QUALITY OF LIFE AND RESOURCE UTILIZATION OF PATIENTS WITH ADVANCED NON-SMALL-CELL LUNG CANCER: A CANADIAN PERSPECTIVE
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Erlotinib (Tarceva™) is an oral highly specific epithelial growth factor receptor tyrosine kinase inhibitor. Phase II/III clinical trials have shown clinical efficacy of erlotinib in advanced (stage III/IV) Non-Small-Cell Lung Cancer (NSCLC) in terms of survival and increased Health Related Quality-of-Life (HRQoL). There is limited information of HRQoL and resources utilization on Canadian population of NSCLC. OBJECTIVE: To determine the HRQoL and resource utilization components in Canadian patients with stage III/IV NSCLC. METHODS: A face-to-face survey was conducted on a cohort of 32 patients with stage III/IV NSCLC from the lung cancer clinic at Princess Margaret Hospital, Toronto. HRQoL was assessed using disease specific tools (FACT-L). Utility scores were assessed by EQ-5D US English version. Socio-economic, clinical, and resource utilization data were collected using a self-administered questionnaire. Participants’ chart reviews were conducted for supportive data and verifications. RESULTS: Mean age was 63.03 ± 10.39 years, 23 were females and 68.8% have been smokers. Mean time since cancer diagnosis was 24.06 ± 17.74 months, 78.1% had metastasis. The average FACT-L score was 99.64 (range: 90–130), the EQ-5D/TOI score was 0.86 ± 0.10, the score for Current Health State was 0.74 ± 0.10, the score for Physical Function (PF) was 0.75 (range: 0–100), the score for Social Function (SF) was 0.70 ± 0.10, the score for Role Function (RF) was 0.70 ± 0.10, the score for Emotional Function (EF) was 0.72 ± 0.10, the score for Cognitive Function (CO) was 0.72 ± 0.10, the score for Physical Well-being (PW) was 0.72 ± 0.10, the score for Emotional Well-being (EW) was 0.72 ± 0.10, the score for Social Well-being (SW) was 0.72 ± 0.10, the score for Vocational function (VF) was 0.72 ± 0.10, and the score for Total Well-being (TW) was 0.72 ± 0.10. CONCLUSION: Advanced NSCLC patients on chemotherapy use substantial health care resources in Canadian setting. However, if not in end stage of life, patients have high HRQoL and utility scores that warrant further investigation.

HEALTH STATE DESCRIPTIONS FOR METASTATIC BREAST CANCER: A QUALITATIVE STUDY
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OBJECTIVES: The aim of this study was to develop health state descriptions for patients receiving chemotherapy for stable, responding and progressive metastatic breast cancer (MBC). Subsequent work will derive utility values for the health states for use in cost utility analyses. METHODS: An interview discussion guide was produced based on literature review and clinical input. This focused on the symptoms of MBC, impact on different areas of functioning (physical, social, emotional, sexual, and cognitive), health related quality of life (HRQoL), severe hair loss and five side effects of chemotherapy (all grade III–IV toxicities). These included febrile neutropenia, hand-foot syndrome, diarrhea/vomiting, stomatitis, and fatigue. Health states were developed and validated using cognitive debriefing interviews with oncologists and a focus group with oncology specialist nurses. Fifteen health states (7 stable, 7 responding, 1 progressive) described the symptoms, toxicities, HRQoL and impact on functioning. Health states combined stable, responding and progressive disease with grade III–IV side effects or hair loss. To simplify the preference elicitation stage of this study the number of health states were reduced by employing an orthogonal fractional factorial design to combine disease stages with toxicities. The contributory effect of each will be estimated using a regression model. RESULTS: Four main areas of functioning, physical, emotional, social and sexual, were identified as being primarily affected in MBC. Patients responding to treatment have the highest overall HRQL while those with progressive disease have the lowest. The focus group discussion supported the validity of the health states. CONCLUSION: Health states describing the combined impact of MBC and grade III–IV toxicities associated with chemotherapy treatment on patient’s HRQoL at different disease stages were developed. These health states will be piloted and used in a societal based valuation study. The final health states will be presented.

A PILOT STUDY ASSESSING THE QUALITY OF LIFE IMPACT OF ADVERSE EVENTS EXPERIENCED BY ADVANCED NON-SMALL-CELL LUNG CANCER PATIENTS RECEIVING SECOND-LINE CHEMOTHERAPY
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OBJECTIVES: In clinical trials, chemotherapy-related adverse events (AEs) are classified according to the Common Toxicity Criteria (CTC). This standardised method of reporting provides clinicians with an overview of the level of medical intervention required to treat AEs, but does not necessarily assess the impact on a patient’s health-related quality of life (HRQoL). We attempt to translate CTC (version 2.0) ratings into a scale that reflects the severity of various events on a patient’s HRQoL. METHODS: In this study, scores of impact on patient HRQoL were assigned to AEs experienced by advanced non-small cell lung cancer (NSCLC) patients receiving second-line chemotherapy. This was achieved through a pilot survey of a convenience sample of
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DEVELOPMENT OF A NEW SCALE TO ASSESS PATIENT PERCEPTIONS OF CANCER-RELATED FATIGUE: THE PERFORM PROJECT

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OBJECTIVE: To develop a short new scale to assess patient perceptions of cancer-related fatigue (CRF), and determine the beliefs and expectations of cancer patients with CRF.

METHODS: To define the first version of the questionnaire a two-phase methodology was used. Firstly, initial item content was defined by integrating information from: 1) a literature review performed to identify related studies; 2) content analysis of two focus groups carried out with cancer patients; and 3) two expert meetings with oncologists. To reduce the item pool and produce the first version of the questionnaire for validation, a multicentre cross-sectional study was performed and the item pool was administered to a sample of the target population. Item reduction was based on a clinimetric approach, so that for each item in the initial pool, frequency and importance were assessed by using a Likert scale and the frequency and importance product index (PI) was calculated. Item selection was based on the ordering of items based on the PI.

RESULTS: The initial item pool included 75 double-items referring to mental attitude (7), social and family (15), psychological impact (12), physical functioning (12), daily life activities (12) and general opinions (17). Initial pool was administered to 238 cancer patients: mean age 57, 56% of women, 30% breast cancer, 46% with anemia, average of low-to-moderate CRF intensity. 93.5% of sample responded at least 85% of items. Average of missing items per patient was 4.3. PI ranged from 4.9 to 12.4 and the first 40 items were selected and preliminarily assigned to six dimensions (physical, social, psychological, attitudes, daily life activities, opinions). CONCLUSION: Preliminary results from the item reduction process have led to a first version of the questionnaire with 40 items and six dimensions. The next stage will examine the psychometric properties of the new measure in a larger sample.