scores. CONCLUSIONS: The K-means CA method appeared optimal in healthcare claims data with highly skewed cost information when taking into account both change of cost patterns and sample size in smallest cluster.

PM130 INCLUSION OF MULTIPLE STUDIES IN MATCHING ADJUSTED INDEPENDENT COMPARISONS (MAIC) Belger M1, Knabich A2, Katsioli Z2, Petto H3, Parsons D4
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OBJECTIVES: Signorovitch (2010) describes MAIC that focuses on matching one study with individual patient data (IPD) to the covariates in one study with aggregated data (AGR). However, in most scenarios there is likely to be multiple studies with IPD and AGR that need to be included in the Indirect Comparison. In addition it may be necessary to extend the network of treatments to include more than the two treatments with a single comparator. METHODS: We present a novel approach to potential solutions for including multiple studies and multiple treatments in the MAIC and assess these using simulations with the weighting methods proposed by Signorovitch(2010) as well as with Entropy Balancing Hainmueller (2012).

RESULTS: When pooling IPD studies, into one large study and match against the AGR study or b) matching each IPD study against the AGR study. For multiple AGR studies then the IPD data can be matched against a) just one AGR study, b) the average AGR character-
stistics from the AGR studies, c) the average mean and variances from the AGR studies or d) the distribution of patient characteristics using MCMC from the AGR studies. To apply a MAIC in Networks involving multiple studies the choice of study to match on could be an issue so it is important that the assumptions surrounding the NMA are tested, and only if there is no evidence to suggest inconsistency and heterogeneity within the Network, should IPD studies be added to the Network via MAIC. CONCLUSION: MAIC can be applied in scenarios where you have multiple studies and treatments if the existing Network satisfies the assumptions around heterogeneity and inconsistency required when performing Network Meta-Analysis.

PM131 CLASSIFICATION TREE ANALYSIS OF THE LIKELIHOOD OF CLOPIDOGREL TREATMENT IN A COHORT OF PATIENTS WITH SYMPTOMATIC PERIPHERAL ARTERY DISEASE (SPA D) Reed Chase M1, Friedman H2, Navaratnam P1, Heithoff K3, Simpson Jr R4
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OBJECTIVES: We evaluated whether treatment initiation of clopidogrel among symptomatic peripheral artery disease (SPAD) was impacted by post-stenting prevention of thromboembolic complications in patients with comorbid coronary artery disease (CAD). Claims data and in spite of previous studies, triggering events, continuous/intermittent symptoms, affected body sites, severity and treatment. CONCLUSIONS: Patients provide information regarding their disease experience, sleep quality, and diagnostic test, in addition, perceived burden and health-related Quality of Life (HRQoL) analysis.

METHODS: The model used the misclassification criterion, required a minimum of 50 observations to be considered reasonably reliable and given the expected low event rates in samples with $>20$, the increased use of biologics in recent years illustrates a steady trend. By matching on indication and time, and restricting against the European label, HTA decisions were determined to be either Recommend, Recommend With Restrictions (RWR), Do Not Recommend (DNR), or No Decision. RESULTS: The sample included 77 reviews. Twenty-two reviews used methotrexate in combination with biologic drugs as comparators. Of these, 13 (59%) received a Recommend, six (27%) received RWR, and three (14%) were DNR. The frequency of the use of biologics (alone or in combination) as comparators increased each year between 2006 with 14% (1/7), and 2009, with 60% (3/5). In 2009, one (20%) of the five reviews was the first to use a biologically exclusive as a comparator, and received a decision of Recommend. In 2013, two (13%) of the 15 reviews used biologics only, and received No Decision. In 2014, all two (100%) of the reviews used biologic drugs as comparators, of which one receiving a decision of Recommend, and the other RWR. CONCLUSIONS: While the categories of comparators used in RA varied over time, the increased use of biologics in recent years illustrates a steady trend.

PM135 RESPONSE RATES IN DIRECT-TO-PATIENT SURVEYS Gosalyn Hunter A, Brenneman S

OBJECTIVES: Survey response rates continue to decline across all modes of administration for public, private, and government organizations conducting survey research. This review examines response rates (RR) for direct-to-patient survey studies in health economics and outcomes research (HEOR).

METHODS: RR was