in Adult Cancer Survivor (QLACS), Quality of Life-Cancer Survivor (QQL-CS), and SF-36. We used Cronbach’s alpha coefficient to estimate reliability. We estimated Pearson’s correlation coefficients to examine convergent/discriminant validity. We hypothesized homogeneous domains (e.g., physical functioning and pain) among 3 instruments would be strongly correlated with each other compared to heterogeneous domains (e.g., physical vs. psychological functioning). We used effect sizes to evaluate late effect known-groups validity which is the extent to which HRQOL scores differ by late effects (yes/no). RESULTS: Cronbach’s alpha coefficients were acceptable (>0.7) for each instrument. Physical domains of the QLACS (e.g., pain) were strongly correlated with the SF-36’s physical component summary (PCS), but weakly with mental component summary (MCS). Mental domains of the QLACS (e.g., negative feelings) were strongly correlated with MCS, but weakly with PCS. However, both physical and mental domains of the QLACS were strongly correlated with MCS compared to with PCS, suggesting poor convergent/discriminant validity. Effect size suggests greater discrimination (>0.5) by the QOL-CS and SF-36 for late effect known-groups compared to the QLACS. CONCLUSIONS: The 3 HRQOL instruments are not superior to each other. We suggest using item response theory to select high-quality items from different instruments to measure HRQOL for YASCAC more meaningfully.

PILOT STUDY FOR EVALUATION OF OUTCOMES OF BREAST CANCER WITH SPECIAL FOCUS ON ECONOMIC IMPACT AND QUALITY OF LIFE

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OBJECTIVES: A pilot study was conducted to evaluate the outcomes of breast cancer and its treatment focusing on economic impact and quality of life in a hospital setting.

METHODS: Patient interviews were held to measure the economic outcome and standardized tool EORTC QLQ C 30 and its breast specific module QLQ BR 23 was utilized to measure the quality of life. Twenty-seven subjects diagnosed at different stages of the disease were studied. RESULTS: The respondent’s age ranged between 33–65 yrs with mean age 49.65(SD = 9.01). The educational status was classified in to four groups, illiterate to university viz; illiterate (25.9%), primary education (22.22%) secondary education (48.14%), and college studies (3.7%). The marital status of the respondents was classified as married and widowed, 81.48% and 18.51% respectively. The distribution of respondents according to TNM staging of breast cancer was observed as first stage (none), stage II (29.62%), stage III (40.74%), and stage IV (19.81%). All patients were treated with a multimodality approach for management. The analysis revealed that the correlation is significantly different for different modalities of treatments viz; module one (Rs.1.00 lakh), module two (Rs.1.57 lakh) and module three (Rs.1.09 lakh). The quality of life study revealed that there are differences in the functional scales as well as symptoms scales among the patients treated with different treatment regimens. CONCLUSIONS: Breast cancer is a disease, where there is a scope of pharmacoeconomic care in order to improve the functional scales and global health and to decrease symptoms scales of breast cancer patients. Key words: Breast cancer, outcomes, quality of life.

QUALITY OF LIFE SCALE FOR PATIENTS WITH HAND-FOOT SYNDROME: FIRST RESULTS

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OBJECTIVES: The aim of this study is to develop and validate a hand-foot syndrome-specific quality of life scale to be able to measure the impact of the condition on patients and to be able to assess the value of certain specific treatments in various disease states.

METHODS: Forty-four patients were included during clinical consultation. RESULTS: A total of 61.91% of patients declared having their first episode of HSFR. The mean age was 56.3 years and the population was represented by 75% of female. A total of 22.7%, 29.5%, 38.64% and 25.5% of patients graded 0, 1, 2, 3 in the disease severity; 14.63% of patients have their HSFR located on the hands, 24.39% on feet, 60.98% on both hands and feet. The mean global score of the HFS 14 questionnaire is 37.63 (2-100). The mean score in grade 1 patients is 16.68, 41.18 in grade 2 patients, 53.09 in grade 3 patients. There is a significant difference between these 3 mean scores (p < 0.0001). The HFS 14 score is significantly and positively correlated to the DLQI and the Skinexd-16 scores. The correlation coefficient between the HFS 14 and the DLQI questionnaires is 0.73 (p < 0.0001). The correlation coefficient between the HFS 14 and the Skinexd-16 questionnaires is 0.73 (p < 0.0001). The HFS 14 score is negatively correlated with the SF-12 score. The correlation coefficient is significantly different from 0 concerning physical dimension (p = 0.0027). The correlation coefficient is not significantly different from 0 concerning the mental dimension. The value is 0.84. The HFS 14 score is positively and significantly correlated to the pain measured by the visual analogue scale (p = 0.001). The correlation is estimated 0.68142. CONCLUSIONS: The HFS 14 (or short version) meets requirements of QoL scale and is easy to use. The questionnaire is able to assess the clinical efficacy of new specific treatments developed for HSFR.

USING DISCRETE CHOICE EXPERIMENTS TO ESTIMATE THE MARGINAL WILLINGNESS TO PAY OF INSURANCE PREMIUM FOR STOMACH CANCER TREATMENT IN KOREA

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OBJECTIVES: This study, using DCE method, figures out the characteristics of the decision-making for stomach cancer treatment and investigates the attributes affecting the respondents’ choice. Also it ascertains marginal willingness to pay and relative preferences for stomach cancer treatment among the general population of 600 respondents in Korea. METHODS: In the survey, the respondents are asked to choose more than one discrete choice option, resulting in multiple observations for each individual. For each pairwise comparison of choice set, the respondent will make a choice among three alternatives; A, B, or opt out. Thus, the nested-logit model using full maximum likelihood allows us to empirically estimate multi-levels of dependent variables. For the robustness check of our empirical results, we try considering the nature of distribution of error terms in several ways. The survey questionnaire includes four attributes associated with stomach cancer in Korea (incidence rates, survival rates in five years after treatment, total treatment costs, and monthly insurance premium), socio-economic status, antecedent variables, along with questions regarding risk averseness and subjective health evaluation. RESULTS: The estimates of MWTP between survival rate and monthly insurance premium, by employing “Hybrid Conditional Fixed Effects Logit Model” to figure out the existence of heterogenity of any observed and unobserved components, are reflecting reasonable range of 176 KRW-194 KRW and 5408 KRW-6945 KRW, respectively. CONCLUSIONS: Compared to female counterparts, male respondents have higher MWTP of monthly insurance premium for two related attributes. Besides, currently married respondents, with higher income, and higher educational attainments have higher MWTP of monthly insurance premium for two related attributes. One interesting point is that dependents’ MWTP is higher than that of insurance premium payers even after controlling for any other variables.

QUALITY OF LIFE SCALE FOR PATIENTS WITH HAND-FOOT SYNDROME: FIRST RESULTS

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OBJECTIVES: This study, using DCE method, figures out the characteristics of the decision-making for cancer treatment and investigates the attributes affecting the respondents’ choice. Also it ascertains marginal willingness to pay and relative preferences for cancer treatment among the general population. METHODS: In the survey, the respondents are asked to choose more than one discrete choice option, resulting in multiple observations for each individual. For each pairwise comparison of choice set, the respondent will make a choice among three alternatives; A, B, or opt out. Thus, the nested-logit model using full maximum likelihood allows us to empirically estimate multi-levels of dependent variables. For the robustness check of our empirical results, we try considering the nature of distribution of error terms in several ways. The survey questionnaire includes four attributes associated with stomach cancer in Korea (incidence rates, survival rates in five years after treatment, total treatment costs, and monthly insurance premium), socio-economic status, antecedent variables, along with questions regarding risk averseness and subjective health evaluation. RESULTS: The estimates of MWTP between survival rate and monthly insurance premium, by employing “Hybrid Conditional Fixed Effects Logit Model” to figure out the existence of heterogenity of any observed and unobserved components, are reflecting reasonable range of 817 KRW-1,324KRW, and 23,690 KRW-38,139 KRW, respectively. CONCLUSIONS: Compared to female counterparts, male respondents have higher MWTP of monthly insurance premium for two related attributes. Besides, currently married respondents, with higher income, and higher educational attainments have more MWTP compared to their respective counterparts. One interesting point is that dependents’ MWTP is higher than that of insurance premium payers even after controlling for any other variables.
of error terms in the utility function in several ways. The survey questionnaire includes four attributes associated with lung cancer in Korea (incidence rates, survival rates, treatment costs, and monthly insurance premium), socioeconomic status, antecedent variables, and questions regarding risk averseness and subjective health evaluation. RESULTS: The estimates of MWTP between survival rate and monthly insurance premium and MTWP between total treatment costs for lung cancer and monthly insurance premium, by employing “Hybrid Conditional Fixed Effects Logit Model” to figure out the existence of heterogeneity of any observed and unobserved components, are reflecting ranges of 263 KRW−284 KRW and 3458 KRW−4558 KRW respectively. CONCLUSIONS: Compared to female counterparts, male respondents have higher MWTP of monthly insurance premium for two related attributes. Besides, married and younger respondents, with higher income and education have more MWTP compared to their respective counterparts. One interesting point is that respondents’ MWTP of survival rate is higher than that of insurance premium payers although MTWP of total treatment costs for dependents is significantly lower than premium payers’ MWTP.

CANCER – Health Care Use & Policy Studies

PREVALENCE AND CORRELATES OF HUMAN PAPILLOMAVIRUS VACCINATION IN ADOLESCENT GIRLS: RESULTS FROM NATIONAL SURVEY OF CHILDREN'S HEALTH

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OBJECTIVES: To determine prevalence and correlates of Human Papillomavirus (HPV) vaccination in adolescent girls who were recommended to receive vaccine by their health care providers. METHODS: A retrospective cross-sectional analysis involving adolescent girls (11–17 years) was conducted using the 2007 National Survey of Children’s Health (NSCH). The analysis focused on adolescent girls who were recommended to receive HPV vaccine. Descriptive weighted statistics was used to examine prevalence of HPV vaccination. Multivariate logistic regression within the conceptual framework of Andersen Behavioral Model was used to examine the correlates of HPV vaccination in this at-risk population. RESULTS: Of 14.43 million adolescent girls in the United States, 3.69 million or 25.3% % (95% Confidence interval: 24.02–27.06) were recommended to receive HPV vaccine by their health care provider. Amongst those who were recommended, only 48.75% (95% CI, 45.37–52.13) received the HPV vaccine. The majority who received the HPV vaccine were in the 13–17 age groups (82.67%), white (66.94%), and non-Hispanic (84.83%). Multivariate logistic regression revealed that enabling (socioeconomic status) and predisposing (number of adults in the household and preventive medical care visit) factors were significantly associated with the HPV vaccination. Children living at 100–200% of the Federal Poverty Level (FPL) (Odd’s Ratio [OR] 0.54, 95% CI 0.30–0.98) were less likely to receive the vaccine than those living below 100% of the FPL. Children in households with two or more adults (OR 0.51, 95% CI, 0.33–0.80) were negatively associated and those with any previous preventive medical care visit (OR 2.28, 95% CI, 1.36–3.84) were positively associated with HPV vaccination. CONCLUSIONS: Less than half of the girls received HPV vaccine among those who were recommended by their health care provider. The study finding emphasizes importance of predisposing and enabling factors for HPV vaccination. Policy and educational efforts can focus on these factors to improve HPV vaccination rates.

IDEAL VIAL SIZE FOR BORTEZOMIB: REAL WORLD DATA ON WASTE AND COST REDUCTION IN MULTIPLE MYELOMA (MM)

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OBJECTIVES: Single sizes of chemotherapy drugs may be a source of waste and increase in treatment costs. Bortezomib, a drug frequently used in MM treatments, is available in a 3.5 mg vial (above the average dose combined to dose adjustment and patient scheduling may increase the economy even more) and 3.5 mg vial (maintaining a proportional price to the 3.5 mg one) the total cost of treatment would be US$994,836.88 (16.6% lower) and the drug waste would be reduced by 34.72% (9.4 mg per patient). If a 3 mg vial were available, (maintaining a proportional dose to the 3.5 mg one) the total cost of treatment would be US$727,923.08. The patients received a total of 131 cycles (mean of 3.77). The mean waste was 4.89 mg per cycle and 14.4 mg per patient. If a 3 mg vial were available, (maintaining a proportional price to the 3.5 mg one) the total cost of treatment would be US$994,836.88 (16.6% lower) and the drug waste would be reduced by 34.72% (9.4 mg per patient). CONCLUSIONS: A simple adjustment in vial size reduces Bortezomib waste by 34.72% and results in a cost reduction of 16.6%. Further models using different vial sizes, combined to dose adjustment and patient scheduling may increase the economy even more.

MEASURING VACCINATION COVERAGE, DISPARITIES, AND COSTS IN FEMALE ADULTS: RESULTS FROM THE 2007 NATIONAL HEALTH INTERVIEW SURVEY

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OBJECTIVES: To examine the relationship between the number of treatment cycles and overall survival (OS) benefit. This study investigated the relationship between number of cycles and OS in a community practice. METHODS: The Georgia Cancer Specialist Database (2003–2008) was used. Patients with initial stage IV PC receiving D were followed from the date of first D use to the earlier of death or less to follow-up. The three-month period prior to the first D use was used as a baseline. Patients were stratified into two groups based on mean cycle number. OS was compared using the Kaplan-Meier curve. The impact of cycle number on OS was further examined using multivariate Cox model with adjustment of age, comorbidity, baseline PSA, baseline bisphosphonate use, hormonal therapies and other

NUMBER OF DOCETAXEL TREATMENT CYCLES AND OVERALL SURVIVAL FOR METASTATIC PROSTATE CANCER—RESULTS FROM A LOCAL COMMUNITY PRACTICE

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OBJECTIVES: Docetaxel (D) is well recognized as the first-line chemotherapy in patients with metastatic prostate cancer (PC). Of interest is the relationship between the number of treatment cycles and overall survival (OS) benefit. This study investigated the relationship between number of cycles and OS in a community practice. METHODS: The Georgia Cancer Specialist Database (2003–2008) was used. Patients with initial stage IV PC receiving D were followed from the date of first D use to the earlier of death or less to follow-up. The three-month period prior to the first D use was used as a baseline. Patients were stratified into two groups based on mean cycle number. OS was compared using the Kaplan-Meier curve. The impact of cycle number on OS was further examined using multivariate Cox model with adjustment of age, comorbidity, baseline PSA, baseline bisphosphonate use, hormonal therapies and other