

one year of follow up, 11.2% of TAM, and 18.4% of AI treated patients discontinued their treatment. In these patients with the reasons for stopping were: progressive disease including local and distant progression (68.1%), side effects (15.5%), patient's choice (8.6%) and other reasons (7.8%). The multivariate hazard ratios of the cox regression models showed that patients younger than 50 were most likely to discontinue initial therapy when compared with the reference group of women over 70 years of age (HR: 2.30, $p=0.01$). In contrast, patients treated in gynaecologist or oncologist practice had significantly longer persistence than patients who obtained their prescriptions in general hospital or academic cancer facility (HR: 0.47, $p=0.02$). Additionally, patients with therapy initiation in gynecological practices had significantly longer persistence than in oncological practice (HR: 0.68, $p=0.04$). Additionally, metastases were associated with strongly increased risk of treatment discontinuation (HR: 3.81, $p<0.01$). **CONCLUSIONS:** The proportion of breast cancer patients with therapy discontinuation within first year after therapy start is high and needs to be significantly increased to improved outcome in clinical practice.

PCN151

HEALTH STATE UTILITY VALUES IN ADVANCED NON-SMALL CELL LUNG CANCER PATIENTS

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OBJECTIVES: Lung cancer has an important impact on Health related Quality of Life (HRQoL). LUCEOR2 is a multi-country prospective study which aimed to measure HRQoL and EQ-5D utility values in Non Small Cell Lung Cancer patients (NSCLC). Previous results presented utility values calculated on the whole LUCEOR2 population and on the French subgroup using the UK tariff for the EQ-5D. Our aim was to calculate utility values with the French tariff for the application in French cost-effectiveness studies. **METHODS:** Data from the LUCEOR2 study that included all patients from participating countries which provided a meaningful sample size for data analysis. Patients were stratified in 7 health states defined by the response of treatment (progressive or stable) and the line of treatment (1st, 2nd, 3rd/4th and BSC). EQ-5D health states were valued using the French tariff. **RESULTS:** A total of 319 patients were recruited in LUCEOR2, HRQoL were available for 258 of them (73 in France). Mean utilities for progression-free patients on 1st, 2nd and 3rd/4th lines were 0.690 (n=116; standard deviation [sd]: 0.258), 0.697 (n=46; sd: 0.221) and 0.609 (n=25; sd: 0.324) respectively. For patients with progressive disease, values were 0.608 (n=26; sd: 0.237), 0.550 (n=17; sd: 0.353) and 0.418 (n=21; sd: 0.399). Overall, patients with progressive disease had lower mean utility than patients with stable disease (0.530 vs. 0.682; $p<0.001$). Utilities calculated using the French EQ-5D tariff are lower than the utilities calculated using the UK tariff. **CONCLUSIONS:** This study presents the French utility values for patients with NSCLC. It demonstrates the impact of the disease on the HRQoL. Further investigations will be made on the potential differences in scores between countries.

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ESTIMATING HEALTH STATE UTILITIES FOR PATIENTS WITH RELAPSED/REFRACTORY (R/R) HODGKIN LYMPHOMA (HL) AND SYSTEMIC ANAPLASTIC LARGE-CELL LYMPHOMA (SALCL) IN MEXICO AND BRAZIL

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OBJECTIVES: Benefits of treatment can be measured by utility values. Health utilities typically range between 0 (dead) and 1 (full health) and reflect health-related quality of life (HRQL) in a given health state. Societal values for health states can be captured using the time trade-off (TTO) methodology. Currently, no values exist for health states depicting stages of R/R HL and sALCL for Latin American countries. The aim of this study was to collect utility values from members of the public in Mexico and Brazil for R/R HL and sALCL health states. **METHODS:** Health states were developed using recognized methods, including a literature review, patient and clinician interviews, and cognitive debriefing. States included stages of R/R HL and sALCL (complete response [CR], partial response [PR], stable disease, and progressive disease), and adverse events (AEs) including B-symptoms, acute/chronic graft-versus-host disease (GVHD), and grade I/II or grade III peripheral sensory neuropathy (PSN). Members of the public in Mexico (n=100) and Brazil (n=101) valued each health state using the TTO methodology. **RESULTS:** Participants showed a clear preference for the treatment response states; CR was valued as the state least likely to affect HRQL, with utility gains of 0.13-0.14 over stable disease. The experience of any AE was associated with a large decline in quality of life. The most burdensome AEs were acute GVHD and grade III PSN. Experiencing acute GVHD gave a disutility from stable disease of 0.190 (for Brazil) and 0.125 (for Mexico). Only minor discrepancies existed between the mean utilities for the two countries, the largest being for PR (Mexico, 0.633; Brazil, 0.717). **CONCLUSIONS:** Societal valuation of health states for R/R HL and sALCL revealed the notable perceived benefit of a treatment response and the significant disutility associated with AE experience. Utility values for Mexico and Brazil were broadly consistent.

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UTILITY VALUES FOR PATIENTS WITH ADVANCED GASTROINTESTINAL STROMAL TUMORS (GIST) TREATED WITH REGORAFENIB VERSUS PLACEBO IN THE PHASE III GRID TRIAL

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OBJECTIVES: To estimate utility values by health states for regorafenib and placebo-treated subjects from the phase-3 GIST - Regorafenib In Progressive Disease (GRID) trial, and test the assumption that utility values remained constant over successive

cycles of treatment in the same health state. **METHODS:** The GRID study included a double-blinded phase, plus an open-label regorafenib phase for those whose disease progressed. The EQ-5D index was evaluated using paired-samples comparison as the primary analysis, and repeated measures as a sensitivity analyses. **RESULTS:** A total of 185 subjects were included; 63% males, with an overall average age of 58 years; 55% received study treatment as 3rd-line, the rest as 4th-line or later. 67% were randomized to receive regorafenib as initial double-blind therapy. Average utility at baseline was 0.767 units. There were no differences in baseline characteristics or EQ-5D for either treatment arm, or those whose disease progressed. The paired-samples analysis compared progression-free EQ-5D index versus any first, post-progression assessment. Of those with available data (N=77) there was a difference of -0.120 units ($p=0.001$). In the repeated analysis, the Δ -EQ-5D between progression-free disease and disease progression (in double-blind phase) was -0.041 units ($p=0.051$). The mean EQ-5D index following discontinuation of open-label treatment due to secondary progression was much lower, with a difference of -0.231 units ($p<0.001$). Whilst adjusting for disease status and treatment, the cycle number did not significantly influence the EQ-5D index ($p=0.341$). **CONCLUSIONS:** Health-related utility remained stable over successive treatment cycles after controlling for disease status and treatment type, suggesting that for subjects treated with regorafenib who remained progression-free, that active treatment did not lead to deterioration in utility. Due to the cross-over design, the repeated measures analysis did not contain a homogenous, group of people whose disease had progressed. Thus, the paired-sample analysis provides a better estimate of utility.

PCN154

ASSOCIATIONS BETWEEN OVERALL CARE EXPERIENCE RATINGS AND UTILITY AND PSYCHOLOGICAL WELL-BEING IN MEN RECENTLY DIAGNOSED WITH PROSTATE CANCER: FINDINGS FROM A POPULATION-BASED STUDY

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OBJECTIVES: Patient experience is increasingly recognised as an important measure of quality of care. A few studies have suggested that patients who report higher levels of satisfaction with care also have higher quality-of-life and higher psychological wellbeing, and are more likely to cooperate with treatment. In Ireland, this area is under-researched. The PiCTure 2 study aimed to assess the care experiences of men recently diagnosed with prostate cancer - the most common cancer among men in Ireland - and investigate associations between experiences and health-related quality-of-life (utility) and psychological wellbeing (depression, anxiety and distress). **METHODS:** Men diagnosed with invasive prostate cancer (ICD10 C61) 5-20 months prior to study commencement were identified through the National Cancer Registry. The patient experience questionnaire was based on the Prostate Care Questionnaire (Baker et al. 2007), modified for Ireland. Utility and psychological wellbeing were assessed using the EQ5D-5L and Depression Anxiety and Stress Scale (DASS-21). The questionnaire was administered by post to 2,180 men during January-April 2013. EQ5D-5L responses were converted to EQ5D-3L health states and valued with UK valuations. **RESULTS:** A total of 1499 valid questionnaires were received (response rate=70%). Men rated their overall care very highly; however, there were variations with those (i) further from diagnosis, (ii) in poorer health, (iii) younger, (iv) with third level education and (v) with private health insurance significantly more likely to report poorer care experiences. Almost half of men reported maximum utility scores; one-fifth had depression, one-fifth anxiety and one-eighth stress. Lower global experience scores were significantly associated with lower utility values and poorer psychological well-being ($p<0.001$). **CONCLUSIONS:** While men recently diagnosed with prostate cancer report quite high overall care experience ratings, variations were reported and associations with lower utility and psychological well-being were observed. These results provide further rationale for initiatives to improve quality of care.

PCN155

UTILITY MAPPING OF THE EORTC QLQ-C30 ONTO EQ-5D IN PATIENTS WITH SOFT TISSUE SARCOMA

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OBJECTIVES: The European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30) is one of the most commonly used quality of life instruments in clinical trials of anti-cancer agents. Here we present an algorithm for mapping between the QLQ-C30 and EQ-5D preferences in an adult population with advanced soft tissue sarcoma (aSTS) who participated in the PALETTE trail, building upon mapping work performed in other tumours. **METHODS:** Data from the PALETTE trial assessing pazopanib versus placebo for the treatment of aSTS (n=369) was used, where EQ-5D was assessed at baseline and week 4, and the QLQ-C30 at baseline plus weeks 4, 8 and 12. Ordinary least squares (OLS) and generalised linear model regression using a generalised estimating equations (GLM/GEE) approach was employed with the EQ-5D disutility value as the dependent variable. A variety of model forms were tested with different link functions and error term distributions, as well as using two stage models and including factors other than QLQ-C30 terms (i.e., age, sex, ECOG status). **RESULTS:** There was relatively little variability in the root mean square error (RMSE) and R-squared across 28 different models tested, with the RMSE ranging from 0.16 to 0.18 and the R-squared ranging from 0.54 to 0.63. Using GLM/GEE vs. OLS, adding non QLQ-C30 terms, two-stage models, and squared terms for QLQ-C30 scores all improved R², albeit slightly. All the models overestimated the disutility for assessments with zero disutility and underestimated the disutility for assessments with large disutilities, as has commonly been reported for such algorithms. **CONCLUSIONS:** The mapping algorithms tested had reasonable predictive validity. These algorithms were used in cost-effectiveness evaluations of pazopanib in aSTS patients and may be useful for future cost-effectiveness evaluations of other therapies for this indication.