The initial step involved undertaking a review of published literature detailing HIV patients' experiences of receiving ARV therapy. These findings formed the basis of a meeting of leading European HIV clinical experts, prominent HIV organisation representatives and patients themselves. **RESULTS:** The literature revealed numerous factors such as convenience, tolerability, relationship with physician and disease characteristics which influences patients' satisfaction with treatment. Discussion between the clinicians, representative from patient organisations emphasised the importance of patient preferences as they relate to adherence with HIV therapy. This additional insight emphasised the under-recognised role played by individual differences and therapeutic knowledge in defining attitudes to treatments. **CONCLUSIONS:** Treatment satisfaction is a complex issue. The work undertaken so far has highlighted that despite the advances in ARVs there are still concerns for PLWH. The next stage of research involves undertaking a series of in-depth qualitative interviews with patients across Europe and examining attributes of HIV treatment using the discrete choice experiment methodology.

PIN119

PARENTAL PREFERENCES FOR ROTAVIRUS VACCINATION AND POTENTIAL VACCINATION COVERAGEIN YOUNG CHILDREN: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: To determine parental preferences concerning rotavirus vaccination for their newborn baby, and to calculate the potential vaccination coverage for different vaccine scenarios. **METHODS:** A Discrete Choice Experiment (DCE) questionnaire was sent to the parents of 1,250 newborns aged 6 weeks in The Netherlands. The DCE included nine D-efficient designed choice tasks. Panel-mixed-logit models were used to estimate the relative importance of the five included rotavirus vaccine attributes; vaccine effectiveness, frequency of severe side effects, protection duration, location of vaccine administration, out-of-pocket costs. The potential uptake or vaccine coverage was calculated for different vaccine scenarios. **RESULTS:** All attributes showed a significant estimate (P<.05). Parents were more likely to get their newborn vaccinated if the vaccine effectiveness increased, parents preferred a frequency of 1 in 1,000,000 children that suffer from severe side effects over a frequency of 1 in 10,000. Protection duration of 3 years was preferred over 1 year and parents preferred to get their child vaccinated at the GP's office. Finally, increasing out-of-pocket costs were associated with decreased willingness to vaccinate. With respect to the relative importance of these attributes, vaccine effectiveness was most decisive for parents, followed by out-of-pocket costs, protection duration and frequency of severe side effects. Vaccination coverage rates ranged between 22.8% for the least preferred vaccine scenario and 87.5% for the most preferred scenario. **CONCLUSIONS:** When deciding whether to vaccinate their newborn baby against the rotavirus, parents are mostly driven by the effectiveness of the vaccine, the out-of-pocket costs, protection duration and the frequency of severe side effects. Differences in vaccine scenarios resulted in a large range in expected vaccination coverage. Therefore, the context and content of the implementation strategy of the vaccination is expected to strongly affect the vaccination coverage. Specifically requesting an out-of-pocket payment of parents should be considered carefully if a high vaccine coverage is desired.

PIN120

PATIENTS WITH CHRONIC HEPATITIS C VIRUS TREATED WITH SIMEPREVIR ADDED TO PEGINTERFERON AND RIBAVIRIN EXPERIENCED LESS TIME WITH FATIGUE, DEPRESSIVE SYMPTOMS, AND FUNCTIONAL LIMITATIONS: RESULTS FROM PATIENTS IN THE QUEST-1, QUEST-2, AND PROMISE STUDIES

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OBJECTIVES: To examine the value of adding simeprevir (SMV) to peginterferon and ribavirin (PR) for treatment of chronic hepatitis C virus infection using patient-reported outcomes (PRO) and their concordance with virology endpoints and adverse events (AEs). **METHODS:** Patients rated severity of fatigue (FSS), depressive symptoms (CES-D), and impairment in functioning (WPAI:HepC Productivity, Activity, Absenteeism) at baseline and throughout treatment/follow-up in three randomized, double-blind trials comparing addition of SMV or Placebo (PBO) during initial 12 weeks of PR treatment. PR was administered for 48 weeks (PBO group) and either 24 or 48 weeks (SMV group) (response-guided therapy [RGT]). Analysis of pooled data from the trials using a piecewise-linear mixed model compared the area-under-the-curve from baseline to Wk60 (AUC_{60}) between SMV/PR and PBO/PR for each PRO score. Subgroup analyses evaluated impact of Sustained Virologic Response 12 weeks post-treatment (SVR12), fibrosis level, and RGT on PRO scores. **RESULTS:** Of 1178 patients studied, analyses included 768 SMV/PR- and 393 PBO/PR-treated patients. 87.5% of the SMV/PR group met RGT and completed treatment in 24 weeks. Fatigue and anaemia AEs were comparable in both groups but FSS scores show clinically important increases in fatigue, lasting 6.9 weeks longer with PBO/PR ($p < 0.001$). No significant differences were observed for Absenteeism. Mean scores for all other PRO endpoints worsened from baseline to Wk4 in both groups and remained impaired to Wk24 (SMV/PR) and Wk48 (PBO/PR), resulting in significantly lower $AUC_{60}$and fewer weeks with clinically important worsening scores with SMV/PR. PRO scores indicated better outcomes for patients who met RGT criteria or achieved SVR12; differences in PRO scores associated with fibrosis level were only observed in the PBO/PR group. **CONCLUSIONS:** Greater efficacy of SMV/PR enabled reduced treatment duration and less time with PR-related side effects without adding to the severity of side-effects during treatment.

PIN121

PAPER-BASED AND ELECTRONIC ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE SPECIFIC TO HIV DISEASE: A RELIABILITY STUDY WITH THE PROQOL-HIV QUESTIONNAIRE

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OBJECTIVES: Electronic Patient Reported Outcomes (PRO) provide quick and reliable assessment of patients' health-related quality of life (HRQL). An electronic version of the PROQOL-HIV questionnaire was developed, and its face validity and reliability were assessed using standard psychometric methods. **METHODS:** A total of 70 French outpatients (63% males, mean age 47 years) were recruited. Hard copy and electronic questionnaires were completed in a randomized cross-over design (2-7 day interval). Biomedical data were collected. Questionnaire version and order effects were tested on full scale scores in a two-way ANOVA with patients as random effects. Test-retest reliability was evaluated using Pearson and intra-class correlation coefficients (with 95% confidence interval) for each dimension. Usability testing was carried out from patients' survey reports, specifically: general satisfaction, ease of completion, quality and clarity of user interface (UI) and self motivation for electronic measuring to monitor HRQL in clinical follow-up. **RESULTS:** Questionnaire version and administration order effects (N=58 complete cases) were not significant at the 5% level, nor interacting together (p=0.940). Reliability indices were acceptable, with Pearson correlations above 0.7 and intra-class correlations ranging from 0.696 to 0.926, and scores were not statistically different between the two versions. On 77% of complete surveys, 57% of patients reported being satisfied and interested in electronic assessment of their HRQL in clinical follow up. Individual ratings of PROQOL-HIV user interface (85-100% of positive responses) confirmed UI clarity and usability. **CONCLUSIONS:** The electronic PROQOL-HIV introduces minor modifications compared to the original paper-based version, following ISPOR ePRO Task Force guidelines, and it showed good reliability and face validity. Patients can complete the computerized PROQOL-HIV questionnaire as intended and scores delivered from paper or electronic version share comparable accuracy and interpretation.

PIN122

ATTITUDE OF PARENTS TOWARDS OBLIGATORY AND RECOMMENDED CHILDHOOD VACCINATION

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OBJECTIVES: The immunization is currently one of the most discussed topics in the population and the number of its opponents is increasing. **METHODS:** Opinion, awareness and knowledge of parents (n-parents=240, n-children=463) about childhood immunization through self-reported technique of a questionnaire survey was conducted, with respect of gender, age, education and profession of parents in regard of their professional connection with health care in case of obligatory and recommended childhood vaccination. **RESULTS:** In case of obligatory childhood vaccination all evaluated parameters influence and change opinion, awareness and knowledge of parents. Age ($p<0,01$, Degree of freedom (df)=10, Chi-squared distribution (χ^2)=81,08, table value of Chi-squared distribution ($t\chi^2$)=23,21); gender ($p<0,01$, df=2, χ^2=12,87, $t\chi^2$=9,21); education ($p<0,01$, df=10, χ^2=79,11, $t\chi^2$=23,21); health care profession ($p<0,01$, df=2, χ^2=13,75, $t\chi^2$=9,21. In case of recommended childhood vaccination all analyzed parameters influence and change parents' opinion, awareness and knowledge, except for those working in health care. Age ($p<0,01$, df=5, χ^2=13,29, $t\chi^2$=15,09); gender ($p<0,01$, df=, χ^2=79,82, $t\chi^2$=13,28); education ($p<0,01$, df=4, χ^2=49,10, $t\chi^2$=13,28); health care profession ($0,01<p<0,03$, df=1, χ^2=4,85, $t\chi^2$=6,64). **CONCLUSIONS:** Analysis confirms that age, gender, education and profession connected with health care influence and change parents' opinion, awareness and knowledge about obligatory childhood vaccination. Regarding the recommended childhood vaccination, age, gender and education influence and change parents' opinion, awareness and knowledge, although a profession connected with health care neither influences, nor changes opinion, awareness and knowledge of the parents.

PIN123

MINIMAL IMPORTANT DIFFERENCE (MID) OF RESPONSE TO THE HEPATITIS-C VIRUS PATIENT REPORTED OUTCOMES (HCV-PRO) INSTRUMENT IN A TRIAL OF PEGYLATED INTERFERON/RIBAVIRIN (PEGIFN/RBV) AND DIRECT-ACTING-ANTIVIRALS (DAA)

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OBJECTIVES: Both chronic HCV infection and current treatments negatively impact patient reported outcomes. PegIFN/RBV-based therapies decrease general HRQoL scores 10%-30% (on SF-36). Psychometric analyses of validity, responsiveness, and MID for the HCV-specific HCV-PRO instrument were performed. **METHODS:** Responses to the HCV-PRO (presented ILC2012), the SF-36, and EuroQol-5D (EQ-5D)+VAS were analyzed in the M11-602 trial of pegIFN/RBV with placebo (n=11) or DAA: ABT-450/ ritonavir (n=24), ABT-072 (n=23), or ABT-333 (n=16). DAAs were administered for 12 weeks, pegIFN/RBV for 48 weeks. PRO instruments were administered at baseline, week 8, end of DAA treatment (EODT), end of pegIFN/RBV treatment (EOT), and posttreatment week 24 (PT24). Convergent validity of HCV-PRO total score (range 0-100) was assessed through correlation (Pearson's) to SF-36 MCS/PCS and EQ-5D VAS scores. Discriminant validity was assessed by dichotomizing HCV-PRO responses on EQ-5D Anxiety/Depression dimension severity (none vs. some) and treatment emergent depression/fatigue adverse events (MedDRA terms). Responsiveness was assessed through analyses of effect size (ES). MID was assessed by standard error of the mean (SEM) and