self-care, or usual activities, 15.8% and 16.5% reported pain/discomfort and anxiety/depression, respectively. The mean (standard deviation) global health score was 83.5 (13.3) on a 0 (worst) to 100 (best) scale. Independent predictors of reporting any of the EQ-5D health problems included female gender, BMI 25-30 kg/m², presence of comorbidity (hypertension, hyperlipidemia, etc.), family history of liver cancer, albumin <35 g/L, and ASAT ≥2.5 ULN. Although the group was not statistically significant for >15 years, presence of comorbidity were independent predictors of a lower global health score, with the effect size ranging between 1 and 4 points.

CONCLUSIONS: CHB characteristics showed some association with patient-reported health problems, but their association with general health perception was minimal. The modest relationship between clinical and patient-reported outcomes measures support the assessment of patient-reported outcomes in patients with CHB.

PI310 RIBAVIRIN DOES NOT IMPACT HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS ON OMBITASVIR/PARITAPREVIR/DASABUVIR AT THE END OF 12-WEEK TREATMENT IN TREATMENT-NAÏVE ADULTS WITH GENOTYPE 1A (GT1A) CHRONIC HEPATITIS C

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OBJECTIVES: The impact on patient HRQoL of including ribavirin (RBV) in interferon-free hepatitis C virus (HCV) treatment has not been determined. We assessed the HRQoL impact of an all-oral HCV therapy, ombitasvir/paritaprevir/dasabuvir (OBV/PTV/r+DSV), with and without RBV in treatment-naïve, non-cirrhotic, GT1a adults at the end of 12-week treatment in Phase 3 PEARL-IV trial.

METHODS: HCV patients were randomized in a 1:2 ratio to OBV/PTV/r+DSV with RBV or OBV/PTV/r+DSV without RBV and treated during a 12-week double-blind period. HRQoL was assessed using the SF-36v2 Health Survey (SF-36) which was administered to patients at baseline, during treatment, at end of treatment (EOT) and at post-treatment (PT) visits. Physical Component Summary (PCS) and Mental Component Summary (MCS) scores were calculated for the SF-36. The statistical significance of differences between treatment groups in mean change from baseline to EOT was assessed. Analyses of HRQoL on OBV/PTV/r+DSV with and without RBV was performed using paired t-test. The overall significance level was α = 0.05, each). Cdiff36 scales also correlated significantly with the mean change from baseline to EOT did not reach statistical significance for either PCS (p-value = 0.105) or MCS (p-value = 0.063). At PT week 24, mean changes from baseline were 2.4 ± 5.19 in PCS and 2.6 ± 6.99 in MCS in the RBV group, and 2.2 ± 7.00 in PCS and -2.9 ± 10.55 in MCS) while small increases were observed in the non-RBV group. At the end of 12-week treatment in the Phase 3 PEARL-III trial.

CONCLUSIONS: At the end of 12-week treatment in PEARL-IV, the addition of RBV to the interferon-free all-oral OBV/PTV/r+DSV regimen did not have a significant impact on patient HRQoL in treatment-naïve patients with CHC. SF-36 PCS and MCS scores for both treatment groups showed similar improvement over baseline.

PI311 HEALTH-RELATED QUALITY OF LIFE (HRQoL) IN PATIENTS ON OMBITASVIR/PARITAPREVIR/RITONAVIR AND DASABUVIR AT THE END OF 12-WEEK TREATMENT IN TREATMENT-NAÏVE ADULTS WITH GENOTYPE 1B (GT1B) CHRONIC HEPATITIS C

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OBJECTIVES: An all-oral HCV therapy, ombitasvir/paritaprevir/dasabuvir (OBV/PTV/r+DSV), without ribavirin (RBV) has been approved by the Food and Drug Administration (FDA) for treatment of treatment-naïve, non-cirrhotic, GT1b adults. We assessed the impact of OBV/PTV/r+DSV with and without RBV at the end of 12-week treatment in the Phase 3 PEARL-III trial.

METHODS: HCV patients were randomized in a 1:1 ratio to OBV/PTV/r+DSV with RBV or OBV/PTV/r+DSV without RBV. At EOT, mean ± SD decrements from baseline PCS and MCS scores were observed in the RBV group (change of -0.6 ± 7.9 in PCS and -2.9 ± 10.55 in MCS) while small increases were observed in the non-RBV group (change of +0.9 ± 7.98 in PCS and +0.5 ± 10.99 in MCS). The difference in mean change from baseline to EOT did not reach statistical significance for either PCS (p-value = 0.105) or MCS (p-value = 0.063). At PT week 24, mean changes from baseline were 2.4 ± 5.19 in PCS and 2.6 ± 6.99 in MCS in the RBV group, and 2.2 ± 7.00 in PCS and -2.9 ± 10.55 in MCS in the non-RBV group. CONCLUSIONS: At the end of 12-week treatment in PEARL-IV, the addition of RBV to the interferon-free all-oral OBV/PTV/r+DSV regimen did not have a significant impact on patient HRQoL in treatment-naïve patients with CHC. SF-36 PCS and MCS scores for both treatment groups showed similar improvement over baseline.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG334 DO PHYSICIANS CHANGE THEIR PRESCRIPTIONS IN RESPONSE TO FINANCIAL INCENTIVES?

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OBJECTIVE: We assessed the impact on prescription behaviors and drug expenditures of an outpatient prescription incentive program in South Korea that provides financial incentives to primary care physicians for less prescription of medicines. The outpatient prescription incentive program was developed as a financial incentive to primary care physicians for less prescription of medicines. National Health Insurance claims data for years 2009–2012 were extracted from 1,625 clinics. A clinic-level random effects model was used. RESULTS: The overall impact of the program on drug expenditure was not significant. However, clinics in general medicine showed a lower prescription rate (0.8 percentage points), number of medicines prescribed (-740 won) per claim after the policy. Small clinics had lower drug expenditure (-740 won) per claim after the policy. CONCLUSIONS: The outpatient prescription incentive program worked and was used or there were proxy prescriptions. Included studies were graded on study quality using the Qualitative Assessment and Review Instrument. Eligible studies were then analyzed using meta-synthesis; findings from individual studies were grouped into themes which were combined to generate HQRoL domains. RESULTS: Ten studies met the inclusion/exclusion criteria and the quality assessment criteria and were included for review. Eleven themes were identified: physical symptoms, physical activities, guilt, stigma, emotional distress, relationship, psychological behavior, social relationship, social activities, work function, sexual function, and cognitive function. The type of themes identified in each study varied by the focus of the study and the analytical framework used in each study. Further groupings were made into six HQRoL domains: physical, psychological/emotional, social, work, sexual, and cognitive function. CONCLUSIONS: The systematic review represents a useful starting point in the critical appraisal of the PRO instruments used for clinical trials in HCV patients.