programs, participation rates remain low in countries that have implemented such a screening program. Besides the diagnostic accuracy and the risks of the screening technique that affect the health of the participants, additional factors, such as the burden of the test, may impact the individuals' decisions to participate. The aim of this study it to explore the impact of preferences for the attributes of screening tests on intention to attend a colorectal cancer screening program. **METHODS:** We used a web-based questionnaire to elicit the preferences of Dutch men and woman aged 55 to 75 years for alternative colon screening techniques, and to measure their intention to attend the screening. The Analytic Hierarchy Process (AHP), a technique for multi-criteria analysis, was used to estimate the colorectal cancer screening preferences for iFOBT, Colonoscopy, Sigmoidoscopy and Virtual Colonoscopy. **RESULTS:** We included 167 respondents that were consistent in their judgments on the relevance of the criteria and the preferences for the screening techniques. The results indicate that the most preferred screening methods with the highest intention to attend were Virtual Colonoscopy and iFOBT. Sensitivity and safety of the screening methods were the strongest determinants of the overall preference for the screening techniques. However, safety and inconvenience were most strongly related to intention to attend. **CONCLUSIONS:** Even though for the long term the respondents may recognize the high importance of diagnostic effectiveness, their short term decision to attend the screening tests appears to be less driven by this consideration. Our analysis suggests that inconvenience and safety will be the strongest technique-related determinants of the respondents' decision to participate in the new screening program in the Netherlands.

PMD73

QUALITY OF LIFE AND RESOURCE USE AFTER TRANSCATHETER AORTIC VALVE IMPLANTATION. PRELIMINARY RESULTS OF AN OBSERVATIONAL MULTICENTRE STUDY

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OBJECTIVES: Although transcatheter aortic valve implantation (TAVI) is effective and less invasive than surgery, its superiority in terms of costs and quality of life is controversial and has not been well demonstrated in "real life" patients. The primary objective of the TEVAS study is to evaluate cost-utility of TAVI vs conventional surgery and conservative treatment. In this preliminary analysis we present clinical results, resource use, and changes in quality of life during the first month after TAVI in a real life setting. **METHODS:** Candidate patients were recruited prospectively at the time of indication in 7 Spanish hospitals. A centralized follow-up was performed by phone one month after intervention. We measured utility with EQ5D and specific quality of life with the Heart-QoL questionnaire. **RESULTS:** A total of 109 patients were recruited in the TAVI group and follow-up at one month was available for 66. Mean age: 80.8 (SD:6.6), mean logistic EuroSCORE: 14 (SD:12.6) (median:10.32, Q1-Q3:6.2-18.6). Four patients (6%) had severe complications after TAVI (AMI, stroke or need for a second valve) and 8 (12.1%) died in the first 30 days after TAVI. Among survivors, EQ5D score improved significantly from baseline (0.61, SD:0.33 to 0.72, SD:0.31; p-value:0.01) and so did the Heart-QoL overall score (1.44, SD:0.77 to 2.07, SD:0.58; p-value<0.001). During the first month of follow-up there were a mean of 0.89 visits per patient to the family physician, 0.40 to a specialist and 0.44 to the nurse. Six patients (10.3%) had at least one readmission (7% for cardiovascular causes; mean hospital length of stay: 6.8 days per patient). **CONCLUSIONS:** Although quality of life improves substantially in the first month after TAVI, in preliminary analysis resource use still remains high.

PMD74

THE RELATIONSHIP BETWEEN TREATMENT SATISFACTION AND HEALTH STATUS AMONG THOSE WITH TYPE 1 DIABETES

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OBJECTIVES: Patients with type 1 diabetes (T1D) can achieve glycemic control either through multiple daily injections or by using insulin pump therapy (IPT). However, real-world data on these treatments is lacking. The objective of this study was to compare the levels of treatment satisfaction between patients using IPT versus those not and to examine the relationship between treatment satisfaction and health status. **METHODS:** Unique respondents from the 2009, 2010, and 2011 U.S. National Health and Wellness Surveys were pooled together for analysis. All respondents who reported a diagnosis of T1D were included. Those using IPT were compared with those not using IPT. The relationship between satisfaction and health status was also examined using multiple linear regression models (controlling for sociodemographics and health history variables) among all T1D patients using insulin. Health status was assessed using the SF-12v2 instrument. **RESULTS:** Of the 1441 patients who reported being diagnosed with T1D and were currently using insulin, 379 reported using IPT (26.3%). Patients using IPT reported significantly higher levels of satisfaction with their treatment (6.0 vs. 5.8, p<.05). Among all patients with T1D and using insulin, satisfaction was significantly associated with greater health status across all summary and domain scores of the SF-12 including: mental component summary (b=1.64), physical component summary (b=0.84), bodily pain (b=1.34), vitality (b=3.74), physical functioning (b=3.11), physical role limitations (b=3.45), emotional role limitations (b=2.87), general health

(b=3.16), mental health (b=3.34), social functioning (b=3.79), and health state utilities (b=0.02) (all p<.05). Satisfaction was also significantly associated with less impairment in daily activities (b=-2.44). **CONCLUSIONS:** Patients using IPT reported significantly greater satisfaction and satisfaction was associated with greater health status and reduced activity impairment. Further research is necessary to uncover the mechanisms of these relationships but these findings suggest that the patient's perspective of their treatment is strongly associated with health outcomes.

PMD75

DOES PRESENTING FOLLOW-UP TEST INFORMATION AFFECT PEOPLE'S PREFERENCES FOR COLORECTAL CANCER SCREENING TESTS? A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: Fifty-one percent of people do not participate in non-invasive colorectal cancer screening. One of the reasons may be the prospect of a future invasive follow-up test (colonoscopy). We investigate how follow-up test information affects peoples' participation decision and screening test preferences and expect a negative effect on participation when colonoscopy is specified as follow-up test. **METHODS:** Attributes and levels in the DCE are based on a literature review and analysis of CRC related mortality-risk (data Erasmus MC). We created a labeled and blocked efficient design with zero priors and restrictions in Ngene. The labels represent three different screening tests (a stool-test, blood-test, combi-test) and a non-participation option. Two follow-up test specification versions and 3 blocks resulted in six different web-based survey versions of 12 choice sets each. The colonoscopy specification version presents respondents an additional follow-up test attribute with colonoscopy as a fixed attribute level and detailed colonoscopy information. The non-colonoscopy specification version doesn't present respondents a follow-up test and follow-up test information. Respondents were randomly assigned to one of the survey versions. Data of 631 Dutch respondents, aged 55-75 years, is used in the analysis. **RESULTS:** MNL model results show a positive significant effect on screening test choice for the attributes sensitivity, risk reduction, and level of evidence, and a negative effect of 1-specificity. The significant negative interaction effects of the alternative specific constants with follow-up test specification indicate that uptake would be lower in case a colonoscopy is specified (83.8% versus 88.6%). Furthermore, the difference between the (more preferred) combi-test relative to the other tests diminishes for the colonoscopy specification. A nested logit model doesn't indicate scale differences. **CONCLUSIONS:** People's screening test preferences are affected by invasive follow-up test (colonoscopy) information presented in the survey. This result is interesting for policy makers that aim to optimize uptake.

PMD76

THE EFFECT OF INSULIN PUMP THERAPY ON HEALTH STATUS AMONG THOSE WITH TYPE 1 DIABETES

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OBJECTIVES: Glycemic control for patients with type 1 diabetes (T1D) can be achieved either through multiple daily injections or through insulin pump therapy (IPT). Currently, there is a lack of real-world data on the differences in these treatment options, particularly as they relate to patient-reported outcomes. The objective of this study was to investigate the effect of IPT on health status among patients with T1D. **METHODS:** Data from unique respondents from the 2009, 2010, and 2011 U.S. National Health and Wellness Surveys were used. Among respondents who reported a diagnosis of T1D and reported using insulin, those who reported using IPT were compared with those who were not using IPT on summary and domain scores of the SF-12v2 using general linear models controlling for sociodemographic and health history differences. **RESULTS:** A total of 1,441 patients reported being diagnosed with T1D and were currently using insulin. Of these patients, 379 reported using an insulin pump (26.3%). Patients using an insulin pump had been diagnosed for longer (26.8 vs. 21.2 years) and were significantly more likely to be female (53.8% vs. 43.3%), be non-Hispanic white (87.6% vs. 68.6%), have an annual household income of $75K or more (27.7% vs. 18.9%), and possess health insurance (95.05 vs. 84.8%) (all p<.05). Adjusting for these differences, patients using an insulin pump reported significantly better physical health status (44.76 vs. 42.51) and health utilities (0.71 vs. 0.68). Similar significant differences were observed on domain scores of the SF-12. **CONCLUSIONS:** Although T1D patients with greater health care access were more likely to use IPT, even after adjusting for these differences, a significant effect of IPT was observed on health status. These results suggest that IPT may be associated with greater real-world effectiveness, though additional research is necessary.

PMD77

CONTRIBUTION OF INDIVIDUAL EQ-5D DIMENSIONS TO IMPROVED QUALITY OF LIFE AFTER BALLOON KYPHOPLASTY FOR VERTEBRAL COMPRESSION FRACTURES

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OBJECTIVES: The acute back pain arising in relation to vertebral compression fractures (VCFs) has traditionally been viewed as the most important driver for the health-related quality of life (QoL) decrement associated with the fracture. The objective was to quantify the impact of different health dimensions on overall