PRIM167

COMPARABILITY OF INTERVIEW AND SELF-AADMINISTRATION OF THE FUNCTIONAL ASSESSMENT OF CHRONIC ILLNESS THERAPY-TUBERCULOSIS (FACT-TB) INSTRUMENT IN IRAQI PULMONARY TUBERCULOSIS PATIENTS

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OBJECTIVES: To investigate the extent to which two different modes of administration (interview by a trained interviewer versus self-administration) yielded a comparable estimate of health-related quality of life (HRQL) in pulmonary tuberculosis (PTB) patients. METHODS: The study was conducted between September 1st 2012 and July 31st 2013, among consecutive PTB treated at Thornsor Respiratory Disease Specialist Centre in Baghdad, Iraq. The mode of administration of the Functional Assessment of Chronic Illness Therapy-Tuberculosis (FACT-TB); a new TB-specific instrument, at baseline was registered in 305 subjects. RESULTS: Although the FACT-TB was designed for self-administration, most patients in our sample (N = 193, 63,2785) requested some help from the interviewer to fill out the questionnaire. Mann Whitney U test showed that those patients capable of interviewing were significantly younger (38.16 ± 12.93 versus 43.58 ± 16.41 years, P = 0.005) and required less time to complete the questionnaire compared to those who were interviewed by a trained interviewer (14.64 ± 3.24 versus 17.22 ± 2.61 minutes, P < 0.001), while Chi-Square statistics showed that this group of patients had a higher education level (P = 0.001). No differences in gender were observed in HRQL score across all domains for those who interviewed by a trained investigator was slightly lower than those who answered the questionnaire by self-administration. However, the results did not reach statistical significance (P > 0.05). CONCLUSIONS: Technical equivalence has been demonstrated in the sample of PTB patients in Iraq. FACT-TB instrument is flexible and it is able to accommodate the needs of patients with diverse social, educational, and functional skills. Technical equivalence across different modes of administration of questionnaire permits unbiased assessment of the impact of the disease and its treatments on patients’ HRQL.

PRIM168

HEALTH RELATED QUALITY OF LIFE IN CANCER PATIENTS: EVALUATION WITH A SELF-ADMINISTERED IPAD APPLICATION

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OBJECTIVES: Cancer has the second highest mortality rates after cardiovascular diseases in the world. Advances in treatment options caused significant improvements in survival of cancer patients. However, the major parameter affecting treatment success and treatment adherence in these patients is the quality of life (QoL). We aimed to develop a self-administered iPad application for evaluation of QoL in patients with various cancer diagnoses. As part of routine practice, Oncology Department EORTC QLQ-C30 was administered to 1549 cancer patients treated at Hacettepe Oncology Hospital. We determined 10 questions that explains most of the variation in QoL using factor analysis, and designed a new application for iPad, where patients can record responses themselves. RESULTS: The 10 factors that described by the factor analysis had the power of 74,2% explaining QoL variance. The reliability analysis of these factors showed a Cronbach alpha coefficient of 0,79. The patients filled the self-administered iPad application form in 127 patients taking chemotherapy regiments in the outpatient setting. The validity and reliability analyses revealed that the new application can be effectively used in Turkish cancer patients. CONCLUSION: Our results revealed that our software application will be useful and efficient for monitoring of the changes in QoL during their treatment course. Furthermore, this kind of mobile applications may be practical for health professionals in daily routine clinical assessments of patients, this way there would be increased accessibility in electronic applications providing increased accessibility for the cancer patients.

PRIM169

THE SELECTION OF APPROPRIATE HEALTH STATE UTILITY VALUES (HSUVS) FOR HEALTH TECHNOLOGY ASSESSMENT (HTA): LESSONS TO BE LEARNT

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OBJECTIVES: Incorporation of health-related quality of life (HRQoL) evidence into economic models is a requirement of many countries for the purposes of Health Technology Assessment (HTA), and therefore appropriate health state utility values (HSUVs) are often sought. The objective of this review was to: (i) identify and summarise the principal limitations of HSUVs used in recent submissions appraised by the National Institute for Health and Care Excellence (NICE) and (ii) produce a categorical checklist that can be used by manufacturers to reduce uncertainty when selecting HSUVs for HTA. METHODS: Evidence appraisal documents for the 50 most recently published technologies assessed by NICE were reviewed. From the literature (n = 2014), economic models were assessed and utility inputs reviewed. Critiques of the HSUVs for reasons of sensitivity and reliability. Especially in case of the fluctuating frequency of seizures in epilepsy, generic QoL-instruments are often found to be unsuitable for outcome research. A proposed method to bridge the gap between clinically relevant outcome measures and QoL is to derive utility scores for epilepsy health states. The aim of this study is to develop a scoring algorithm to transform epilepsy health states into utility scores. METHODS: The proposed scoring algorithm was based on valuations of health states generated by the Time Trade-Off (TTO) method. The TTO was based on clinically important attributes (seizure frequency, seizure severity and utility effects). A full factorial design was used which resulted in 38 scenario’s. Besides standard demographics, every participant was asked to value 10 or 11 different health states. A multilevel regression analysis was performed to account for the hierarchical structure of the data. The TTO was used to conduct a multiattribute utility survey software. RESULTS: In total 531 subjects of the general population, with an average age of 42 years, have participated in the TTO study. Preliminary results show that the best health state (no seizures and no side-effects) is estimated at 0.89 utility and the worst state (seizures twice a day, many side-effects, type 5 seizure) is estimated at 0.16. CONCLUSIONS: This study provides a scoring algorithm for transforming clinically relevant outcome measures of epilepsy into utility estimates which can be incorporated into economic evaluations. Although seizure frequency is the most commonly reported primary outcome measure in epilepsy research, this study suggest that the impact of seizure severity alone should not be underestimated.

PRIM172

AN ANALYSIS OF THE HEALTH TECHNOLOGY ASSESSMENT RECOMMENDATION AND GUIDANCE ON USE OF EQ-5D-5L IN COS®-EFFECTIVENESS MODELING

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OBJECTIVES: Several national and international health technology assessment (HTA) bodies including the National Institute for Health and Care Excellence (NICE) for England and Wales recommend EQ-5D as the preferred health-related quality of life (HRQoL) measure for use in cost-effectiveness analyses. This study aims to evaluate the recommendation and use of EQ-5D-5L in a large database of HTA submission guidelines and subsequent reimbursement decisions. METHODS: A targeted review of national HTA submission modeling guidelines since the introduction of EQ-5D-5L in 2011 was carried out for the UK and France. The cost-effectiveness modeling guidelines were assessed for the requirements for EQ-5D at either level. The impact of guideline recommendations on submissions were examined by comparing the presence of EQ-5D-5L in the 50 most recent technical appraisal materials in each country. RESULTS: While all the bodies recommended the use of EQ-5D as a generic measure of HRQoL, only NICE specifically recommended EQ-5D-5L. However, it was not a requirement of the latest published guidance only NICE and the Scottish Medicines Consortium recommend one EQ-5D-5L submission each. Despite evidence suggesting increased sensitivity and reduced ceiling