preferences questionnaire was elaborated in a pilot study: treatment mode of administration, time spent in hospital for administration, immediate toxicity, and level of symptoms control; distributed in 9 hypothetic scenarios. Second line NSCLC patients were asked to score by preferred scenario, through the conjoint analysis method. Socio-demographic, clinical and health-related quality of life (RSCL) characteristics were collected and linear regression models were performed. RESULTS: A total of 172 patients were enrolled. Mean (SD) age 61.9 (10.5) years. Seventy-five percent were men, 84.8% in NSCLC stage IV, 50% ECOG 1 20.3% of patients received cisplatine

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gemcitabine in first line, 30.8% showed treatment’s adverse reactions and 52.9% were scheduled to erlotinib as second line. Psychological symptoms’ was the most affected RSCL dimension. The ICC of questionnaire’s scenarios was assessed (0.55–0.88). The most preferred attribute was symptoms’ control and the most preferred scenario was: oral administration, no time spent in hospital, low toxicity and total symptoms’ control (G scenario). Patients who started oral administration vs patients who started intravenous administration, gave more utility importance to the attributes ‘treatment administration’ (0.30 vs −0.12) and ‘time spent in hospital’ (0.62 vs 0.45). Psychological and daily functioning affection, ECOG 1-2 and adverse reactions in first line were related to G scenario. CONCLUSIONS: The most valued attributes by advanced NSCLC patients are moderate-total symptoms’ control and oral administration. Patients with worst functional status and psychological affection preferred total symptoms’ control, oral administration, no time spent in hospital and low toxicity. Treatment preference’s questionnaire showed utility, feasibility and reliability for treatment decisions, allowing physicians to explore patients’ preferences before initiating treatment.

OBJECTIVES: To elicit treatment preference and WTP for Methylnaltrexone, a novel peripheral opioid antagonist versus existing antago- 

nists, in which specialist palliative care teams cooperates with primary care teams, is attracting attention to promote a home palliative care service in Japan. To evaluate the outcome of this “OKAYAMA Model”, we investigated the satisfaction of the patients’ family who received the home palliative care service by this model. METHODS: A survey form consisting of 20 items from the FAMCARE Scale was then sent to 83 surviving family members of patients who had received care under this “OKAYAMA palliative care model”. The study plan was reviewed and approved by an ethics committee. RESULTS: The mean score for the survey was 3.94 ± 0.19 points (out of a possible 5). Responses of “satisfied” or better were received by more than 50% of respondents for nearly all items. The ratings were high for “pain relief,” “answers from health professionals,” “availability of doctors to the family,” “doctor’s attention to the patient’s description of symptoms,” and “availability of the doctor to the patient.” A positive assessment was made for time spent and efforts made to respond to the desires of patients’ families following the conclusion of pain control prior to home palliative care. Conversely, issues remain in items such as “availability of a hospital bed.” Four factors were identified in a factor analysis of the FAMCARE Scale: “adequate amount of information,” “attitude of medical personnel,” “education and support system for families,” and “emergency responses.” Only 44% of respondents were satisfied with the care provided by the respondents themselves as a family member, suggesting the need for environmental improvements to ease the burden on families. CONCLUSIONS: The results of this study help us to develop an appropriate model for a home palliative care system using a multidisciplinary team approach.

OBJECTIVES: To elicit treatment preference and WTP for Methylnaltrexone, a novel peripheral opioid antagonist versus existing antagonists for opioid induced constipation.

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