PCN145
IMPACT OF NURSING AND PHARMACY CARE BETWEEN CAPCITABINE AND 5-FLUOROURACIL REGIMENS IN THE MANAGEMENT OF ADVANCED ESOPHAGO-GASTRIC CANCER IN HONG KONG
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OBJECTIVES: To compare the possible time savings from reduction of nursing and pharmacy time to manage advanced esophago-gastric cancer (AGC) patients using capcitabine and 5-fluorouracil regimens in the Hong Kong public hospital setting. METHODS: This was a time-and-motion study conducted in 2 public hospitals of Hong Kong based on the simulation of day-to-day capcitabine-based regimens (OXLOX and XP) and IV 5-FU-based regimens (FOLFOX and FP). The preparation, dispensing and administration time for XELOX, FP, FOLFOX and FP were compared. The capital item utilization including hospital bed, infusion pump etc and length of patient attendance were recorded. Each subject was based on 24-week cycle in the analysis. The projected cost saving in nursing and pharmacy time was estimated if all AGC in Hong Kong were prescribed capcitabine-based regimen. RESULTS: The average nursing time for FOLFOX and FP was 63.7 and 83.4 minutes versus XELOX and XP was 33.7 and 39.8 minutes respectively. The average pharmacy dispensing time for FOLFOX and FP was 25.3 and 71.4 minutes versus XELOX and XP was 18.7 and 19.9 minutes respectively. The total time saved for each patient for a 24-week cycle in FOLFOX versus XELOX was 734.8 and 71.4 minutes versus XP was 182 minutes in nursing and 269.2 minutes in pharmacy. Nursing and pharmacy could potentially spare 3.3 full time equivalent (FTE) and 1.5 FTE if all AGC patients were converted to capcitabine-based chemotherapy. CONCLUSIONS: Capcitabine-based chemotherapy regimens saved in both nursing and pharmacy time as compared to traditional 5-FU based intravenous (IV) chemotherapy in the Hong Kong public hospital setting.

PCN146
WORKFORCE PARTICIPATION AND PRODUCTIVITY LOSSES AFTER HEAD AND NECK CANCER
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OBJECTIVES: There has been no estimate of the productivity losses associated with head and neck cancer (HNC) treated using bottom-up data, or beyond payroll mortality. The aim of this study is to investigate workforce participation and estimate the productivity losses associated with temporary and permanent work absence, including work in other individuals and, and premature mortality in individuals with HNC. METHODS: Results show the average productivity losses per person associated with temporary and permanent work absence. The mean (median) time off work was 9 months (6 months), ranging from 0.2 months to 65 months. Seventy percent of individuals returning to work reported the reasons for the low adherence rates need to be explored as this could have an impact on the economic modelling analyses which can guide resource allocation decisions in NSCLC. This study provides important information to support these decisions.

CANCER – Patient-Reported Outcomes & Patient Preference Studies
PCN149
ADHERENCE RATES FOR INFRANEVRO CHEMOTHERAPY REGIMENS TO TREAT COLON CANCER
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OBJECTIVES: It is widely thought that adherence rates to intravenous (IV) chemotherapy regimens for colon cancer are high. However, there are no known formal assessments of this issue. METHODS: A retrospective analysis was performed using the OptumInsight Oncology claims database. Patients aged 18 years and older, diagnosed with CRC between July 1, 2004 and December 31, 2010, who were insured by a commercial health plan were included in the study. Adherence to the following IV chemotherapy regimens was measured: 1) 5-FU (injection) + leucovorin (injection), 2) oxaliplatin (injection) + 5-FU (injection) + leucovorin (injection), 3) irinotecan (injection) + 5-FU (injection) + leucovorin (injection), 4) bevacizumab + oxaliplatin + 5-FU (injection) + leucovorin (injection), 5) irinotecan + 5-FU (injection) + leucovorin (injection) + bevacizumab. RESULTS: Compliance for the 5 chemotherapy regimens was measured by the medication possession ratio (MPR) calculated as the number of days a patient was covered by their chemotherapy regimen, according to NCN guidelines, divided by the number of days elapsed from the first to the last infusion of that regimen. In the 2012 management costs were applied to the patient care was analyzed. Overall, adherence rates to IV chemotherapy were fairly high, with mean MPR ranging between 0.84 and 0.88 for these regimens. However, a substantial proportion of patients for each regimen experienced low adherence. Although first three percent of patients receiving FOLFOX, FOLFIRI, and FOLFI+ bevacizumab, and FOLFI+ bevacizumab regimens experienced MPR<0.8. Additionally, approximately 35% of patients receiving FOLFI experienced an MPR<0.8. At least 10% of patients receiving FOLFIRI regimens had an MPR<0.8. 0.7, while at least 10% of patients receiving FOLFI regimens had an MPR of less than 0.6. CONCLUSIONS: Although overall rates of adherence were fairly high, a substantial subpopulation experienced low adherence to each of these IV regimens per NCN guideline recommendations. The reasons for the low adherence rates need to be explored as this could have an impact on efficacy. These results also highlight the drawback of relying solely on summary statistics at the population level.

PCN 150
PERFORMANCE IN PATIENTS WITH BREAST CANCER TREATED WITH TAMOXIFEN OR AROMATASE INHIBITORS – ANALYSIS BASED ON ONCOLOGY ANALYZER DATABASE
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OBJECTIVES: Lack of non-compliance is often underestimated in breast cancer treatment. The aim of our study was to analyze the persistence with tamoxifen (TAM) and aromatase inhibitors (AI) in women with breast cancer (BC) and to identify reasons of treatment discontinuation and determinants of non-persistence. METHODS: We used data of the Oncology Analyzer database, which includes individual information on patient history related to the treatment of patients with breast cancer. This enables a case-by-case analysis of patient care from diagnosis onward, facilitating research in areas such as treatment chasm, dosage and regimen compliance, market sizing and off-label use. We identified 7063 breast cancer patients with a start of TAM or AI therapy from 1990 until 2011 and with a treatment duration of at least 365 days. RESULTS: After this study presents a limitation regarding the subjectivity inherent to costs determinations based on answers given by the HP. Moreover values may be underestimated due to lack of information regarding fixed costs.
one year of follow up, 11.2% of T4M, 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 their treatment. However, non-smoking habit within the same age group of women over 70 years of age (HR: 2.30, p=0.01). In contrast, patients treated by gynecologist or oncologist practice had significantly longer persistence than patients who treated their prescription in general hospital or academic facility (HR: 0.47, p=0.003). 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 improved to outcome improvement 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 health utility values calculated for 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 analysis. 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 (progressed (P), stable (S) and the different levels of Psychological and Psychological wellbeing, and are more likely to cooperate with Treatment. In Ireland, this area is under-researched. The PiCTure2 study aimed to assess the care experiences of men recently diagnosed with prostate cancer – the most common cancer among men – and the prostate cancer treatment-related quality-of-life (utility) and psychological wellbeing (depression, anxiety and distress). METHODS: Men diagnosed with invasive prostate cancer (ICD10 C61) >5 months prior to study commencement were identified through the Prostate Cancer Registry. The patient experience questionnaire was based on the Prostate Care Questionnaire (Baker et al. 2007), modified for Ireland. Utility and psychological wellbeing was assessed using the EQ-5D-5L and Depression and Anxiety Stress Scale (DASS-21) at baseline. The questionnaire was administered post by post to 1,280 men during January-April 2013. EQSD-5L responses were converted to EQSD-3L health states and valued with UK valuations. RESULTS: A total of 1,499 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 a homogenous, group of people whose disease had progressed. Thus, in contrast, patients treated in gynae-oncology units had significantly longer duration of disease status and treatment type, suggesting that for subjects treated with regorafenib in clinical practice, the most 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

UTILITIZATION OF MAPPING FOR THE EORTC QLQ-C30 ON 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 prefer-
ences in an adult population with advanced soft tissue sarcoma (aSTS) who participated in the PALETTE trial, investigating 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 utility 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 including factors other than QLQ-C30 terms (i.e., with EQ-5D as the independent variable). RESULTS: There was relatively little variability in the root mean square error (RMSE) and R-squared across 28 different model tests, with the RMSE ranging from 0.16 to 0.40 and the R-squared 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 with this indication.