SURGERY - Patient-Reported Outcomes & Patient Preference Studies

PSU22 HEALTH-RELATED QUALITY OF LIFE IN PROSTATE CANCER - COMPARISON OF ROBOT-ASSISTED AND OPEN SURGERY
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OBJECTIVES: The advent of robotic surgery to prostate cancer treatment has been justified on grounds of improved surgical outcome, decreased complications, and decreased morbidity in comparison with traditional open techniques. Furthermore, robotic surgery has been claimed to achieve better results concerning urinary continence and sexual function. Our aim was to find out whether these claims are realized in an unselected material of a large university hospital.

METHODS: An ongoing observational follow-up study in the real-world setting of a university hospital using the 15D generic health-related quality of life (HRQoL) instrument. Patients entering for treatment of prostate cancer were asked to fill in the HRQoL questionnaire baseline and 3, 6, 12 and 24 months after entering treatment.

RESULTS: So far, 123 patients have undergone surgery: 76 in the robot-assisted laparoscopic prostatectomy group (RALP, mean age 60.6 years) and 47 in the open surgery group (OS, mean age 61.5 years). The baseline prognostic Gleason score did not differ in a statistically significant manner between the groups (6.91 vs. 6.98, p = 0.593). The mean HRQoL score in the OS group was slightly lower at baseline than that in the RALP group (0.940 vs. 0.920), but the difference was not statistically significant. During the two-year follow-up the HRQoL score remained slightly lower in the OS group at all follow-up points, but none of the differences was statistically significant.

CONCLUSIONS: The benefit from robot-assisted prostate surgery was in our material so small that it probably does not offset the high cost associated with the robotic approach.

PSU23 WOMEN’S PREFERENCES FOR BREAST RECONSTRUCTION: A STUDY USING A DISCRETE CHOICE EXPERIMENTS
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OBJECTIVES: Immediate or early breast reconstruction (BR) is a viable option for the majority of women with breast cancer. However, only 5.6% of the mastectomy patients underwent BR in Taiwan. Quantitative evidence on the preferences of women for BR is limited. Our study, therefore, elicits such preferences.

METHODS: Face to face patient interviews were conducted on 156 women who had previously undergone a therapeutic mastectomy, of whom 60 had also undergone a BR. These women were asked to choose between hypothetical BR profiles featuring six attributes: (1) material used for reconstruction, (2) number and duration of operations, (3) time to return to work, (4) aesthetic result, (5) breast pain, and (6) number of children desired. The relative importance of attributes and trade-offs the patients were willing to make among them were examined using a conditional logit regression model.

RESULTS: Coefficients for all treatment attributes were significant with a prior expected direction. Women had a significant positive preference for autologous tissues, shorter operations, ‘excellent’ aesthetic results, a reduction in failure rate and in out-of-pocket payments. Expected 1% reductions in the chance of failure were associated with a willingness to pay of NT$740,000. Women would be willing to pay NT$22,000 to replace implants with autologous tissue and NT$23,000 to reduce the operation time from 8 hours to 6 hours, and NT$86,000 to increase the aesthetic result from ‘excellent’ to ‘moderate’.

CONCLUSIONS: These findings provide insight into how BR are viewed and valued by women, and how future advances in surgical techniques will increase the uptake of BR by meeting women’s preferences for reduction in length of time of operation, cost, as well as improved aesthetic results.

PSU24 THE EQUIVALENCE OF REMOTE ELECTRONIC AND PAPER COLLECTION OF PATIENT REPORTED OUTCOMES (PROs): A CROSSOVER TRIAL
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OBJECTIVES: The collection of pre- and post-operative Patient Reported Outcome (PROs) have traditionally been used to assess the benefit of medical and surgical interventions. More recently, individual patient level PROs have been used in economic evaluation and to inform care. Electronic or ‘remote’ ePRO collection allows for a platform to collect scores at regular intervals and report results back to both patients and their clinicians. Chronic conditions can then be monitored over time to compare the response to treatment with that of other patients. The primary aim of this study was to assess whether scores collected electronically via a website or ‘electronic’ computerised ePRO, provides a platform to collect scores at regular intervals and report results back to both patients and their clinicians. Chronic conditions can then be monitored over time to compare the response to treatment with that of other patients.

RESULTS: The difference between the online ePRO and paper PRO Oxford score in Group 1 was 1.6, 0.9 to 2.4 (mean, 95% confidence interval) and in Group 2 was 0.8, 0.2 to 1.3 (mean, 95% CI). There was no significant difference between Group 1 and Group 2. Analysis revealed an ePRO Oxford score of 32.8, 29.7 to 35.8 (mean, 95% CI) and a PRO score of 33.0, 29.9 to 36.1 (mean, 95% CI).

CONCLUSIONS: Remote online ePRO collection using this website is equivalent to paper PRO collection.

PSU25 BALLOON KYPHOPLASTY INCREASES QUALITY OF LIFE IN CANCER PATIENTS WITH VERTEBRAL COMPRESSION FRACTURES
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OBJECTIVES: Compression fracture vertebrae (CFVs) are a fairly common and painful result of cancer but little is known about the quality of life (QoL) in these patients. The randomised controlled trial (RCT) CAFE, comparing balloon kyphoplasty (BKP) to non-surgical management (NSM), is the only RCT that has been conducted in cancer patients with CFVs. The objective of this study was to use data from the CAFE RCT to analyse QoL in cancer patients with CFVs and to identify the impact of BKP on QoL in these patients.

METHODS: SF-36 data from the CAFE study were analysed. Answers to the SF-36 questionnaire were translated into eight subcategories which in turn were mapped to health utilities at baseline. Complete data were available for 55 patients in the control group 65 patients in the treatment group; both groups had last seen at 1 month’s follow-up. Although the original study ran for 12 months, high crossover rates from control group to treatment after 1 month posed a challenge to an analysis of long-term QoL effects.

RESULTS: At baseline, the NRSM group had a mean utility (SE) of 0.27 (0.027) while the BKP group had 0.30 (0.027). After 1 month, the NSM group had a utility of 0.30 (0.030) and the BKP group 0.63 (0.029). The difference in utility at 1 month (0.33) was statistically significant (p < 0.001). No significant differences in baseline QoL or QoL impact of BKP were observed between cancer patients with painful or without painful cancer. Health utilities appeared to be relatively stable between 1 month and 12 months.

CONCLUSIONS: CFVs in cancer patients are associated with significant QoL impairment. QoL is meaningfully improved by treating painful CFVs with BKP, independently of the underlying cancer type. This information can be used as a basis for further research, such as analyses of the cost-effectiveness of BKP.