were appropriate for measuring the perception of risk in adult patients (aged 18 and over), behavioral, severity, and susceptibility) and an indicator of risk accounted for a total of 7,977 patients. In these studies there were thirteen different PROs identified that were FACT-P, FACT-G, BPI-SF, EQC30, EQ5D-5L, SRS, DFS, SF, FPA, PROSEQ-30, SF-36, and QOLM-F14. The most common type of PROs were FACT-P and EQC30 (used in 1,091 patients). Six studies reported positive results with improvement in quality of life symptoms (QoL) versus comparator treatments. Four studies reported results with deterioration in QoL. Three studies reported improvement in pain scores.

CONCLUSIONS: Patients with CRPC have relatively longer survival and hence QoL is an important consideration for these patients. PRO instruments such as FACT-P and EQC-30 have been commonly used to generate evidence to show which therapies improve patient QoL.

PCN152
IMPACT OF COLORECTAL CANCER ON ACTIVITIES OF DAILY LIVING AND DEPRESSIVE RISK AMONG OLDER AMERICANS
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OBJECTIVES: To estimate change in activities of daily living (ADL) and risk for major depressive disorder (MDD) among older Americans >46 following diagnosis and treatment of colorectal cancer (CRC). 2) Compare change in ADL function and MDD risk among CRC patients to matched controls who do not have CRC.

METHODS: This population-based study used the Surveillance, Epidemiology, and End Results-Medicare Health Outcomes Survey (SEER-MHOS) dataset (1998-2007). Medicare managed care beneficiaries diagnosed with CRC between completion of baseline and follow-up MHOS (n=349) were matched to non-cancer controls (n=1,745) using propensity scores. Analysis of covariance models estimated change in ability to perform six ADLs: bathing, dressing, eating, getting in or out of chairs, walking, using the toilet. Logistic regression was used to estimate MDD risk. Covariates included socio-demographic, clinical and survey characteristics.

RESULTS: Mean time from diagnosis to MHOS follow-up was 12.1 months (SD 9.8) for CRC patients (n=103) Stage I, 122 Stage II, 95 Stage III, 29 Stage IV) and 276 non-cancer controls reported similar ADL impairment at baseline (97 vs. 92; p=0.06). CRC patients had greater impairment at follow-up (mean 2.21 vs. 92; p<0.01). Mean increase in ADL impairment was 1.02 for Stage I, 1.25 for Stage II, 1.53 for Stage III, and 1.67 for Stage IV. Also, patients with CRC had a greater impairment with respect to bathing (p<0.01), getting in/out of chairs (p<0.01) and walking (p<0.01). CRC patients and controls had similar MDD risk at baseline (odds ratio = 1.29, 95% confidence interval 0.96-1.72) but at follow-up (OR 3.18 1.05-6.59).

CONCLUSIONS: CRC has adverse effects on ADL functioning among older Americans—even in the early, curable stages. This study informs clinicians and caregivers of the need to identify opportunities to provide supportive care for patients’ basic needs of self-care.

PCN154
THE REAL IMPACT OF QUALITY OF LIFE (QOL) ENDPOINTS ON MARKET ACCESS DECISIONS ACROSS MARKETS—A CASE STUDY OF ONCOLOGY PRODUCTS
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OBJECTIVES: Recent approvals of targeted oncology therapies have resulted in increased patient survival, and potential comorbidities. Subsequently, a greater emphasis has been placed on Qol, and PRO endpoints. However, the impact of Qol instruments on market access of new oncology products remains unclear. This research aims at understanding the true relevance of Qol endpoints in payer decision making.

METHODS: The research was conducted through in-depth secondary research and interviews with payers in 6 countries including the US, Germany, France, Spain, Italy, and Sweden. RESULTS: In the markets studied, Qol data is a requirement to be submitted for reimbursement, however, it is not a key determinant of reimbursement or pricing decisions at a national level. Some countries like Italy and Spain view Qol data as being important at a regional and local level for inclusion in formularies and guidelines. Furthermore, payers suggest that Qol is considered in a qualitative sense based on the safety profile of a drug, and do not take it into account to measure it. Furthermore, the expectation is that a disease-specific Qol instrument is submitted for review by the Transparency Compensation, this data will not contribute towards an ASMR decision. Meanwhile, in Sweden, the TIV requires the use of generic instruments such as EQ-SD that are validated to be used in QALY calculations, unlike disease specific instruments. CONCLUSIONS: Contrary to the increasing academic interest in Qol and PRO endpoints, these have not yet translated into playing a significant role in decision making for new oncology products. Currently, Qol instruments are used in oncology clinical trials as standard protocol. However, differentiating one drug over another through an improvement demonstrated using Qol instruments does not yet directly translate to an advantage from a market access point of view for that drug.

PCN148
IDENTIFYING SYMPTOMS AND IMPACTS EXPERIENCED BY MEN WITH NON-METASTATIC CASTRATION RESISTANT PROSTATE CANCER
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OBJECTIVES: We sought to identify the most relevant and important symptoms and impacts of non metastatic (M0) castration resistant prostate cancer (CRPC) from the patient’s perspective. METHODS: First, a literature review was performed that focused on symptoms related to living with M0 CRPC. Then, individual interviews with patients were conducted to confirm in treated or untreated patients. These interviews were conducted with a clinical perspective of treating M0 CRPC. Finally, individual interviews with 17 M0 CRPC patients were conducted following a semi-structured interview guide. Patients were asked about symptoms, impacts of living with M0 CRPC, and interference of symptoms on daily activities. Five interviews were conducted with patients who had died of CRPC. The final questionnaire had 18 items. The internal consistency measured with Cronbach alpha was 0.824 overall. In the factor analysis, 4 factors (denoted as affective, behavioral, severity, and susceptibility) were identified and an indicator of risk accounted for a total of 5,797 patients. In this study 17,717 symptoms were mentioned: 15 patients mentioned erectile issues, 13 loss of sexual desire, 11 urge to urinate, and 11 incontinence. No patient rated the interference of symptoms higher than a six on the impact scale. The most common impacts mentioned included: need to plan for urinary frequency (n=9), interference with daily activities (n=8), and anxiety (n=7) or frustration (n=7) over the diagnosis, symptoms, or treatment. Clinicians confirmed the symptoms expressed by patients and noted that many could be attributed to prior and/or current treatments for CRPC and not the PC itself, a finding observed consistently in the published literature.

CONCLUSIONS: The most relevant and important symptoms (erectile dysfunction, anxiety, social and emotional impacts) expressed by patients was in line with those mentioned by clinicians and the literature. This data provides valuable insight into patients’ experience with M0 CRPC illustrating that the most relevant symptoms and impacts thereof expressed by patients may be attributed to PC and not the PC itself, a finding observed consistently in the published literature. The analyses using the model for patients with metastatic disease and categorize results as positive, neutral or negative.

The analyses using the model for patients with metastatic disease and categorize results as positive, neutral or negative.