English speaker; 4) comparison of original and back translation; and 5) review by a clinician. RESULTS: Cultural and linguistic challenges emerged during the process. On the cultural level, the differences in the approach to suicide and its methods based on differences in tradition and availability of means required finding suitable alternatives in the target languages. On the linguistic level, it was important to differentiate between medical and psychiatric hospitalisation after a suicide attempt and appropriate solutions across languages had to be found. The process revealed an area of ambiguity in the original rating instructions which had to be clarified in the translations. Examples of these and other challenges and their solutions will be discussed in the presentation. CONCLUSIONS: The 45 language versions, of the C-SSRS (a total of over 90 translations now exist), were established according to a rigorous methodology to ensure conceptual equivalence and cultural relevance across languages. The translations may now be used in international studies to assess suicidal ideation and behaviour and facilitate the comparison and pooling of data. The analysis of the psychometric results will be necessary to see if and how suicidal ideation and behaviour compare across countries and cultures.

OBJECTIVES: To determine if the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) can satisfactorily predict EQ-5D, SF-6D and 15D utilities. The QLQ-C30 measures health-related quality of life (HRQOL) using a global scale, five functional scales and eight symptom scales/items and like most HRQOL instruments provides a profile of scores instead of an overall preference-based index, precluding its use in cost-utility studies.

METHODS: A stratified sample (N = 48) of gastrointestinal cancer patients on chemotherapy was interviewed. The survey contained the QLQ-C30, the SF-36, two multi-attribute utility instruments (EQ-5D and 15D) and socio-demographic and disease-related questions. Validity of QLQ-C30 scales was assessed by testing a priori hypotheses that they would be moderately or strongly correlated with SF-36 scales measuring similar HRQOL dimensions and that younger subjects and those not reporting comorbid conditions would have better scores. Linear regression analyses identified the extent to which QLQ-C30 scales could predict EQ-5D, SF-6D and 15D utilities.

RESULTS: Pearson’s correlations between similar QLQ-C30 and SF-36 scales ranged from 0.69 to 0.89 (P < 0.001). Subjects with coronary heart disease had worse scores on all QLQ-C30 functional scales (T-test, P < 0.05 for four scales), as did older subjects as well (ANOVA, P < 0.05 for five scales). QLQ-C30 global, functional and symptom scales were significant predictors of utility scores elicited from standard instruments. Specifically, three scales were significant (P < 0.05) predictors of EQ-5D utilities, six scales (P < 0.05) of SF-6D utilities and four scales (P < 0.001) of 15D utilities and explained large portions of variance (adjusted R² was 0.610, 0.833 and 0.912 respectively). Robustness of results was tested and confirmed in patient subgroups with differing HRQOL. CONCLUSIONS: Preliminary evidence has been provided supporting the appropriateness mainly of the 15D and SF-6D instruments in cancer-specific cost-utility studies, although further studies involving larger and more diverse patient samples are encouraged.

WHAT IS THE CLINICAL BENEFIT OF PREVENTING NON-FATAL MYOCARDIAL INFARCTIONS?

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OBJECTIVES: Therapies may reduce short-term rates of non-fatal myocardial infarction (MI) while having no detectable effect on in-trial mortality. We sought to estimate the clinical benefit of preventing a non-fatal MI in terms of its effects upon long-term rates of death and MI. METHODS: We analyzed 14,890 patients with significant coronary artery disease (CAD) undergoing diagnostic catheterization (cath) at Duke Medical Center between 1999 and 2006, with follow-up through June 2007. Patients were classified as having a non-fatal MI within three months of

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Abstracts

PREDICTING EQ-5D, SF-6D AND 15D UTILITIES FROM EORTC QLQ-C30 DATA

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OBJECTIVES: To determine if the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) can satisfactorily predict EQ-5D, SF-6D and 15D utilities. The QLQ-C30 measures health-related quality of life (HRQOL) using a global scale, five functional scales and eight symptom scales/items and like most HRQOL instruments provides a profile of scores instead of an overall preference-based index, precluding its use in cost-utility studies.

METHODS: A stratified sample (N = 48) of gastrointestinal cancer patients on chemotherapy was interviewed. The survey contained the QLQ-C30, the SF-36, two multi-attribute utility instruments (EQ-5D and 15D) and socio-demographic and disease-related questions. Validity of QLQ-C30 scales was assessed by testing a priori hypotheses that they would be moderately or strongly correlated with SF-36 scales measuring similar HRQOL dimensions and that younger subjects and those not reporting comorbid conditions would have better scores. Linear regression analyses identified the extent to which QLQ-C30 scales could predict EQ-5D, SF-6D and 15D utilities.

RESULTS: Pearson’s correlations between similar QLQ-C30 and SF-36 scales ranged from 0.69 to 0.89 (P < 0.001). Subjects with coronary heart disease had worse scores on all QLQ-C30 functional scales (T-test, P < 0.05 for four scales), as did older subjects as well (ANOVA, P < 0.05 for five scales). QLQ-C30 global, functional and symptom scales were significant predictors of utility scores elicited from standard instruments. Specifically, three scales were significant (P < 0.05) predictors of EQ-5D utilities, six scales (P < 0.05) of SF-6D utilities and four scales (P < 0.001) of 15D utilities and explained large portions of variance (adjusted R² was 0.610, 0.833 and 0.912 respectively). Robustness of results was tested and confirmed in patient subgroups with differing HRQOL. CONCLUSIONS: Preliminary evidence has been provided supporting the appropriateness mainly of the 15D and SF-6D instruments in cancer-specific cost-utility studies, although further studies involving larger and more diverse patient samples are encouraged.

POD I II: CARDIOVASCULAR DISEASE EVALUATIONS