-high impact on their QOL (66%vs.53%,p=0.01). Those who believe that patient involvement in treatment decisions improves outcomes 'a lot' differed significantly (p<0.03) in high-vs.-low-patient-involvement groups among physicians (57%vs.0%) and patients (58%vs.35%). **CONCLUSIONS:** Rheumatologists and SLE-patients reporting high-patient-involvement in treatment related decisions were relatively more satisfied with their interactions and had a positive outlook on future and outcomes. Further research is warranted to assess factors influencing these attitudes and their impact on patient outcomes in clinical practice.

#### PHS62

##### ASSESSMENT OF PATIENT SATISFACTION WITH CHRONIC TREATMENT USING THE EUROPEAN PATIENT SURVEY IN ATRIAL FIBRILLATION (EUPS-AF)

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**OBJECTIVES:** Lifelong treatment for many chronic conditions, such as atrial fibrillation (AF), involves complex care pathways with numerous points of interaction between patients and health care providers. The EUPS-AF was conducted to assess patient-reported levels of satisfaction with current management of AF in Europe. **METHODS:** The EUPS-AF questionnaire was adapted from the 2008 Commonwealth Fund International Health Policy Survey of Chronically Ill Adults by including additional questions capturing AF-specific patient characteristics and treatment preferences. Computer-assisted telephone interviews were conducted between February and July 2011 via randomized digital dialling covering the entire adult populations of France, Germany, Italy, Spain and the UK. Questions covered the following nine domains: overview of the health system; ease of health care access; relationship with care providers; hospital experience; use of medication, coordination of polymedication and cost; safety concerns; experience with other chronic diseases; access to information; financial burden. **RESULTS:** Of the 340,476 individuals contacted, 1.08% were identified with AF; 1793 were eligible for inclusion after screening; 321 (17.6%) declined to participate. Interviews were conducted in 1507 adults (50% women); mean age 70 years. On average, 43% lived in a village

or rural location. Mean number of people per household was two; 56% had an income below average; 54% had been hospitalized during the past 2 years, with an average of 2.2 comorbidities and 5.7 prescription medications. Overall satisfaction rates ranged from 37% (Italy) to 55% (UK). **CONCLUSIONS:** The EUPS-AF, undertaken uniquely from a patient perspective before the introduction of novel oral anticoagulants into clinical practice, provides additional and complementary data to clinical trials and registries and allows the detection of international variations in satisfaction levels of patients with AF. This can promote research into the causes of variation, focus where innovations may be beneficial, and may reduce inequalities in standards of care if these underlie the variations.

#### PHS63

##### PATIENT PERCEPTION OF AN ORAL SYSTEMIC ANTI-CANCER THERAPY HOMECARE SERVICE

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**OBJECTIVES:** Evaluate from the patient perspective a systemic anti-cancer therapy homecare service. **METHODS:** A pilot project was undertaken at the Royal Surrey County Hospital, in England, where three oral anti-cancer drugs were prescribed by hospital clinicians but dispensed by a homecare company. Patients were asked at the point of recruitment by the oncology pharmacists at the Royal Surrey County Hospital whether they were willing to take part in the homecare project. A questionnaire was developed with the input of patients. The questionnaire was tested with five patients for acceptability and their comments fed into the design of the final questionnaire. The questionnaire consisted of open and closed questions and was sent out by the homecare company to all patients who were receiving homecare six months after the start of the project. The questionnaire was returned to the Cancer Network Pharmacist for analysis. **RESULTS:** Ninety-one patients were approached to take part in the project by the oncology pharmacy staff at the Royal Surrey County Hospital. When first approached 78 patients were prepared to take part in project, some declined and others required time to decide. The questionnaire was sent out to 85 patients. A total of 49 questionnaires were returned but some were not included in the analysis as they were from deceased patients or had been completed by a carer. Of the 40 questionnaires analysed 34 patients were willing to continue to receive their medication via homecare, 18 specifically stated a benefit was not waiting at the hospital for their medicine and 4 patients specifically stated they preferred to receive their medicines via homecare than from a community pharmacy. **CONCLUSIONS:** Patients find homecare acceptable for the delivery of systemic anti-cancer therapy and some prefer it to waiting at hospital for their medication or going to a community pharmacy to have their prescription dispensed.

#### PHS64

##### SHARED DECISION MAKING IN SECONDARY CARE: RHEUMATOLOGIC PATIENT'S PERSPECTIVE

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**OBJECTIVES:** To analyze the willingness for shared decision making (SDM) of rheumatologic patients. **METHODS:** All rheumatic patients assisted were invited to participate in this cross-sectional study. A three parts questionnaire was applied (demographic, clinical data and 3 scenarios that simulate a clinical encounter). The scenarios presented the 3 typical steps of a consultation, according to SDM process: 1) Diagnostic statement; 2) treatment options discussion; 3) decision-making. For each step, interviewee was argued 3 questions: a) To identify whether each part was similar to his/her clinical encounter or not; b) to define whether SDM can be a feasible approach; and c) to answer if he/she wanted to be assisted in SDM process, justifying it. Descriptive and multiple correspondence analysis (MCA) techniques were performed to explore data. **RESULTS:** Demographic data (N=160): 89% female, 60% < 8 years of school, 48.8% had < 4 years of diagnosis and 30%, > 8 years of diagnosis. Scenario one: 97% would like to have SDM approach on their real clinical practice, justified according to 'communication empowerment' (75%) and 'patients' right relationship' (23%). Scenario two: 65% declared that they like SDM purpose, justifying it according to 'communication empowerment' (63%). Scenario three: 65% of the participants never took part in the decision process. However, 98% would like to do it, justifying according to 'patients' right relationship' (30%), and 'communication empowerment' (28%) but 13% answered that the whole decision belongs to the physician. MCA plot illustrates that for diagnostic statement 'communication empowerment' correlates to low literacy. To understand treatment option, communication empowerment and patient's right was correlated with those who had < 4 years of diagnosis; and > two rheumatic conditions. **CONCLUSIONS:** Communication empowerment and patient's right were the most common reasons for the willingness for SDM.

#### PHS65

##### MAPPING THE DISEASE-SPECIFIC FACT-P TO THE PREFERENCE-BASED EQ-5D IN CASTRATION-RESISTANT PROSTATE CANCER

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**OBJECTIVES:** To develop a mapping algorithm for converting the prostate cancer specific Health-Related Quality of Life (HRQL) instrument FACT-P (Functional Assessment of Cancer Therapy-Prostate) to the preference-based EQ-5D (Euro-QoL 5D) instrument for measuring health status. **METHODS:** Data were obtained from the phase 3 placebo-controlled AFFIRM trial of enzalutamide-proposed INN (MDV3100) in men with metastatic castration-resistant prostate cancer previously