especially in comparative and longitudinal studies is recommended in order to enhance use of BQ in clinical decision making around BQ modalities.

PCN201

PATIENTS’ PREFERENCES IN THE TREATMENT OF NEUROENDOCRINE TUMORS: AN ANALYTIC HIERARCHY PROCESS
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OBJECTIVES: Neuroendocrine tumors (NET) are relatively rare, usually slow-growing malignant tumors. So far there is no data on the patient preferences/preferences regarding the therapy of NET. This empirical study aimed at the elicitation of patient preferences in the drug treatment of NET. METHODS: Qualitative patient interviews (N=90) were conducted. To elicit patient’s perspective regarding various treatment aspects of NET a self-administered questionnaire using Analytic Hierarchy Process (AHP) was developed. The data collection was carried out using paper questionnaire. Patients’ response system was a group discussion. Analysis of the patient-relevant outcomes, the eigenvector method was applied. RESULTS: N=24 patients, experts and relatives participated in the AHP survey. In the AHP all respondents had clear priorities for all considered attributes. The attribute “overall effectiveness” gained the highest priority as therapy for all respondents. As in the qualitative interviews, “efficacy attributes” dominated the side effects in the AHP as well. The evaluation of all participants thus showed the attributes “overall survival” (Wglobal: 0.161) to be most relevant. “Occurrence of abdominal pain” (Wglobal: 0.051) was ranked last, with “tiredness/fatigue” and “risk of a hypoglycemia” (Wglobal: 0.034) on a shared seventh place. CONCLUSIONS: The results thus provide evidence of how much influence a treatment capacity has on therapeutic decision. Using the AHP major aspects of drug therapy from the perspective of these patients further investigation must elicit patient preferences for NET drug therapy. In the context of a discrete choice experiment or another choice-based method of preferences measurement, the results obtained here can be validated and the therapeutic features weights might be adjusted to their preferences.

PCN202

WHAT RELAPSED/REFRACTORY CLL/MCL TREATMENT OUTCOMES DO GERMAN PATIENTS AND PHYSICIANS FIND MOST IMPORTANT? RESULTS FROM QUALITATIVE INTERVIEWS
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OBJECTIVES: Despite the availability of a wide number of treatments for relapsed/ refractory Chronic Lymphocytic Leukemia (CLL) and t/r mantle cell lymphoma (MCL), no standard of care has emerged. There are no studies evaluating preferences for treatment outcomes for t/r CLL and t/r MCL. This study was designed to elicit preferences for t/r MCL and t/r CLL treatment outcomes among patients, the general public and physicians experienced in treating CLL/MCL in Germany. METHODS: Interviews (90 minutes) in German of 6 CLL/6 MCL hematologists, 6 t/r CLL and 5 t/r MCL patients were conducted (total 23 interviews). Participants were asked to state their most important treatment outcomes. Transcripts were translated to English and analyzed by counting the number of times each outcome was mentioned. We present here results of patient and physician preferences. RESULTS: t/r CLL patients prioritized: EFS and OS (5), duration of remission (4), quality of life (QOL) aspects (4) and progression free survival (PFS) disease control (4). A tolerable side effect (SE) profile/controlling disease symptoms was mentioned by 3 patients. Other treatment outcomes included infections, nausea (2 each), fatigue, weight gain/loss, and long pain treatment intervals (1 each). t/r MCL physicians mentioned OS (4), QOL (4) and PFS (4). t/r MCL patients mentioned efficacy benefits such as cure (4) and OS (2), FFS (1), various QOL aspects (5) and a tolerable SE profile/controlling disease symptoms (3). Other treatment outcomes were low long-term organ damage (2), hair loss, nausea and night sweat (1 each). MCL physicians mentioned OS (6), QOL (5) and a tolerable SE profile (4). CONCLUSIONS: Extending life, disease control, maintaining QOL and avoiding SE are important t/r MCL/CLL treatment outcomes to German patients and physicians.

PCN203

PATIENTS’ PREFERENCES IN LATE STAGE TREATMENT OF NON-SMALL-CELL LUNG CANCER: A DISCRETE-CHOICE EXPERIMENT
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OBJECTIVES: Lung cancer is a major cause of cancer-related deaths and thus represents a global health problem. To date, decisions on which treatment to use are often driven by health care professionals’ opinions. The perspective of patients with metastatic non-small cell lung cancer (NSCLC) on the importance of different treatment criteria and the ranking of these decision criteria are rarely taken into consideration. In this study we elicit the patient-relevant treatment characteristics of NSCLC patients. METHODS: The literature review, and 10 qualitative interviews revealed seven patient-relevant treatment attributes. A Discrete Choice Experiment (DCE) was used to measure these treatment characteristics. The DCE was conducted using a fractional factorial design (Ngene) and the statistical data analysis used random effect logit and GLLAMM latent class models for subgroup identification. RESULTS: In total N=211 patients with metastatic NSCLC were included that were randomly assigned in the competing treatment arms. On the treatment of patients increased their experience. Basically, the results give insight into how much a deciding factor affects the treatment decision from the perspective of the patients. In addition, the results of this study can provide a basis for patient-oriented evaluation of treatment options in NSCLC.

PCN204

CARER PERCEIVED BURDEN AS A PREDICTOR OF HEALTH-RELATED QUALITY OF LIFE: THE CASE OF COLORECTAL CANCER
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OBJECTIVES: This study aimed to (i) investigate the impact of subjective and objective factors on colorectal cancer carer physical and mental health, and (ii) identify key subjective burden predictors of these two domains. METHODS: 228 colorectal cancer carers in Ireland were recruited for the study. Carers were posted a questionnaire which included questions on socio-demographic characteristics, relationship with the care recipient, the caregiver reaction assessment (CRA) scale and the SF-12. Multivariate linear regression was used to assess whether five CRA domains (family support, finances, schedule and health, esteem, predicted carer mental or physical health, controlling for age and other confounders) predicted carer mental or physical health, controlling for age and other confounders. RESULTS: 153 carers (62% female) completed the questionnaire (response rate = 68%). Carers’ mean physical component score (PCS) was 48.56 (SD:10.58) and mean mental component score (MCS) was 49.22 (SD:9.7). The most negatively affected CRA domain was disrupted sleep (mean =3.0), followed by financial problems (mean =2.9) and lack of family support (mean =2.6). Multi regression analysis showed health burden was the strongest predictor (β = -0.34, p < 0.001) of carer PCS, followed by having a comorbid condition (β = -0.34, p < 0.001), age (β = -0.24, p < 0.001) and time since diagnosis (β = -0.22, p < 0.05) and seximen (β = -0.16, p < 0.05). CONCLUSIONS: Our results demonstrate the need to recognise the different aspects of the impact of caring on caregivers (i.e. physical and mental), that different domains of subjective caregiver burden differentially on these.