

values across all four responsiveness measures. Findings were similar in the subgroup of patients with high storage symptoms at baseline. **CONCLUSIONS:** This large study provided a comprehensive examination of the measurement properties of the PPIUS. The TUFs provided an excellent combination of measurement properties and is therefore considered one of the most appropriate PPIUS endpoint for use in studies of patients with LUTS associated with BPH.

PRM137

WILLINGNESS TO PAY FOR DIAGNOSTIC TECHNOLOGIES: A REVIEW OF THE CONTINGENT VALUATION LITERATURE

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OBJECTIVES: To understand how individuals value information from diagnostic technologies, we reviewed and analyzed published willingness-to-pay (WTP) studies on the topic. **METHODS:** We searched PubMed for English-language articles related to the WTP for diagnostic laboratory tests published from 1985 through 2011. We characterized methodological differences across studies, examined individual- and technology-level factors associated with WTP, and summarized median WTP values across different diagnostic tests. **RESULTS:** We identified 66 relevant WTP studies. Half focused on oncology, while the remainder analyzed infectious diseases (16.1%) and obstetric or gynecological conditions (11.7%) among other areas. Most laboratory tests investigated in studies were biological samples/genetic testing (61.1%) or imaging tests (31.9%). Roughly one-third of the analyses (30.3%) used discrete-choice questions to elicit WTP, while others used payment cards (15.2%) and bidding games (13.6%). Of the 44 studies with median WTP values available, most reported values below \$100, though there was substantial variation in some technologies (e.g., median WTP for colon or colorectal cancer screening ranged from below \$100 to over \$1,000). Patient factors associated with higher WTP for diagnostic information included higher income, education, disease severity, perceived disease risk, and family history. More severe conditions and diseases without a controllable risk factor, such as some cancers and congenital abnormalities, were associated with higher WTP estimates. More accurate tests appeared to have higher WTP. **CONCLUSIONS:** The contingent valuation literature in diagnostics has grown rapidly, and suggests that respondents may place considerable value on diagnostic information. However, there exists great variation in studies with respect to the type of technologies and diseases assessed, respondent characteristics, and methodology used. The perceived value of diagnostic technologies is also influenced by the study design and elicitation methods.

PRM138

PLACEBO EFFECT SIZES FOR PATIENT REPORTED OUTCOMES IN WELL-CONTROLLED DRUG TRIALS: A 12-YEAR SYSTEMATIC REVIEW

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OBJECTIVES: To summarize the magnitude of placebo effects on patient-reported physical and mental health outcomes in well-controlled drug trials. **METHODS:** We conducted a systematic review of randomized, double-blind, placebo-controlled drug trials via PubMed and supplemental sources published over a 12-year period (1/1/1995-12/31/2011) with documentation of full Medical Outcomes Study short-form 36 (SF-36) scores by treatment group. Standardized effects (SE=change/general population SD) for SF-36 physical and mental component summary score (PCS, MCS) changes were computed from baseline to endpoint for each treatment arm. SE was evaluated versus Cohen's d cutoffs (small ≤ 0.30 , medium 0.30 to 0.80, and large SE ≥ 0.80), as well as currently recommended minimum important difference (MID) thresholds of 0.3 and 0.5 SD units. **RESULTS:** The search identified 805 publications, 150 of which were well-controlled and sufficiently documented drug trials for 35 heterogeneous medical conditions. Sample sizes varied with IQR: 67-448 (median= 205). The majority of trials, 107 (71.3%) reported small SE for PCS or MCS. Medium placebo effects were reported in 37 trials (25%). Large SE were reported in just 6(4%) trials. In contrast, clinically effective drug treatment arm effects were more often medium (51/103;50%) and large(19/104;18%). Median SE for placebo arms across all trials for PCS was 0.11(IQR: 0.00 to 0.26), for MCS (median=0.06, IQR: -0.05 to 0.21). Mean placebo changes met the 0.3 MID threshold in 43 (29%) trials; 17(12%) met the 0.5 point threshold. **CONCLUSIONS:** Although placebo effects are most often small for patient-reported physical and mental outcomes, a noteworthy proportion of well-controlled trials report placebo effects achieving the 0.3 SD MID threshold. Therefore, we recommend evaluating MID for single group comparisons (of controlled or observational data), with a 0.5 SD cutoff, and for controlled trial findings expressed as net of placebo changes, with a smaller 0.3 SD cutoff.

PRM139

BARRIERS TO FOLLOW UP CARE IN CHILDREN WITH VISION DISEASES: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK AND PARENT/CAREGIVER SURVEY THROUGH THE CHILDREN'S EYE CARE ADHERENCE PROJECT

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OBJECTIVES: The follow-up rate of socioeconomically at risk children with vision diseases is only 5% at our eye institution. Through the Children's Eyecare Adherence Project (CECAP), we identified barriers to care in this population and developed a conceptual framework as well as parent/caregiver questionnaire. **METHODS:** Barriers to follow-up were obtained by two trained medical students who phoned parents/caregivers of high-risk Philadelphia schoolchildren identified in 2010-2011 as having eye problems requiring a follow up visit within

1 year through our mobile outreach van and annual Give Kids Sight Day exams. Barriers were then organized into a conceptual framework depicting main themes and inter-relationships. **RESULTS:** Ninety-three parents/caregivers were phoned with ten barriers to follow-up identified and organized into 3 main themes: 1) predisposing factors (lack of awareness, perceived importance, conflict of commitment, lack of communication means); 2) system factors (lack of referral, clinical scheduling difficulty, lack of transportation access); 3) financial factors (lack of insurance, health care payment difficulty, transportation payment difficulty). A 13-item (12 dichotomous, 1 open-ended) questionnaire was developed encompassing these 10 barriers for administration to parents/caregivers. **CONCLUSIONS:** The resulting CECAP parent/caregiver survey is brief and of use for future patient support and outreach programs of children with vision diseases. Ongoing work involves validating this survey through a larger study of children identified in 2012 as needing follow up.

PRM140

PERCEPTIONS OF INDIVIDUALS LIVING WITH SPINAL CORD INJURY TOWARD PREFERENCE-BASED QUALITY OF LIFE INSTRUMENTS: A QUALITATIVE EXPLORATION

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OBJECTIVES: The common international standard for measuring health benefit within economic evaluation requires the use of generic preference-based health-related quality of life (HRQoL) instruments. The availability of multiple instruments raises questions about their relative merits and recent studies have highlighted the paucity of evidence regarding measurement properties in the context of spinal cord injury (SCI). As part of a mixed-methods research program, this qualitative study explores the appropriateness of 6 established instruments for use in SCI populations. **METHODS:** Individuals living with SCI were invited to participate in one of three focus groups (n=15). Eligible participants were identified from Vancouver General Hospital's Spine Program database; purposive sampling was used to ensure that a range of demographic and injury-related characteristics were represented. Perceptions and opinions were solicited on the following questionnaires: 15D, Assessment of Quality of Life (AQoL-8D), EQ-5D-5L, Health Utilities Index, self-administered Quality of Well-Being Scale, and SF-36v2. Framework Analysis was used to evaluate the qualitative information gathered during discussion. Strengths and limitations of each questionnaire were thematically identified and managed using NVivo software. **RESULTS:** Major emergent themes were (i) general perceptions, (ii) comprehensiveness, (iii) content, (iv) wording, and (v) features. Two sub-themes pertinent to content were also identified: 'questions' and 'options'. All focus group participants perceived the AQoL-8D to be the most relevant instrument to administer to an SCI population. This measure was widely considered to be comprehensive, with relevant content (i.e. wheelchair inclusive) and applicable items. Participants had mixed perceptions about the other 5 questionnaires, albeit to varying degrees. **CONCLUSIONS:** The 35-item AQoL-8D was consistently viewed as the most appropriate preference-based HRQoL instrument for individuals living with SCI. Despite a strong theoretical underpinning, AQoL instruments are infrequently used in North America and further empirical research is necessary to build on these encouraging qualitative findings.

PRM142

LOSS OF HEALTH UTILITIES DUE TO HPV-INDUCED DISEASES IN MEN AND WOMEN: A MULTICENTRE ITALIAN STUDY

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OBJECTIVES: The objective of this study is to quantify utilities loss in men and women affected by HPV-induced pathologies in Italy. **METHODS:** A multicentre, retrospective study was designed to enroll a cohort of males and females with HPV-related diseases who were detected and managed in the preceding 18 months. Utilities were calculated using the Time Trade-Off (TTO) method. The elicitation of utilities was performed using a validated algorithm [Mennini et al. Clin Ther 2011] specifically developed to the computer-guided and standardized administration of a TTO questionnaire. Utilities associated with each of the following pathologies were assessed: atypical squamous cells of undetermined significance (ASCUS), cervical intraepithelial neoplasia (CIN) grade 1, CIN grade 2-3 and cervical cancer in women; anogenital warts, anal cancer and head and neck cancer both in men and women. The European Quality of Life questionnaire (EQ-5D) was used to assess the baseline health conditions of respondents. **RESULTS:** On 450 enrolled patients, 421 (mean age 44.9±16.5 years) responded, providing an overall response rate of 93.6%. The patients' perception of their health state was rather high (EQ-5D score ranged between 1 and 0.8), with the exception of patients affected by anal cancer patients (EQ-5D corresponding to 0.6±0.3). The mean utility value by HPV-induced pathology corresponded to 0.77±0.27, 0.71±0.29, 0.83±0.22, 0.81±0.27, 0.58±0.31, 0.51±0.26 and 0.69±0.30 for ASCUS, CIN1, CIN2-3, invasive cervical cancer, anogenital warts, anal cancer and head and neck cancer, respectively. The regression analysis showed that only the pathological condition influences the estimated utility value. **CONCLUSIONS:** Patients' health-state preference is a variable with a high impact on economic evaluations. The measurement of each utility relied on a solid and well recognized procedure. This multicenter study elicited utilities in a wide range of HPV-induced pathologies and in a large sample size as well.