initiated STRs; 1,681 (47%) initiated MTRs. Median persistence (95% confidence interval) was 96.5 (93.1, 98.9) months on STRs and 13.2 (11.9, 13.0) months on MTRs (Difference 23.3, P < 0.001). Within the subgroups persistent for the first 6 months, median persistence on STRs was 26.1 (24.2, 28.3) and on STGs was 47.6 (41.2, 54.3) months. Limiting the MTR analysis to those patients who had persistence ≥ 6 months for STGs, mean total percentage of overall STR persistence was 76.6% (95% CI, 74.1–79.3); range 50–80%. Patients receiving an STR regimen had significantly longer median persistence by almost two years, compared to those receiving MTRs. Even those patients who persisted on an MTR for their first 6 months experienced shorter overall persistence than those receiving an STR.

PIN50 EVALUATING PATIENT PREFERENCES FOR HIV THERAPY: RESULTS FROM A DISCRETE CHOICE EXPERIMENT IN THE UK AND GERMANY Murray MD1, Dang N1, Gallop K1, Colics G1, de Freitas H1, Lloyd AJ1 1NHS Healthcare, Brentford, UK, 2NVI Healthcare, Singapore, Singapore, 3ICON Patient Reported Outcomes, Oxford, UK

OBJECTIVES: The aims of this study were to (1) Estimate the relative strength of preferences for different attributes of Anti Retroviral Therapy (ART) using a stated preference discrete choice experiment (DCE) and (2) incorporate findings from qualitative research to supplement the data from the DCE. METHODS: A European study in France, Italy, Spain, Germany and the UK was undertaken with an estimated 1500 PIN50W designed to elicit patients’ strength of preference for different attributes of ARTs. This work presents the results from the UK and Germany. Participants were given a series of choice-statement questions which presented hypothetical ARTs. Qualitative data were collected separately through individual interviews (n=48) with PIN50W recruited from HIV clinics in the UK and Germany. RESULTS: In total, 549 patients participated in the DCE (249 in UK and 300 in Germany). The results showed that a rapid improvement in CD4 count and viral load were treatment attributes valued most highly by patients (UK: OR=0.79, 95% CI: 0.69-0.90; P<0.001, OR=0.79, CI:0.61-0.99; P<0.001). In addition, the absence of side effects such as diarrhoea was also valued highly (UK: OR=0.75 CI: 0.51-0.65, p<0.001. Germany: OR=0.79, CI: 0.67-0.92, P<0.001). As well as lower risk of long term decline in renal function and an increase of cardiovascular risk (UK: OR= 0.90 CI: 0.85-0.35, p<0.001. Germany: OR= 0.55, CI:0.48-0.63, p<0.001). Other treatment attributes driving patient preference included reduction in treatment failure, absence of food restrictions, longer treatment duration and less side effects. Conclusions: By comparing the German and UK results is that German patients did not value the absence of DDIs, the qualitative data suggests that they felt that these issues are being managed by their clinicians. CONCLUSIONS: The DCE demonstrated that patients placed a great deal of importance on treatment efficiency as evidenced by the importance placed on these attributes.

PIN51 HEALTH STATE UTILITY VALUES OF HIV INFECTED PATIENTS IN KENYA Patel A1, van der Kop M1, Lester R1, Ojaka D1, Igunza P1, Gichuki R1, Mahal D1, Marra C1 1University of British Columbia, Vancouver, BC, Canada, 2Karolinska Institutet, Solna, Sweden, 3African Medical and Research Foundation, Nairobi, Kenya

OBJECTIVES: Health state utility values (HSUVs) in HIV are a key component of economic models that include Quality Adjusted Life Years (QALYs). There are limited HSUVs’ reports in Africa and for patients infected with HIV in Kenya. The objective of this research was to examine the HSUVs by severity of symptoms in an HIV infected population. METHODS: A Kiswahili translated SF-12 survey was administered to newly diagnosed HIV infected patients participating in a randomized, controlled trial in Nairobi, Kenya between April and October 2013. Patients were also asked if they were experiencing common symptoms of HIV (ie. fatigue, loss of appetite, depression or diarrhea) and severity of symptoms was scored using the SF-12 utility algorithm. Mean HSUVs among patients reporting severe symptoms, mild/moderate symptoms or no symptoms were compared using ANOVA. RESULTS: 135 respondents were included in the analysis with 7 observations removed due to missing data. HSUVs among asymptomatic HIV patients was 0.98 (SD=0.04), among patients experiencing mild/moderate symptoms was 0.89 (SD=0.12) and among patients experiencing severe symptoms was 0.73 (SD=0.16). ANOVA showed significant differences (p<0.01) between group and a post-hoc Tukey test confirmed mean HSUVs were significantly different between those reporting severe symptoms and the other categories. CONCLUSIONS: This study measures HSUVs in a Kenyan cohort of HIV patients and confirms that significant differences exist in quality of life between subgroups of these HIV infected patients. The utilities are inline with values measured in studies from other settings. These HSUVs may be used to determine QALYs for use in health economic HIV research in Kenya.

PIN52 UTILITY VALUES OF HEPATITIS C PATIENTS IN FRANCE: RESULTS BY LIVER DISEASE STAGE AND TREATMENT OUTCOME Sans S1, Lévy E1, Verney M1, Solary E1, Flahault A2, Casella G3 1Department of hepatology, Saint-Antoine hospital, Paris, France, 2AP-HP, University Paris-Diderot, Paris, France, 3Inserm-U1152, Paris, France

OBJECTIVES: Liver function and quality of life in patients with hepatitis C (HCV) and clinical impact of the disease are well recognized. Despite this, information on utility and health-related quality of life (HRQoL) is limited. While it is generally accepted that treatment may improve quality of life, there is a paucity of evidence on the most well-defined, reliable, reproducible, and feasible method for measuring efficacy outcomes in HCV trials. Establishing an appropriate PRO endpoint for HCV is essential. CABI: Patients were recruited to participate in the Hepatitis C Disease Specific Programme. From October 1996 to June 2013, physicians completed Patient Record Forms for 10 consecutive patients presenting to their clinic. Information included patient demographics, disease stage, and treatment outcome. Patients completed the EQ-SD Index and EQ-VAS, these are standardized, preference-based measures of health. Results were described in descriptive and stratified analyses. Linear regression analyses were performed to determine the independent associations with the EQ-SD. RESULTS: There were 297 matched physician and patient response forms. Mean patient age was 50 years and 64% were male. Mean EQ-SD Index was 0.760 (95% CI: 0.739–0.779), and mean EQ-VAS was 75.7 (95% CI: 74.8–76.6). EQ-SD Index and EQ-VAS scores were significantly lower with worsening disease severity. Among patients who had completed treatment, EQ-SD scores were higher for patients who achieved sustained virologic response (SVR) compared to those who did not (EQ-SD Index=-0.873 vs. 0.660, p-value=0.0035). Regression models showed higher age and worsening disease severity were significantly associated with lower EQ-SD Index and EQ-VAS scores. CONCLUSIONS: In a large cross-sectional sample of HCV patients in France, utilities were found and significantly associated with disease progression, SVR, and age. This information will be used to understand the benefits of treating patients and preventing disease progression.

PIN53 CHARACTERISTICS, TREATMENT RATES, QUALITY OF LIFE (QOL), AND ACTIVITY LIMITATION AMONG UNITED STATES ADULTS WITH HEPATITIS C—AN ANALYSIS BY BIRTH COHORT Forlenza J1, Lopatto J1, Annunziata K1, Sterbick N1, Tandon N1 1Jansen Scientific Affairs, LLC, Titusville, NJ, USA, 2Kantar Health, Princeton, NJ, USA, 3Kantar Health, New York, NY, USA

OBJECTIVES: In 2012, the US Centers for Disease Control and Prevention published recommendations of one-time Hepatitis C virus (HCV) screening for adults born during 1945 through 1965. Most HCV-related studies may provide insights that could be increasingly relevant to payers and health care providers. METHODS: Unique respondent data from the US National Health and Nutrition Examination Survey 2005-2008 were analyzed. Individuals who self-reported a Hepatitis C diagnosis were stratified into 3 cohorts based on birth year: pre-1946, 1946-1964, and post-1964. Characteristics, treatment rates, QOL (SF-12), and activity impairment (WPAI) were described. RESULTS: Individuals born between 1946-1964 represented 64.6% of respondents with Hepatitis C (13.0% were older; 22.3% younger). The 1946-1964 cohort had a higher proportion of males than the younger population (65.3% vs 59.3%, respectively, p<0.05); 64.2% pre-1946 were older; 22.3% younger). The 1946-1964 cohort had a higher proportion of males than the younger population (65.3% vs 59.3%, respectively, p<0.05); 64.2% pre-1946 were older; 22.3% younger). The 1946-1964 cohort had a higher proportion of males than the younger population (65.3% vs 59.3%, respectively, p<0.05); 64.2% pre-1946 were older; 22.3% younger). The 1946-1964 (75.5%) or younger (70.2%) cohort. Reported current HCV treatment use was lower (p<0.05) in the older cohort (96.5%) versus the 1946-1964 (75.5%) or younger (70.2%) cohort. Mean Physical SF-12 scores were higher in the older cohort (1.2%) versus 1946-1964 (10.7%) or post-1964 (21.4%). More than half in each cohort were treatment naive (64.2% vs 1946-1964 (75.5%) or younger (70.2%) cohort. Mean Physical SF-12 scores were higher in the older cohort (1.2%) versus 1946-1964 (10.7%) or post-1964 (21.4%). More than half in each cohort were treatment naive (64.2% vs 1946-1964 (75.5%) or younger (70.2%) cohort. Mean Physical SF-12 scores were higher in the older cohort (1.2%) versus 1946-1964 (10.7%) or post-1964 (21.4%). More than half in each cohort were treatment naive (64.2% vs 1946-1964 (75.5%) or younger (70.2%) cohort). Other treatment attributes driving patient preference included reduction in treatment failure, absence of food restrictions, longer treatment duration and less side effects. Conclusions: By comparing the German and UK results is that German patients did not value the absence of DDIs, the qualitative data suggests that they felt that these issues are being managed by their clinicians. CONCLUSIONS: The DCE demonstrated that patients placed a great deal of importance on treatment efficiency as evidenced by the importance placed on these attributes.