frequently framed opt-out alternatives in discrete choice experiments. We hypothesized that in an experiment where a default alternative was presented, a rejection of all the available alternatives, it is likely to have a detrimental impact on the performance of RRM model, while the performance of RUM model suffers more when the opt-out is framed as a respondent being indifferent between the alternatives offered.

**METHODS:** We used two waves of data from a discrete choice experiment (N1 = 227; N2 = 344); the first wave included an opt-out option implying a rejection of choice alternatives (i.e. none of these) while the second wave included an opt-out option implying a position of ‘indifference’ between choice alternatives. We compared RUM and RRM models of different specifications (e.g., multinomial logit and mixed logit) in terms of parameter estimates, log likelihood and the Ben-Akiva and Swait test for non-nested models. **RESULTS:** In line with hypotheses, RUM models performed significantly better (P < 0.01) than RRM models when opt-out alternative implied rejection of choice alternatives i.e. none of these. The RRM models performed significantly better (p < 0.01) than the RUM models when opt-out alternative implied handling the ‘indifference’ opt-out alternative as was evident by the suspiciously large value of opt-out constant in the RRM model. **CONCLUSIONS:** The framing of opt-out alternatives influences the type of behavioral framework to be considered for modeling.

**PRM87**

**THE INFLUENCE OF PAIN MANAGEMENT TREATMENT ATTRIBUTES ON CLINICAL DECISION MAKING IN POSTOPERATIVE PAIN MANAGEMENT**

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**OBJECTIVES:** The Hyperphagia Questionnaire (HQ) is a well-established, caregiver-based tool used to evaluate feeding behavior of patients with Prader-Willi syndrome (PWS) and patients with other genetic and neuropsychiatric conditions. The HQ assessment includes a total of 28 levels. When considering their answers, respondents were asked to think of a specific type of post-surgical patient. The study recruited 64 post-surgical patients from central London. **RESULTS:** A total of 288 surgeons (male = 88%, mean age = 50 years) were included in the study. Surgeons were screened to ensure they performed inpatient surgeries resulting in a need to provide inpatient POM. Surgical subspecialties included general surgeons who performed abdominal, colorectal surgeries (n = 97), gynecologic surgeons (n = 95), and orthopedic surgeons (n = 96). When selecting POM strategies, surgeons valued (strength of preference) patient satisfaction with pain management (53.3%), a patient’s ability to mobilize (14.9%), absence of side effects (14.6%), and time to discharge (13.8%). Surgeons are likely to incorporate pain management into their practice. **CONCLUSIONS:** Among the patients included in the study, 54% of the population had an impact on increasing their utility of pain management.

**PRM88**

**DEVELOPMENT OF THE HYPERPHAGIA QUESTIONNAIRE FOR USE IN PRADER-WILLI SYNDROME CLINICAL TRIALS**

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**OBJECTIVES:** The Hyperphagia Questionnaire (HQ) is a well-established, caregiver-reported questionnaire that focuses on feeding behaviors common among individuals with Prader-Willi syndrome (PWS). The goal of this research was to develop and psychometrically evaluate a modified version of the HQ for use within PWS clinical trials.

**METHODS:** Following modification of the HQ based on industry and regulatory standards (e.g., Food and Drug Administration, 2009), the initial, 10-item version of the HQ for Clinical Trials (HQ-CT) was used in a phase 2 trial with the resulting data analyzed to identify the optimal scoring approach and evaluate instrument psychometric properties. Next, further evaluation by clinical experts in PWS and regulatory authorities resulted in removal of an item that focused more on patient-caregiver interactions than direct observation of patient behavior. Qualitative interviews were then conducted with PWS caregivers to inform final refinements, provide additional support for content validity, and assess usability of the electronic (ePRO) version of the 9-item measure.

**RESULTS:** Initially, 136 HQ-CT items were conducted to evaluate the HQ reduced to 10 items. Results indicated that the HQ-CT total score had a high level of reliability (α = 0.87), and content validity of the HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups. Finally, qualitatively interviews with 6 caregivers supported the relevance, comprehensiveness, and face validity of the HQ-CT total score as well as the questions are reliable and valid. The HQ-CT total score was also able to demonstrate improvements in hyperphagia-related behavior between treatment groups.