patient-reported HRQoL. METHODS: We compared baseline Short Form (SF)-36 scores for individuals with ITP who enrolled in one of two double-blind, randomized clinical trials for the treatment of ITP [one group was refractory to splenectomy (n = 58) and the other had no splenectomy (n = 60)] to general populations in Canada (n = 9408) and the US (n = 2474). We also compared ITP-specific HRQoL burden using the ITP-Patient Assessment Questionnaire (PAQ) across platelet count categories (<10 x 10^9/L vs. 10 to 49 x 10^9/L). ANOVA tests were used to compare age and sex-adjusted means across samples. RESULTS: The mean age of the ITP patients was 53.3 ± 16.2 years, and the majority (64%) was female. SF-36 scores of ITP patients were significantly (p < 0.0001) worse than those from the Canadian and US general population for each scale and summary score. The largest differences were found for physical functioning (67.2 vs. 85.8 and 80.8); role functioning-physical (42.3 vs. 82.1 and 77.0); general health (49.4 vs. 77.0 and 69.9); vitality (40.4 vs. 65.8 and 60.0), and role functioning-emotional (60.5 vs. 84.0 and 80.1). In addition to statistical significance, these differences were clinically meaningful. ITP patients with lower platelet counts also had worse SF-36 and ITP-PAQ scores, particularly for symptoms (50.8 vs. 67.8; p < 0.001); fear (65.0 vs. 78.9; p < 0.05) and social activity scales (59.6 vs. 75.5; p < 0.05) of the ITP-PAQ. CONCLUSION: ITP was found to impact both physical and psychological aspects of HRQoL.

### PCN76

**IMPACT OF SILDENAFIL ON MARITAL AND SEXUAL ADJUSTMENT IN PATIENTS AND THEIR PARTNERS AFTER RADIOTHERAPY AND SHORT-TERM ANDROGEN SUPPRESSION FOR PROSTATE CANCER: ANALYSIS OF RTOG 0215**

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OBJECTIVE: Radiation Therapy Oncology Group (RTOG) study 0215 was a placebo-controlled, double-blind, cross-over trial of sildenafil given after radiotherapy and neoadjuvant/concurrent short-term androgen suppression. Sildenafil improved erectile function amongst participants. We now report on the study goal to investigate the effect of sildenafil on marital and sexual adjustment for participants and their partners. METHODS: RTOG 0215 closed before meeting its desired accrual goal with enrollment of 111 eligible patients (72 married). Twenty-four patients (mean age: 72.6 ± 6.8 y) and their married partners (mean marriage duration: 37.2 ± 16.3 y) completed the self-report assessments of erectile function and of marital and sexual adjustment using the validated measures of the Locke’s Marital Adjustment Test (LMAT) and the Sexual Adjustment Questionnaire (SAQ). Statistical differences in and correlations between the change in LMAT and SAQ scores were tested for significance from placebo to sildenafil. RESULTS: There was no significant change in LMAT scores for either patients (p = 0.37) or partners (p = 0.35). The change in patient SAQ score was statistically significant, but not clinically meaningful (D = 2.58, p = 0.02), while partners reported a smaller change in SAQ score (D = 1.47, p = 0.47). The correlations between patient and partner LMAT change scores (r = 0.40, p = 0.09) and SAQ change scores (r = 0.15, p = 0.48) were non-significant. Patient LMAT and SAQ change scores (p = 0.38, p = 0.08) were not significantly correlated. However, the partner LMAT and SAQ change scores (p = 0.45, p = 0.04) were significantly correlated. CONCLUSION: Erectile dysfunction (ED) affects, and is affected by, the patient, their partner and the relationship. ED treatment appears to significantly influence female partner sexual adjustment and marital adjustment. These results are tentative and should be considered as an exploratory basis for a larger clinical trial. The small sample size may have precluded detection of important other endpoints, which should not be excluded from future investigations.

### PCN77

**A SYSTEMATIC REVIEW OF BREAST CANCER UTILITY WEIGHTS**

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OBJECTIVE: To systematically identify utility weights for health states in breast cancer. METHODS: Searches were performed of electronic databases (PubMed, EMBASE and the Cochrane Library, including DARE, NHS EED and HTA databases) and internet resources for the period 1990 to date. Sources potentially containing relevant information were retrieved and reviewed. RESULTS: Fifty-nine studies were identified as potentially containing utility weights for breast cancer health states. These were assessed for methodological compliance with the NICE reference case, leading to the exclusion of 30 non-compliant studies. Within the remaining nine studies there was wide variability between both alternative NICE compliant estimates for similar health states, and the health states defined. In some cases estimates for poor health states (for example, metastatic disease) were higher than those for good health states (for example remission). For some health states (notably terminal disease) there are no estimates available based on NICE recommendations. CONCLUSION: A review of utility weights for breast cancer health states has revealed high levels of uncertainty within the identified estimates. Despite the quantity of information available there is no universally accepted set of health states covering the whole of the disease pathway for breast cancer, which has lead to the development of numerous utility estimates for numerous health states. The review also highlighted that the majority of studies undertaken (85% of potential studies identified) do not conform to the methodological standards stipulated in the NICE reference case. This is predominantly due to the elicitation method used. For some health states there are no estimates available based on these recommendations. It is a difficult task to identify a coherent set of health state utilities covering the entire disease pathway in breast cancer using previously published data and which conform to NICE standards.

### PCN78

**DERIVATION OF UTILITY VALUES FROM EORTC QLQ-C30 IN LUNG CANCER**

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OBJECTIVE: Cancer clinical trials frequently incorporate quality of life (QL) measures, but rarely patient utility and resource utilization. Cost utility evaluations of novel cancer therapies remain challenging. Here we explore the correlation between QL data from the EORTC QLQ-C30 with the EQ-5D, for which