settings will result in data which has been influenced by differences in interpretation of the scale, providing support for the FDA’s perspective that VAS can provide a ‘false sense of precision’. This has implications for international clinical trials in which data pooling is required. This study allowed for a critical appraisal of the VAS response format which will assist in the collection of more valid data in multinational studies.

**Utilities of the EQ-5D: Transferable or Not? Influence of the National Value Sets of the EQ-5D on the Incremental Utilities of Two Health States**

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**Objective:** In contrast to effectiveness of health care interventions, health states preferences might not be transferable across countries. A frequently used instrument to measure health-related quality of life is the EQ-5D, which has been developed to compare preferences across countries. Although the impact of using any of the fifteen national EQ-5D value sets on utility estimates is known, the impact on the incremental utility is unknown so far. **Methods:** First, the relative influence of the EQ-5D domains on the utility estimate was assessed for each of the fifteen currently existing value sets. Second, two health states (21232 and 33321) were selected for further analyses. With the help of the two hypothetical health states we determined the influence of one or two point deteriorations of the health states. Based on this, the fifteen value sets were used to calculate incremental utility scores. **Results:** Differences can be perceived between the value sets and between the valuation methods in the preferences for the domains of the EQ-5D. The utility scores of health states show that the differences between the value sets are substantial. Next to that, the dissimilarities between the increments of the deteriorations of the health states are large, independent of which valuation method is used. **Conclusion:** All results indicate that the differences between the value sets are considerable and should not be ignored. The magnitudes of the coefficients of the domains vary in a great extent, which causes dissimilarities when calculating the incremental utilities. As a consequence it can be concluded that the utility scores are not transferable across countries.

**Conceptual Papers & Research on Methods—Study Design**

**Linguistic Validation of the French for Canada Work Productivity and Activity Impairment Questionnaire, General Health Version (WPAI:GH)**

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**Objective:** No measures of health-related absenteeism and presenteeism have been validated for use in French-speaking Canada. It is important to understand how illness affects an employee’s productivity and therefore an organization’s profitability; when ill, an employee may take a sick day (absenteeism) or attend work despite the illness and experience a loss of work efficiency (presenteeism). The WPAI:GH, a leading measure of which valuation method is used. **Methods:** A representative sample of the population (n = 2,400) was asked to imagine that they had a limited remaining lifetime (1 year or 10 years) and were offered a treatment that would increase lifetime by 1, 2, 4, 8, 16, 32 weeks (1 year perspective) or 2, 3, 8, 12, 32 or 52 weeks (10 years perspective). In each perspective, the price of treatment was constant per week life extension (i.e. constant proportions of acceptance across formats would indicate a linear utility function). Additionally, respondents were asked about their maximum willingness-to-pay (WTP) for the life extension. **Results:** The proportions that accepted the treatment offer to the given price increased with increasing extensions (1 year: 48%, 54%, 55%, 59%, 59%, 61%; 10 years: 55%, 60%, 62%, 66%, 65%, 76%) indicating a convex utility function. In maximum WTP, the groups of respondents with increasing and diminishing marginal utility functions were of similar sizes. The proportions with zero WTP for the treatment declined from 34% for one week life extension to 14% for 52 weeks. The results were confirmed in various econometric models. **Conclusions:** While most health care programmes offer life extensions of less than one year, considerable proportions of the population may be unwilling to pay anything for such gains. For life extensions up to one year, most of the results indicate an increasing marginal utility function for lifetime.

**The Rigour, Flexibility and Ease of Implementation of Systematic Search Strategies—Do We Need an Industry Standard Methodology?**

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**Objectives:** Systematic reviews have become increasingly important in recent years, particularly to inform the inclusion of
patient-reported outcome (PRO) instruments in clinical trials, as recommended in the FDA draft guidance for industry. A systematic review of PROs assures that the best available instrument is used to measure the preferred endpoint. As systematic reviews are scientific exercises, they require the same rigour as other aspects of research, yet current methods used to conduct systematic reviews remain variable, meaning that the quality and comparability of such reviews is not assured. Our aim was to explore the comprehensiveness, understandability, and adaptability of two widely used methodologies in conducting and modifying a standard search. METHODS: We compared the most common systematic review method (syntax search) and the Cochrane-collaboration recommended “Population-Intervention-Comparator-Outcome” (PICO) strategy. SCOPUS was searched using terms devised to answer the research question “which PROs have been used to date in islet cell transplantation?” The output resulting from each strategy was independently evaluated by two researchers and the methods critiqued. RESULTS: Both methods returned 6486 abstracts for review. Researchers were asked to identify ways in which to combine search terms to present a more manageable number for abstract screening. Both researchers agreed that PICO allowed for greater adaptability and targeted reviewing without compromising quality. Combining a priori search terms systematically according to [P and (I or C) and O], resulted in 359 abstracts. CONCLUSIONS: The quality of a review depends on the extent to which scientific review methods are used to minimise the risk of error and bias, but also the extent to which the search strategy is replicable and flexible. The PICO method is comparable to the standard syntax search, but offers the added benefits of being easy to implement, and sufficiently versatile to allow further targeting according to subtle changes in the research question as desired.