that patient QoL is maintained following the introduction of cetuximab plus irinotecan over 12 weeks. However, we must be mindful of the population of patients assessed/ followed up, the lack of comparator information and the issues of open label studies.

DEFINING HEALTH STATE UTILITIES FOR HAND-FOOT-SYNDROME

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OBJECTIVES: The purpose of this study was to assign utilities to the three different severity grades of hand-foot-syndrome (HFS) which is a dose and therapy limiting toxicity in cancer patients undergoing treatment with e.g. capecitabine, docetaxel, sunitinib and sorafenib. HFS can develop from mild skin reactions at hands and feet (grade 1) to major skin reactions with bleeding, ulceration and severe pain (grade 3).

METHODS: In a survey conducted in a German community pharmacy, randomly chosen subjects were introduced to the symptoms of HFS using cards explaining the different HFS grades by pictures of hands and feet, a clinical definition and citations of patients. Participants were asked to imagine suffering from each HFS grade for the next 10 years followed by death. Then they evaluated the different grades using the time-trade-off-method (TTO) and the visual analogue scale (VAS). RESULTS: Fifty-three participants (30 female = 56.6%, 23 male = 43.4%) valued the different HFS grades. Their mean age was 50.8 years (median: 49.0, SD: 18.5, range: 18–86 years). The following mean utilities were assessed using the TTO: grade 1 = 0.97 (median: 1.00, SD: 0.08), grade 2 = 0.72 (median: 0.80, SD: 0.23) and grade 3 = 0.34 (median: 0.30, SD: 0.22). The VAS resulted in the following mean utilities: grade 1 = 0.70 (median: 0.70, SD: 0.14), grade 2 = 0.37 (median: 0.40, SD: 0.13) and grade 3 = 0.09 (median: 0.10, SD: 0.08). All differences among the severity grades were statistically significant (p < 0.001).

CONCLUSION: The adults questioned see a significant impact of the adverse drug reaction HFS on the health status of patients. Therefore HFS deserves awareness and respect by health care professionals and requires a high level of patient information. Furthermore scientists should be encouraged to conduct more studies concerning prevention and management of HFS.

ESTIMATION OF IMPORTANT DIFFERENCES IN EQ-SD VAS SCORES IN CANCER

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OBJECTIVES: The EQ-5D visual analog scale (VAS) is a patient-reported rating of overall health that is often reported in clinical studies. However, few studies are available to guide in the interpretation of meaningful differences in VAS scores. The objective of this study was to estimate meaningful differences in EQ-SD VAS scores in cancer, particularly in lung cancer.

METHODS: Secondary data analysis was conducted on a cross sectional study of 534 cancer patients, including 50 lung cancer patients, who completed EQ-5D VAS (scaled from 0 (worst imaginable health) to 100 (best imaginable health)). Anchor-based and distribution based approaches were used to estimate important differences for VAS scores. Cancer patients were grouped into clinically meaningful categories anchored by: 1) Eastern Cooperative Oncology Group performance status (PS), and 2) FACT-G total score-based quintiles. These anchors were conservative partitions likely to exceed the true minimum important difference (MID). Distribution-based criteria applied to each subgroup included 1/2 standard deviation (SD) and the standard error of the measure (SEM).

RESULTS: Estimates of MID for VAS scores based on PS categories ranged from 8 (average mean difference across categories) to 11 (SEM) for all cancer patients, and from 8 (0.5 SD) to 12 (average mean difference across PS categories) for lung cancer patients. Using FACT-G score quintiles, MIDs were the same for both the overall cancer groups and the lung cancer subgroup where the average mean difference between quintiles was 7, SEM was 10 and 1/2 SD was 9.

CONCLUSION: The range of estimates representing important differences in EQ-5D VAS scores was similar between all cancers and lung cancer (7 to 12), with the lower bounds of MID estimates closer to minimal important differences, i.e. 7–8. These estimates can help to inform interpretation of EQ-5D VAS scores, particularly in studies of cancer.