country). Patient inclusion criteria were: C-HCV diagnosis within past 5 years treated with peginterferon alfa-2a or alfa-2b plus ribavirin combination therapy (PEG2A/R or PEG2B/R, respectively); age ≥18 years; no diagnoses of hepatitis B or HIV/AIDS; ≥1 year follow-up post-treatment initiation; no clinical trial participation. Treatment dosing was based on standard clinical practice, and costs (in 2009 USD) were described and analyzed at the patient level. Published drug prices were used in all cost calculations. RESULTS: Hepatology, gastroenterology, and internal medicine were the predominant physician specialties observed, representing 22%, 30%, and 25%, respectively, of all physicians recruited. A total of 85 patients (-160 per country) were identified, of whom 65% were male with mean age of 46 years. More patients initiated PEG2A/R (69%) than PEG2B/R (31%). For both regimens, all major ribavirin doses (400, 1000, and 1200 mg) were seen, representing 36%, 35%, and 22%, respectively, of PEG2A/R patients. Ten patients (14%, respectively) were PEG2B/R patients. Mean treatment duration was ~35 weeks for both PEG2A/R and PEG2B/R, with distribution spikes at 24 and 48 weeks. Treatment compliance was relatively high, with ~75% of patients completing therapy as planned regardless of regimen. Mean weekly treatment costs ranged from $280 to $350 depending on the ribavirin dose. Mean total treatment costs were estimated at $161,827 and $15,110 per patient for PEG2A/R and PEG2B/R, respectively. CONCLUSIONS: Peginterferon-based regimens, although a mainstay of C-HCV management, are costly. Public health systems bearing the high economic burden of C-HCV treatment should be mindful of these costs when considering formulary access for alternative treatments.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes Studies

PG121

PAIN AFTER LIVER TRANSPLANT: A CROSS SECTIONAL STUDY

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OBJECTIVES: To conduct a systematic review of studies reporting primary hrQoL data among patients with Hepatitis C and assess implications for adherence, work

PG122

CORRESPONDENCE OF MULTIPLE HEALTH OUTCOMES MEASURES IN RESPONSES TO MMX™ MESALAMINE TREATMENT FOR PATIENTS WITH ULCERATIVE COLITIS

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OBJECTIVES: To understand how multiple health outcomes (HO) instruments could better measure health-related quality of life (HRQoL) and work productivity in ulcerative colitis (UC) patients, we examined interrelations among three HO instruments used in a clinical trial: a generic measure (SF-12v2), a disease specific measure (Short-Form Inflammatory Bowel Disease (IBD) Questionnaire (SBIDQ)), and a work productivity measure (Work Productivity and Activity Impairment Questionnaire for UC (WPAI-UC)). METHODS: Mild-to-moderate UC patients received MMX mesalamine daily for 8 weeks in an open-label study. HO was measured at baseline and eight-weeks using generic HRQoL, SBIDQ and comprehensive evaluation of IBD-related QoL: bowel symptoms, systemic symptoms, emotional function, and social function. The WPAI-UC measures 4 dimensions of work-related productivity impacted by UC: absenteeism, presenteeism, work impairment, and activity impairment. Repeated-measures ANOVAs examined changes in HO scores. Associations among instruments in detecting HO change were assessed by intercorrelations among change scores, and correlations with patient-reported symptoms: bowel movement frequency (BMF) and rectal bleeding severity (RBS). RESULTS: 107 patients completed both assessments. Improvement occurred in 18 of 19 HO scale and summary scores (p < 0.05 for differences), indicating each instrument was responsive to treatment. Correlations indicated moderate associations in the predicted directions for change scores among all three instruments: the average correlation was 0.47 between SF-12v2 and SBIDQ scales, −0.39 between SF-12v2 and WPAI-UC scales, and −0.48 between SBIDQ and WPAI-UC scales. Improvement in scale scores for all measures was moderately correlated with improvement in both BMF and RBS (magnitude of average correlations ranged from 0.29 to 0.47). CONCLUSIONS: Instruments measuring different aspects of HO showed consistent responsiveness to eight-weeks’ treatment with MMX mesalamine in mild-to-moderate UC patients. Similar results obtained using different HO instruments confirm the treatment effect, and also indicate convergent validity among these instruments within this patient population.

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CURRENT EVIDENCE REGARDING THE HEPATITIS C PATIENT EXPERIENCE

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