RCM as [(number of normal 'activities' days missed due to migraine) + (number of normal 'activities' days performed with migraine symptoms)(100% − % effectiveness while working with symptoms)/100%] × (daily wages). Daily wages for the corresponding occupational category were used for patients with paid jobs. For patients without paid jobs, a daily wage of $0 and a daily wage for private 'household workers' ($8) was assigned for the HCA and RCM, respectively. **RESULTS:** There were 178 patients who completed the study (90% female, 96% Caucasian, average age 39 years). There were 82% of patients with paid jobs and 18% without paid jobs. The 6 month NWPC lost were $184,143 and $203,505 using the HCA and RCM, respectively. **CONCLUSION:** The RCM yields a higher estimate of NWPC of migraineurs than the HCA. The HCA may underestimate the NWPC of migraineurs. The method used to value NWPC impacts the results of studies that are conducted from the societal perspective.

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LINGUISTIC VALIDATION OF THE WORK LIMITATIONS QUESTIONNAIRE (WLQ)

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INTRODUCTION: The increase of patient-based assessments in clinical trials has emphasized the need for cross-culturally valid instruments to pool data across countries. The Work Limitations Questionnaire (WLQ) consists of 25 questions divided into 4 scales, was developed in US English and is designed for the assessment of the impact of health problems on work. **METHODS:** Prior to use in an international trial, the original questionnaire underwent linguistic validation in 3 languages. Coordinated by a QoL specialist in each target country, an internationally recognised translation methodology was followed: preliminary versions in Canadian French and US Spanish were established after forward/backward translation. The Canadian English version was established after a review of the original by a QoL specialist in Canada. Throughout the process the author clarified the concepts underlying each item. **RESULTS:** Linguistic and conceptual issues arose during the translation process. The notion of "work without stopping to take breaks or rests" could not be translated literally, as in some countries, it is illegal not to take breaks. It was therefore translated as "work without stopping to take more breaks than usual". Likewise, the alternative use of "clients" and "customers" in the original could be translated by only one word in the translations. **CONCLUSION:** The steps performed ensure the conceptual equivalence between the original and the preliminary language versions. Testing on a sample target population in each country and the comparison of all languages will ensure the clarity, appropriateness of wording and acceptability of the translations as well as their international harmonization. Psychometric testing will be important to ensure similar relationships among scales across countries.

PMT37

BENEFITS OF EARLY MODELING IN DRUG DISCOVERY

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Simulation modeling can be used to obtain cost-effectiveness information on drugs still in early development. **OBJECTIVE:** To construct a disease-based simulation model characterizing the current patterns of treatment of osteoporosis and their associated clinical and economic outcomes. The model can then be used to estimate the marginal value of each proposed clinical characteristic of a new drug for osteoporosis. **METHODS:** We performed a systematic literature review of the epidemiology, treatment guidelines and patterns of osteoporosis, as well as of previous economic models and cost-effectiveness literature in this area. Interviews with clinicians and epidemiologists were conducted to identify important parameters for inclusion in the model. Information from these sources was utilized to develop the model. **RESULTS:** A state transition model has been constructed. Twenty-five health states are used, with the inclusion of four fracture sites (hip, wrist, vertebral and other), and other diseases (i.e., breast cancer, coronary heart disease) that osteoporosis interventions may impact. Simulation duration, cohort size, patient age matrices and distribution of initial health states can all be varied, allowing a number of assumptions to be tested. Quality adjusted life year values and costs for the given year and subsequent years associated with each health state are included. The impact of relative risks associated with each intervention are incorporated into the model, together with start and rise times, fall and stop times. **CONCLUSION:** Through simulation modeling, data can be combined to estimate clinical outcomes and economic consequences of osteoporosis treatment early in the drug development process. Such information can then be used to establish the key clinical characteristics that will need to be obtained in order to achieve reimbursement.

Willingness-to-Pay & Work Performance Research PWP

PWP1

COMPARATIVE BURDEN OF ILLNESS AT TWO LARGE US COMPANIES

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