

published utility values exist. **METHODS:** Consecutive outpatients with non-small cell lung cancer (NSCLC) attending a major Canadian cancer centre completed the EORTC QLQ-C30 and EQ5D on a single visit. Different patient disease states included: 1) relapse-free post-resection, including on preventive chemotherapy; 2) in relapse, including on palliative chemotherapy or targeted therapy (erlotinib); and 3) on chemoradiation for locally advanced NSCLC. Exploratory correlation of EORTC QLQ-C30 and EQ5D scores is ongoing. **RESULTS:** A total of 172 patients participated. The median age of the sample was 65, (range 32–85 years); 47% were male. Half had advanced NSCLC (51%), 41% were relapse-free post-resection, and 8% had locally advanced NSCLC. Nearly half of relapse-free patients received preventive chemotherapy. Twenty-seven percent of advanced NSCLC patients were receiving palliative chemotherapy, 35% targeted therapy with erlotinib, and the rest were not on active treatment. Utility values (based on the EQ5D) were not significantly different among groups, including by disease status (relapse-free versus in relapse), and current treatment (chemotherapy, erlotinib or observation). Mean utilities were similar for relapse-free patients despite treatment, 0.76, and minor differences were seen among those in relapse, (on chemotherapy, mean utility 0.69; on erlotinib 0.77, on supportive care, 0.75). Exploratory correlation of EORTC QLQ-C30 and EQ5D values will be presented. **CONCLUSIONS:** QL values in the derivation of patient utility for different health states in clinical trials may further the ability to estimate cost utility of novel therapies in cancer clinical trials.

**PCN79****METHODS FOR ASSESSING QUALITY OF LIFE IN CANCER****PATIENTS EXPERIENCING COMPLICATIONS:****OSTEONECROSIS OF THE JAW PILOT STUDY**

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**OBJECTIVES:** Intravenous bisphosphonate use in cancer patients is associated with exposed and necrotic jaw bone, called Osteonecrosis of the Jaw (ONJ). The overall aim of this pilot study was to develop a survey that captured the oral health-specific and the global health related quality of life (HRQoL) impact of ONJ, to test the feasibility of survey instruments and to assess subject distress. **METHODS:** A 30 minute phone survey was created with multi-disciplinary collaboration. Four standardized ONJ health states were developed and subjects' preferences (utility) for each state were obtained using the Visual Analogue Scale (VAS), the EQ5D and time-tradeoff (TTO) questions. A Visual Basic Interface was constructed to guide the interviewer through TTO questions designed for the survey. The subject's life before and after ONJ was evaluated with the Oral Health Impact Profile (OHIP). Emotional discomfort during and after survey was evaluated on a five point Likert scale. Subjects were randomly identified from a cohort of 80 cancer patients with ONJ. **RESULTS:** The pilot study included five patients (response rate = 100%). Utility decreased with increasing ONJ stage for all HRQoL instruments: 0.76, 0.97, 0.86 (Cancer and No ONJ), 0.72, 0.88, 0.83 (Cancer and Stage 1 ONJ), 0.43, 0.52, 0.63 (Cancer and Stage 2 ONJ) and 0.34, 0.39, 0.56 (Cancer and Stage 3 ONJ) for VAS, EQ5D and TTO respectively. With a baseline mean of 1.6, the OHIP score increased to 7.2 after ONJ (0–28 scale). Two subjects ranked 2 ("a little") for the

level of emotional discomfort during the survey, but none were upset afterwards. **CONCLUSIONS:** Based on preliminary results, the study design was feasible and both oral health-specific and global HRQoL instruments were sensitive to QoL changes associated with ONJ. All HRQoL instrument performance showed appropriate rank ordering and consistent relationship by ONJ stage. There was minimal subject distress.

**PCN80**

**COMPARISON OF STANDARD GAMBLE UTILITIES AND VISUAL ANALOG SCALE VALUES IN AN OVARIAN CANCER PATIENT AND ONCOLOGIST STUDY OF CANCER TREATMENT PREFERENCES**

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**OBJECTIVE:** To compare the valuation of ovarian cancer health states as assessed by the visual analog scale (VAS) and the standard gamble (SG). **METHODS:** Ovarian cancer patients and oncologists were enrolled in this study. Participants were asked to score six hypothetical treatment scenarios using the VAS and SG. Values were compared using the intraclass correlation coefficient (ICC) and t-test. **RESULTS:** Fifty-one patients and 34 oncologists were enrolled to this study. Participants were asked to rank order health states in a one-time interview using the VAS, followed by assessment of the health states, in random order, using the SG. This resulted in 244 and 199 SG-VAS data pairs for analysis from patients and oncologists, respectively. The ICC among patients was 0.003 (95% CI: -0.122 to 0.129; F-test,  $p = 0.479$ ). A significant difference was observed between VAS and SG scores for patients receiving chemotherapy (mean difference, -0.114,  $p < 0.0001$ ), but not for patients under surveillance (mean difference 0.06,  $p = 0.13$ ). The SG produced higher valuation than the VAS among patients receiving chemotherapy, but the VAS produced higher values than the SG among patients under surveillance. For oncologists, the ICC was 0.323 (95% CI: 0.192 to 0.442; F test  $p < 0.0001$ ), with the SG 0.09 higher than VAS values ( $p < 0.0001$ ). Each patient group valued the health states in the mean range of 0.46–0.61 on the VAS; however, SG utilities ranged from 0.53–0.61 for patients receiving chemotherapy and from 0.30–0.37 for patients under surveillance. The range of mean values by oncologists was 0.27–0.66 and 0.30–0.70 for the VAS and SG, respectively. **CONCLUSION:** There appear to be different utility values obtained using the SG and VAS among patients undergoing treatment, patients under surveillance, and oncologists. This comparison suggests the importance of considering differences between these groups and method used when conducting utility valuation research in ovarian cancer.

**PCN81**

**INJECTABLE CHEMOTHERAPY VS CAPECITABINE: PREFERENCE IN BRAZILIAN PATIENTS**

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**OBJECTIVE:** Patients with breast and colorectal cancer can use oral and injectable chemotherapy treatments. The objective of this study is to assess the satisfaction in patients using capecitabine (oral chemotherapy) in comparison with their previous experiences with injectable chemotherapies. Also, we aimed to compare the preference of patients on this oral drug to the injectable chemotherapy treatments. **METHODS:** Quantitative study performed with 150 oncology patients with breast and colorectal cancer (from all Brazilian regions) who use capecitabine as a treatment. A structured questionnaire with 10 answers assessing six attributes was used. **RESULTS:** The average age of