indicated as primary (n = 5) or secondary (n = 22, of which 4 are secondary and/or exploratory) or both (n = 12). The majority of PRO statements are characterized as sign and symptom measures followed by HRQOL measures. Within FDA, 5 required PRO and 8 suggest use of PRO. The majority of PRO statements are characterized as sign and symptom measures, followed by measures of functional feeling. CONCLUSIONS: PRO data in many disease areas are viewed by regulatory agencies as supportive evidence of the primary endpoint. PRO data are essential in the support of product submissions to regulatory stakeholders, especially within EMEA.

**PMCC2**

THE IMPACT OF A HOST COUNTRY'S CULTURE ON IMMIGRANT LANGUAGE


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OBJECTIVES: To facilitate international comparison of data, PRO translations must be conceptually equivalent to the original and culturally relevant to the target country. To assess the relevance of conducting a multi-step process on a PRO translation with the aim of using it on an immigrant population speaking that language in a different cultural context. Some initially translated wording was reverted back to English, or substituted with translated English terms. In the Mandarin NEI-VFQ-25, 29 of 23,679 useable observations. The health state was considered too basic for the target population in the USA, which tends to have higher health-related QALY scores. CONCLUSIONS: The most common way of asking for preferences for equality tends to foster avarice to inequality, which does not support QALY maximization. In contrast, a frame that separates common outcomes between choices may occasion preferences that maximize QALYs. These results have implications for measurement techniques such as the person tradeoff which assumes framing has no effect on preferences for health allocation.