

dependent covariate dose and medication type. Efficacy was assumed identical for each subsequent injection. **RESULTS:** The systematic review revealed that different regimens were applied across pre-FENOC studies. Furthermore the Bayesian analysis demonstrated that medication type, alone or combined with dosage, had a significant influence on modelled efficacy. Using a standard treatment regimen of one 90 µg/kg rFVIIa injection every 3 hours, the model estimated that at 12, 24, and 36 hours the probability of bleed resolution was 76%, 94%, and 99%, respectively. In contrast, using a standard regimen of one 75 IU/kg APCC injection every 12 hours, the probability of bleed resolution at the corresponding times was 40%, 60%, and 79%, respectively. **CONCLUSION:** The present Bayesian meta-regression suggests that, despite the outcome of the FENOC study, on-demand treatment with rFVIIa may be associated with a faster time to joint bleed resolution than APCC using the standard treatment regimens specified. Future research should include time-independent confounding factors (e.g., efficacy rating scale method, efficacy rater, treatment setting, bleed severity).

PHM18

BEST-WORST CASE SCALING IN DISCRETE CHOICE EXPERIMENTS: AN APPLICATION IN A RARE DISEASE POPULATION

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OBJECTIVES: Although discrete choice experiments are increasingly being used in health care applications to elicit preferences, their use has been limited in diseases with low prevalence because it is challenging to design a statistically and clinically meaningful study with a small sample of respondents. This study used best-worst case scaling to enhance the design of a discrete choice experiment eliciting physician preferences related to the care of patients being treated for hemophilia with inhibitors. **METHODS:** Thirty hematologists provided data on factors having an impact on their treatment decisions by completing a survey instrument via face-to-face interviews at a scientific meeting. To increase the amount of useful information obtained from each respondent, best-worst scaling was used. Specifically, each choice task was structured so that respondents provided input on and ranked three scenarios from most to least preferred. This innovative method had not previously been used in discrete choice modeling. **RESULTS:** With the increase in data due to the applied best-worst scaling method, an aggregate multinomial logit model established stable parameter estimates while obtaining a 'consensus' view of hematologists' preferences. In substantive terms, the time required to stop bleeding was the most important factor affecting treatment decisions [relative importance (RI) = 16.3%]. Physicians also preferred treatments that resulted in quick pain relief [RI = 12.9%]. **CONCLUSION:** This example indicates that best-worst case scaling can effectively be used in discrete choice experiments involving aggregate multinomial logit modeling. This method can enhance and increase the use of discrete choice experiments to elicit preferences from relatively small numbers of physicians or patients with rare diseases, or when few respondents are available.

USING THE EQ-5D TO MONITOR HEALTH-RELATED QUALITY OF LIFE OVER TIME IN THE CATALAN HEALTH INTERVIEW SURVEY

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OBJECTIVES: Health Related Quality of Life (HRQL) measures are infrequently used to track changes in population health. This study aimed to monitor the evolution of HRQL between 1994 and 2006 in Catalonia (Spain) using the EQ-5D. **METHODS:** EQ-5D measures HRQL in 5 dimensions and provides a preference-based index from 1 (best health status) to negative values, with 0 equal to death. The index used in the present study was constructed from time trade-off (TTO) values from a sample of the Catalan general population. The Catalan Health Interview Survey (CHIS) is a cross-sectional study of a representative sample of the non-institutionalised general population. The EQ-5D was administered to respondents aged 15 and over in the 1994 (n = 12,567), 2002 (n = 7,157), and 2006 (n = 15,926) editions. Analyses were performed using weights to restore general population representativeness. Mean (95%CI) EQ-5D index scores and prevalence of problems on EQ-5D dimensions were calculated for groups defined by gender and age. **RESULTS:** Mean EQ-5D index scores decreased over the 3 editions in men and women and all age groups. Reductions in HRQL between 1994 and 2006 exceeded the minimal clinically important difference on the EQ index (0.07) in women aged 65–74 (mean [95%CI] index scores of 0.76 [0.73, 0.79] and 0.66 [0.63, 0.70] in 1994 and 2006, respectively), and in women and men aged 75 years (0.67 [0.63, 0.70] and 0.49 [0.46, 0.52] in women; 0.79 [0.76, 0.83] and 0.70 [0.67, 0.73] in men, respectively, for the two editions). Rates of respondents reporting problems increased in all dimensions, particularly in women and in self-care, usual activities, and anxiety/depression. **CONCLUSION:** Using the EQ-5D, HRQL appeared to worsen from 1994 to 2006 in this population, particularly in older age groups. Further research should determine the extent to which results are due to increased health problems and/or changes in reporting patterns and expectations.

PHM20

VALUE OF TRANSFUSION-FREE LIVING IN MDS: RESULTS OF HEALTH UTILITY INTERVIEWS WITH MDS PATIENTS

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OBJECTIVES: To elicit how MDS patients value transfusion independence (TI), reduced transfusions (RT) and transfusion-dependence (TD). **METHODS:** Forty-seven MDS patients were interviewed, US (n = 8), France (n = 9), Germany (n = 9) and the UK (n = 21), to elicit the utility value of TI, RT and TD. Health states (HS), based on literature, focus groups and validated by a