36 post-surgery using the Mann-Whitney test. Pearson correlation coefficients were calculated between utility scores and the KOOS overall, KOOS quality of life and VAS scores at each time-point. RESULTS: Significantly higher utility scores were observed in KOOS responders compared to non-responders at Months 30 (0.817 vs. 0.691, n = 25/14, p = 0.004) and 36 (0.775 vs. 0.618, n = 19/6, p = 0.006) and in VAS responders compared to non-responders at Months 24 (0.827 vs. 0.701, n = 17/9, p = 0.038) and 36 (0.764 vs. 0.600, n = 21/4, p = 0.015). A similar trend of borderline significance was measured at Months 24 (using KOOS, 0.818 vs. 0.728, n = 16/10, p = 0.136) and 30 (using VAS, 0.800 vs. 0.704, n = 21/4, p = 0.053). Utility scores correlated best with the KOOS overall (Pearson coefficients ranged from 0.579 to 0.721, p-values < 0.01) and VAS scores (−0.514 to −0.671, p-values < 0.01). CONCLUSIONS: Gaps in utility scores between responders (= successful surgery) and non-responders ranged from 0.091 to 0.164. This finding validates the assumption made in a previous Health Technology Assessment on Autologous Chondrocytes Implantation. Consistent gaps and significant correlations with validated tools provide valuable information for future economic modeling of CCI.

EURO QOL (EQ-5D) BASED QOL (QUALITY OF LIFE) IN 5,023 JAPANESE PATIENTS WITH RHEUMATOID ARTHRITIS (RA) PATIENTS IN AN OBSERVATIONAL COHORT IORRA

Hoshi D1, Igarashi K1, Otsubo S1, Karasawa K1, Inoue E1, Momohara S1, Hara M1, Kamatani N1, Yamanaka H1

1Tokyo women’s medical university, Shinjuku, Tokyo, Japan, 2The University of Tokyo, Bunkyo, Tokyo, Japan

OBJECTIVES: QOL (quality of life) is critical in the management of patients with rheumatoid arthritis (RA). To evaluate the QOL of RA patients with different background, we evaluated the QOL by using Japanese version of EuroQol (EQ-5D) in a large observational cohort study of Japanese RA patients, IORRA. METHODS: We have established a large observational cohort of RA patients IORRA (Institute Of Rheumatology Rheumatoid Arthritis) in the Institute of Rheumatology Tokyo Women’s Medical University since 2000. Essentially all RA patients who consulted there were registered, and clinical parameters including the disease activity, use of drugs and the occurrence of adverse events in daily clinical settings were assessed bimonthly based on patient’s report, physician’s examination and laboratory data. In this cohort, we evaluated the QOL of RA patients by EQ-5D, disease activity by DAS28, and disability by JHAQ, and then we analyzed the related factors for EQ-5D by Spearman’s correlation. RESULTS: In September 2007, a total 5023 RA patients (female 84.2%, average 58.02 years-old, average disease duration 11.26 years, rheumatoid factor positive 74.8%, patients taking steroid, methotrexate and biologics were 51.0%, 63.6%, and 4.3%, respectively) fulfilled the questionnaire of EQ-5D. Mean ± SD of EQ-5D, DAS28 and JHAQ was 0.757 ± 0.178, 3.28 ± 1.147 and 0.737 ± 0.769, respectively, EQ-5D was worse in female (0.75 ± 0.177) than in male (0.798 ± 0.177) patients, and worse in rheumatoid factor positive (0.75 ± 0.178) than negative (0.782 ± 0.175) patients. EQ-5D became worse by older age and longer disease duration. No clear relationship was identified between EQ-5D and medications including corticosteroid, methotrexate or biologics in this cross-sectional analysis. CONCLUSIONS: EQ-5D based QOL was analyzed in a large number of Japanese RA patients using IORRA cohort.

VALIDITY AND RESPONSIVENESS OF THE WORK PRODUCTIVITY SURVEY: A NOVEL DISEASE-SPECIFIC INSTRUMENT ASSESSING WORK PRODUCTIVITY WITHIN AND OUTSIDE THE HOME IN SUBJECTS WITH RHEUMATOID ARTHRITIS

Osterhaus J1, Purcaru O2, Richard L3

1Wasatch Health Outcomes, Park City, UT, USA, 2UCB, Braine lAlleud, Belgium, 3UCB Celttech, Slough, UK

OBJECTIVES: To determine the validity and responsiveness of the novel disease-specific Work Productivity Survey (WPS-RA) in patients with active rheumatoid arthritis (RA). The WPS-RA captures the RA impact on work and home-related productivity. METHODS: A total of 220 RA subjects were randomized to 400 mg of subcutaneous certolizumab pegol or placebo every 4 weeks, for 24 weeks (wks). The WPS-RA was completed monthly starting Baseline (BL) until withdrawal/completion. Validity was evaluated at BL, using the known-groups approach. Mean WPS-RA responses at BL were compared between subjects with different levels of physical function or health-related quality-of-life (HRQoL). Groups were defined by the median-cut of subjects’ scores to Health Assessment Questionnaire Disability Index (HAQ-DI) and SF-36 (the physical and mental component sum-