CANCER – Patient-Reported Outcomes & Patient Preference Studies

PCN137
TREATMENT PATTERNS AND PERSISTENCE AMONG PATIENTS TREATED WITH STIVARGA
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OBJECTIVES: Examine baseline treatment patterns and persistence among patients diagnosed with metastatic colorectal cancer (mCRC) or Gastrointestinal stromal tumor (GIST) and treated with Stivarga® (regorafenib). **METHODS:** Adult patients treated with Stivarga from 9/27/12-7/31/13 were identified from a large national US claims database. Patients were retained if they were continuously enrolled in the health plan for ≥6 months before the initial (index) fill (baseline period) and ≥1 month after the index fill (follow-up period). Patients were required to be diagnosed with mCRC or GIST, be 18+ years old, and have non-missing demographic information. Follow-up persistence with Stivarga was identified based on a gap in therapy of at least 30 days. The use of chemotherapy in the baseline, the last regimen received before initiating Stivarga, and the amount of time between receipt of last chemotherapy and Stivarga initiation was identified. **RESULTS:** 283 patients were treated with Stivarga and 235 met all inclusion criteria. Mean age was 61.6 years, 66.4% were female, and 38.7% were Medicare Advantage patients. Mean baseline length was 4.2 years (median: 3.3 years). Mean follow-up length was 4.5 months. Baseline chemotherapy use was observed in 97.5% of patients; 89.5%, 72.9%, and 79.9% of patients received irinotecan, oxaliplatin or bevacizumab, respectively. The most common regimens prior to Stivarga were FOLFIRI (12.7%), FOLFIRI+BEV (10.0%), and Irinotecan+Cetuximab (8.7%). On average, patients had a gap of 85 days from receipt of last chemotherapy until initiating Stivarga; 50% initiated within 30 days and 25% initiated after more than 84 days. Patients received 2.5 fills of Stivarga and were persistent for 69.5 days, on average. 37.5% of patients were persistent through the end of their follow-up. **CONCLUSIONS:** Most Stivarga-treated mCRC or GIST patients received chemotherapy in the 3 months prior to initiating Stivarga. At least half of patients were persistent for at least 8 weeks.

PCN138
COMPARISON OF ADHERENCE RATES BETWEEN ORAL CAPECITABINE AND INTRAVENOUS CHEMOTHERAPY REGIMENS TO TREAT METASTATIC COLON CANCER
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OBJECTIVES: To compare adherence rates to oral versus intravenous (IV) chemotherapy regimens to treat metastatic colorectal cancer (CRC). **METHODS:** A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with metastatic CRC between July 1, 2004 and December 31, 2010, who were insured by a commercial health plan were included. Adherence was assessed using the medication possession ratio (MPR), calculated as the proportion of days a patient was covered by their chemotherapy regimen, according to NCCN guidelines, from the first to the last cycle/prescription of that regimen. Comparisons of MPR between the groups were performed by multivariate logistic regression, using the threshold of MPR>0.8 to define high adherence; and by multivariate linear regression treating MPR as a continuous variable. **RESULTS:** A total of 9,964 chemotherapy regimens in cycles in 3,367 patients were analyzed. The most common regimens were IV FOLFOX (n=1,710), oral capecitabine (n=1,328), and IV FOLFOX+bevacizumab (n=1,100). Overall, adherence was significantly higher for IV regimens (mean MPR = 0.88) versus capecitabine oral regimens (mean MPR = 0.80, p<0.001). Additionally, a significantly higher proportion of patients receiving IV regimens (77%) achieved an MPR > 0.8 compared with patients receiving capecitabine chemotherapy (53%, p<0.001). These differences persisted when stratifying by line of chemotherapy, age, and disease severity (measured using the weighted Charlson index). In multivariate logistic regression, oral chemotherapy regimens were associated with an odds ratio of 0.33 regarding achieving an MPR of >0.8. Similarly, in multivariate linear regression capecitabine oral chemotherapy regimens were associated with a significant decrement in MPR (beta coefficient = -0.084, p<0.001). **CONCLUSIONS:** Capecitabine oral chemotherapy regimens were associated with a significantly lower adherence rate compared with IV regimens in metastatic CRC patients. The clinical impact of the observed differences is unknown.

PCN139
THE ASSOCIATION BETWEEN NON-ADHERENCE AND QUALITY OF LIFE AMONG WOMEN WITH METASTATIC BREAST CANCER
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OBJECTIVES: The increasing availability of treatment options for metastatic breast cancer (mBC), particularly oral chemotherapy agents, has elevated the importance of adherence. This study sought to address the relationship between non-adherence and quality of life among women with mBC. **METHODS:** A cross-sectional Internet survey was administered to 181 women diagnosed with mBC who had prior experience with either a taxane, paclitaxel, or docetaxel. Demographic, health history, treatment history (e.g., current use of chemotherapy [oral or IV], radiation therapy, or hormone therapy) and quality of life in the past 7 days (using the FACT-B) information was collected. Patients were asked whether they had skipped/missed a dose and the reason for doing so (e.g., tolerability of side effects, reduce cost). The number of different non-adherence reasons was used to predict FACT-B scores using regression modeling, controlling for demographics and health history. Subgroup analyses were conducted among those using IV and oral chemotherapy agents, separately. **RESULTS:** The mean age was 52.2 years and 93.9% were non-Hispanic white. 42.0% and 24.3% of respondents were currently using an IV and oral chemotherapy agent, respectively. Across all treatments, 34.8% of respondents reported engaging in non-adherent behavior. Aside from hormone therapy (43.0%), non-adherence was highest among patients who were using oral chemotherapy agents (34.1%). The number of non-adherent behaviors was significantly associated with a decrease in functional well-being (FWB; b=-1.40), FACT-G total score (b=-3.01), FACT-B total score (b=-3.92), and FACT trial outcome index (FACT-TOI; b=-2.98) (all p<.05). These relationships were stronger when focusing on respondents who were using an oral chemotherapy agent (n=44) (bs=-3.14, -7.37, -6.11, -8.63 for FWB, FACT-G, FACT-B, and FACT-TOI, respectively). **CONCLUSIONS:** Approximately a third reported engaging in non-adherent behavior. These behaviors were associated with significant decrements in health status, suggesting improvements in adherence could correspond to quality of life benefits to the patient.

PCN140
HEALTH STATE UTILITIES FOR CHRONIC LYMPHOCYTIC LEUKEMIA
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OBJECTIVES: Utility values used in economic evaluations of new products reflect the strength of preference for the health related quality of life (HRQL) of a given health state. These can be captured using the time trade-off (TTO) methodology. The aim of this study was to elicit societal utility values for states related to chronic lymphocytic leukemia (CLL). **METHODS:** Nine health states were developed following a literature review, interviews with patients (n=6) and clinicians (n=5), and review by lay members of the public (cognitive debriefing; n=5). These health states were: progression free survival (PFS) on initial intravenous (IV) therapy; PFS on initial oral therapy; PFS on initial therapy with increased hospital visits; PFS without therapy; progression after 1st line therapy; PFS on 2nd line therapy; PFS without 2nd line therapy (post 2nd line treatment, but not currently receiving therapy); further progression (disease progression after 2 lines of treatment); and relapsed lines of treatment (≥3 lines of treatment). One hundred members of the UK general public valued each health state using the TTO methodology. **RESULTS:** PFS states were the least burdensome: PFS without therapy (mean utility=0.82); PFS on initial oral therapy (0.71); PFS on initial IV therapy (0.67), apart from PFS on initial therapy with increased hospital visits (0.55). Mean utility for disease progression after 1st line therapy was 0.66 and for PFS without 2nd line therapy was 0.71; further progression (0.59), PFS on 2ndline therapy (0.55), and relapsed lines of treatment (0.42) had greater burdens. **CONCLUSIONS:** The results show the weights that the general public place on CLL states, underlining the value in maintaining PFS for as long as possible. Findings also highlight the extent to which HRQL declines following first line progression. These findings can support the estimation of quality adjusted life years associated with treatments for CLL.

PCN141
A SYSTEMATIC REVIEW OF HEALTH-STATE UTILITY VALUES IN ADVANCED GASTRIC, OESOPHAGEAL, OR GASTRO-OESOPHAGEAL JUNCTION ADENOCARCINOMA
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OBJECTIVES: Health-state utilities values (HSUVs) are an essential component for cost-utility analysis (CUA). The aim of this review was to systematically identify utility weights associated with advanced gastric (GC), oesophageal (OC), or gastro-oesophageal junction (GEJ) adenocarcinoma. **METHODS:** Embase, MEDLINE and Cochrane databases (accessed September 2013) were interrogated for relevant studies using a predefined search strategy. Studies eligible for inclusion included those reporting HSUVs using direct (standard gamble [SG] and time-trade-off [TTO]) and indirect methods (such as EuroQol 5D [EQ-5D], short-form 6D [SF-6D] and 15D). **RESULTS:** A total of 703 publications were identified, of which eight met the inclusion criteria (GC, n=2; mixed population [MP], n=4; OC, n=2). The most commonly used instrument to estimate HSUVs was the EQ-5D (n=7): post-chemotherapy (GC, 0.550 [n=1]; MP, 0.66-0.76 [n=1]); progression-free survival (GC, 0.73 [n=1]); weight loss (MP, 0.52-0.69 [n=2]); patient's valuation of health state (OC, 0.60-0.93 depending on stage [n=1]); dysphagia-associated (OC, 0.39-0.82, depending on score [n=1]); societal valuation of health state (OC, 0.15-0.77 [n=1]); inoperable OC/GEJ (MP, 0.63 [n=1]). One study derived utilities using the SF-6D and the 15D (post-chemotherapy in GC patients, 0.606 and 0.685, respectively). In two studies the TTO method was used to determine the following HSUVs: patient's valuation of health state (OC, 0.52-0.80 depending on stage [n=1]); societal valuation of health state (0.15-0.77, [n=1]); dysphagia-associated (OC, 0.25-0.86, depending on score [n=1]); inoperable OC (0.08-0.66, depending on health state [n=1]). Only one study determined HSUVs for inoperable OC according to the SG method (0.08-0.78, depending on health state). **CONCLUSIONS:** There are limited data estimating HSUVs in patients with advanced GC, OC or GEJ. Comparisons are confounded by heterogeneity across patient and study characteristics in the identified studies. Further research into HSUVs associated with advanced gastric/oesophageal cancers is required in order to improve the evidence available for use in CUAs.

PCN142
QUALITY OF LIFE OUTCOMES OF THE UNITED STATES CHRONIC MYELOID LEUKEMIA (CML) PATIENTS
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OBJECTIVES: To evaluate the quality of life (QoL) of CML patients using the EQ-5D-5L instrument by gathering the patient's perspective of how, and to what extent, their therapy impacts QoL. **METHODS:** Patients from the Huntsman Cancer Institute com-