vise). Non parametric ANOVA analysis was performed to compare the difference of UCLA-PCI scores by Gleason groups.

RESULTS: A total of 1452 patients were included (mean age: 74.4; SD 8.7). The mean of missing items per patient (0.36) showed acceptable feasibility. Ceiling effects (±67%) was present in all dimensions, as well as floor effects (±48%) in 5 of the 6 dimensions. Cronbach alpha values by dimensions were as follows: 0.85 for Urinary Function (UF); 0.60 for Bowel Function (BF); and 0.94 for Sexual Function (SF). For the function and bother (F-B) related items, internal consistancy was: α = 0.51 for Urinary F-B; α = 0.71 for Bowel F-B; and α = 0.89 for Sexual F-B. There were statistically significant between-group differences in scores on the UCLA-PCI, with patients in Gleason group A reporting higher scores (better QoL) than Gleason group C. Likewise, mean differences (MD) in UF dimension scores were statistically significant when comparing Group A to C (MD = 6.3, p < 0.001), and Group B to C (MD = 6.4, p < 0.001). In the BF dimension, MD was significant when comparing Group A to C (MD = 3.9, p = 0.001), and Group B to C (MD = 4.4, p = 0.001); and in the SF dimension when comparing Group A to B (MD = 4.5, p = 0.015), and Group A to C (MD = 7.5, p < 0.001). CONCLUSIONS: The Spanish version of the UCLA-PCI in general showed acceptable psychometric properties, though further investigation of the substantial ceiling and floor effects are required.

QUALITY OF LIFE AND RESOURCE UTILIZATION OF PATIENTS WITH ADVANCED NON-SMALL-CELL LUNG CANCER: A CANADIAN PERSPECTIVE

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Erlotinib (Tarceva™) is an oral highly specific epidermal growth factor receptor tyrosine kinase inhibitor. Phase II/III clinical trials have shown clinical efficacy of erlotinib in advanced (stage III/IV) Non-Small-Cell Lung Cancer (NSCLC) in terms of survival and increased Health Related Quality-of-Life (HRQoL). There is limited information of HRQoL and resources utilization on Canadian population of NSCLC. OBJECTIVE: To determine the HRQoL and resource utilization components in Canadian patients with stage III/IV NSCLC. METHODS: A face-to-face survey was conducted on a cohort of 32 patients with stage III/IV NSCLC from the lung cancer clinic at Princess Margaret Hospital, Toronto. HRQoL was assessed using disease specific tools (FACT-L). Utility scores were assessed by EQ-5D US English version. Socio-economic, clinical, and resource utilization data were collected using a self-administered questionnaire. Participants’ clinic charts were reviewed for supportive data and verification. RESULTS: Mean age was 63.03 ± 10.39 years, 23 were females and 68.8% have been smokers. Mean time since cancer diagnosis was 24.06 ± 17.74 months, 78.1% had metastasis. The average FACT-L score was 99.64 (range: 90–130), the FACT-L/TOI score was 57.43. The average EQ-5D score was 0.533, the score for Current Health State was 59.38 (0–100 scale). Mean number of visits to oncology clinic was 1.06 ± 0.74/month, and 0.86 ± 0.84/month for family physicians. Patients have been hospitalized for 4.13 ± 4.26 days on average in previous year. The average cost of medical imaging was 403.21 ± 281.27, cost of lab test was 244.72 ± 299.02, and mean cost of non-chemotherapy drugs was 44.51 ± 65.25. Average cost of Chemotherapy drugs was 460.70 ± 98.70. CONCLUSION: Advanced NSCLC patients on chemotherapy use substantial health care resources in Canadian setting. However, if not in end stage of life, patients have high HRQoL and utility scores that warrant further investigation.

HEALTH STATE DESCRIPTIONS FOR METASTATIC BREAST CANCER: A QUALITATIVE STUDY

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OBJECTIVES: The aim of this study was to develop health state descriptions for patients receiving chemotherapy for stable, responding and progressive metastatic breast cancer (MBC). Subsequent work will derive utility values for the health states for use in cost utility analyses. METHODS: An interview discussion guide was produced based on literature review and clinical input. This focused on the symptoms of MBC, impact on different areas of functioning (physical, social, emotional, sexual, and cognitive), health related quality of life (HRQoL), severe hair loss and five side effects of chemotherapy (all grade III–IV toxicities). These included febrile neutropenia, hand-foot syndrome, diarrhoea/vomiting, stomatitis, and fatigue. Health states were developed and validated using cognitive debriefing interviews with oncologists and a focus group with oncology specialist nurses. Fifteen health states (7 stable, 7 responding, 1 progressive) described the symptoms, toxicities, HRQoL and impact on functioning. Health states combined stable, responding and progressive disease with grade III–IV side effects or hair loss. To simplify the preference elicitation stage of this study the number of health states were reduced by employing an orthogonal fractional factorial design to combine disease stages with toxicities. The contributory effect of each will be estimated using a regression model. RESULTS: Four main areas of functioning, physical, emotional, social and sexual, were identified as being primarily affected in MBC. Patients responding to treatment have the highest overall HRQoL while those with progressive disease have the lowest. The focus group discussion supported the validity of the health states. CONCLUSION: Health states describing the combined impact of MBC and grade III–IV toxicities associated with chemotherapy treatment on patient’s HRQoL at different disease stages were developed. These health states will be piloted and used in a societal based valuation study. The final health states will be presented.

A PILOT STUDY ASSESSING THE QUALITY OF LIFE IMPACT OF ADVERSE EVENTS EXPERIENCED BY ADVANCED NON-SMALL-CELL LUNG CANCER PATIENTS RECEIVING SECOND-LINE CHEMOTHERAPY

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OBJECTIVES: In clinical trials, chemotherapy-related adverse events (AEs) are classified according to the Common Toxicity Criteria (CTC). This standardised method of reporting provides clinicians with an overview of the level of medical intervention required to treat AEs, but does not necessarily assess the impact on a patient’s health-related quality of life (HRQL). We attempt to translate CTC (version 2.0) ratings into a scale that reflects the severity of various events on a patient’s HRQL. METHODS: In this study, scores of impact on patient HRQL were assigned to AEs experienced by advanced non-small cell lung cancer (NSCLC) patients receiving second-line chemotherapy. This was achieved through a pilot survey of a convenience sample of