PSF analysis of BOLERO-2 trial. Afterwards, we fitted parametric models to the reconstruction of the statistical package Stata. Both statistical and graphical tests were conducted to verify the relative and absolute validity of the findings. Finally, the equations for transition probabilities were derived using the general equation for transition probabilities used in model-based economic evaluations, and the parameters were estimated from fitted distributions. RESULTS: The results of the application of the tutorial suggest that the log-logistic model best fits the reconstructed data from the latest published KM curves of the BOLERO-2 trial. Results from the regression analyses were confirmed graphically. An equation for transition probabilities was obtained for each arm of the BOLERO-2 trial. CONCLUSIONS: In this paper, a tutorial was proposed and used to estimate the transition probabilities for model-based economic evaluation, based on the results of the final PSF analyses of the BOLERO-2 trial in mRC. These results can serve as a basis for any models (Markov) that needs the parameterization of transition probabilities, and only has summary Kaplan-Meier plots available.

PM74 THE INHERENT BIAS FROM USING PARTITIONED SURVIVAL MODELS IN ECONOMIC EVALUATION
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OBJECTIVES: Increasingly, economic evaluations of progressive diseases have adopted the approach of partitioned survival analysis. In three state cancer models (pre-progression, post-progression and death) the proportion of patients in each state is often obtained from survival functions for progression free (PSF) and overall survival (OS). The proportion in the pre-progression state is estimated from the PSF conditional on being in the post-progression state in the post-progression state in the progression state.

PM75 PSYCHOMETRIC VALIDATION OF PATIENT-REPORTED OUTCOME MEASURES OF PAIN IN UNITED STATES PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS
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OBJECTIVES: This study evaluated the psychometric properties of the Brief Pain Inventory-Short Form (BPI-SF) in patients with moderate to severe systemic lupus erythematosus (SLE). METHODS: Participants were recruited using a free electronic medication-monitoring service. Patients ≥18 years who self-reported a physician diagnosis of SLE (confirmed by medical record review) and active SLE demonstrated by a Systemic Lupus Activity Questionnaire (SLAQ) score of ≥11 (0-44 scale) were included. BPI-SF and SF-36 were administered in electronic format at baseline, week 2, and week 12. Psychometric properties of the BPI-SF and SF-36 are presented and discussed for each outcome measure.

RESULTS: A total of 122 patients were included. Cronbach’s alpha was >0.9 for all BPI-SF items. Test-retest reliability of the BPI-SF showed a stable correlation for item #7 (Intra-class Correlation Coefficient 0.79), and all other items and domain scores were 0.65. The BPI-SF domain and global scores were moderately positively correlated to the SF-36 Physical Function domain and Physical Component scores, with low correlations between the pain severity domain and SF-36 Bodily Pain domain (r = 0.6). The BPI-SF item #3 (worst pain) was moderately positively correlated to the SLAQ score (r = 0.49). Patients who self-reported inactivity or less active disease activity (SLAQ <29) scored lower on domain and global scores (p <0.05) and item #5 (p <0.001), compared to patients who self-reported less active disease activity (SLAQ <29). The findings suggested all BPI-SF domains and item #3 are sensitive to changes in pain severity, and they are able to discriminate between less severe or more severe pain. CONCLUSIONS: Assessment of pain intensity, as measured by the BPI-SF, demonstrated validity and reliability in a sample of patients with SLE and may be used as a patient-reported outcome tool in clinical trials.

PM76 PSYCHOMETRIC PROPERTIES OF THE WORLD HEALTH ORGANIZATION’S QUALITY OF LIFE BREF INSTRUMENT (WHOQOL-BREF) AMONG ADULTS WITH AUTISM
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OBJECTIVES: The purpose of this study was to assess construct validity of the WHOQOL-BREF instrument among adults with autism. Reliability and floor and ceiling effects of the WHOQOL-BREF instrument in this population were also assessed. METHODS: A cross-sectional online survey (using Qualtrics survey system) of adults with autism enrolled with the International Autism Network was performed for adults with autism registered with the IAN, those aged 18 years and older and having the capacity to self-report with little or no proxy help were identified and targeted for the study. The WHOQOL-BREF instrument was validated using confirmatory factor analysis. Convergent and discriminant validity was assessed based on relevant item-total correlation. Known-groups validity was tested by comparing WHOQOL-BREF scores among groups differing in autism severity. Cronbach’s alpha was used to assess internal consistency reliability. Floor and ceiling effects were determined based on percentage (≥15%) of responses with lowest and highest possible score on the instrument, respectively. RESULTS: The final sample included 262 adults with autism. Based on the Brief hierarchical model of WHOQOL-BREF instrument was considered the best fitting model among adults with autism (chi-square=428.00, df=242, RMSEA=0.054, CFI=0.993). Corrected item-total correlation suggested good concurrent and discriminant validity of the WHOQOL-BREF instrument. WHOQOL-BREF varied significantly by autism severity, indicating adequate known-groups validity. High internal consistency reliability (Cronbach’s alpha 0.914) was observed. The floor and ceiling effect are acceptable with the exception of one item which displayed floor effect and six items which displayed ceiling effects. CONCLUSIONS: Study results indicated that the WHOQOL-BREF is a psychometrically sound instrument to assess quality of life among adults with autism.