logical dimension. Correlation coefficients in patients clinically stable between D0 and D28; were all greater than 0.84 for all dimensions of ULL-27. The sensitivity analysis between D0 and D28 in patients with active disease demonstrated significant differences between mean scores for all ULL-27 dimensions.

CONCLUSION: Volume of oedema poorly reflects the impact of the illness upon the patient. The ULL-27 scale seems to be a consistent instrument.

**CV6**

**MEN’S PREFERENCES FOR THE CONSERVATIVE MANAGEMENT OF NON-METASTATIC PROSTATE CANCER: THE USE OF CONJOINT ANALYSIS**

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OBJECTIVES: Selecting conservative therapies for men with non-metastatic prostate cancer involves trade-offs between treatment attributes. An interview-based survey using conjoint analysis was undertaken to establish which treatment attributes are important to men in selecting treatments, and how attributes are traded off.

METHODS: On the basis a pilot study, eight treatment-related attributes were selected for the survey: diarrhea; hot flushes; ability to maintain an erection; breast swelling/tenderness; physical energy; sex drive; life expectancy, and out-of-pocket personal costs. A discrete choice preference elicitation mechanism was used. One hundred eighty eight men with non-metastatic prostate cancer from two London hospitals were invited to participate. Of these, 129 men, mean age of 70 years, 58% T-stage 1 or 2 at diagnosis, were interviewed. Data were analyzed using random-effects probit models.

RESULTS: On average, men’s responses to the conjoint questions were sensitive to variation in the levels of all attributes (p < .01) and coefficient signs on all attributes were as expected. A statistically significant interaction was shown which indicated that the attribute ability ‘to maintain an erection’ was less important to older men (p = .001). Most men were willing to make trade-offs between avoiding side effects and both losses in life expectancy and out-of-pocket costs. In terms of the former, they were, on average, most willing to forgo life expectancy to avoid limitations in physical energy (mean of 3.01 months), and least willing to trade life expectancy to avoid hot flushes (mean of 0.58 months to move from ‘moderate’ to ‘mild’ or ‘mild’ to ‘none’).

CONCLUSIONS: Men with prostate cancer are willing and able to participate in a relatively complex exercise that weighs-up the benefits and harms of various conservative treatments for their condition, and to make trade-offs between attributes. The results provide an indication of the relative importance of different aspects of treatment to patients with prostate cancer.

**CV4**

**COMPARISON BETWEEN INVESTIGATOR AND PATIENT’S GLOBAL HEALTH ASSESSMENTS USING CALCULATED HUI-III AND SF-36 UTILITY VALUES**

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OBJECTIVE: To compare patients’ own global health assessment item of the SF-36 (SF-1) and investigators’ global health assessment (GLBHLT) with values calculated for Health Utilities Index (HUI-III) and SF-36 preference-based (SF-6D), in patients with coronary artery disease (CAD). SF-1 is considered a coarse measure for patients’ own health assessment while GLBHLT is a widely used clinical-trials endpoint.

METHODS: Baseline data of the SF-36, HUI-III and GLBHLT were collected for 331 patients enrolled in a double-blind, multinational, phase III clinical trial. Both the SF-1 and GLBHLT rate patients’ health on a scale of one to five, where one is excellent and five is poor.

RESULTS: Correlation coefficients (r) between the SF-1 and HUI-III, and the SF-1 and SF-6D were 0.501, 0.508, respectively (p = .001). An r = 0.27 between the SF-1 and GLBHLT was found significant, albeit the magnitude was almost half of those calculated for the SF-1 and SF-6D or the SF-1 and HUI-III. Calculated SF-6D and HUI-III values for GLBHLT = 1 (excellent) were 0.74 and 0.74 compared with the corresponding SF-1 values of 0.81 and 0.83, respectively. Also the SF-6D and HUI-III values for GLBHLT = 5 (poor) were 0.59 and 0.43 compared with the corresponding SF-1 values of 0.54 and 0.21, respectively.

CONCLUSION: The SF-1 as a rough estimate of the patient’s own health, yielded a stronger correlation with utilities calculated for HUI-III and SF-6D while GLBHLT, considered a routine measure in clinical trials, yielded much weaker correlation. Confirmation of these findings is needed to assess if GLBHLT is a fair representation of the health of patients with CAD.

**CV5**

**ORLISTAT IN OBESE TYPE 2 DIABETIC PATIENTS: ASSESSMENT OF LONG TERM OUTCOMES AND COST-EFFECTIVENESS**

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OBJECTIVES: Obesity is a very common condition in type 2 diabetic patients. Treating obesity may enhance hypoglycemic treatment and, thus, may contribute to a reduction in long-term microvascular and macrovascular