PCN137 TREATMENT PATTERNS AND PERSISTENCE AMONG PATIENTS TREATED WITH STIVARGA
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OBJECTIVES: Examine baseline treatment patterns and persistence among patients diagnosed with metastatic colorectal cancer (mCRC) or Gastrintestinal stromal tumor (GIST) and treated with Stivarga (regorafenib).
METHODS: Adult patients treated with Stivarga from 9/27/12-7/31/13 were identified from a large national US claims database. Patients were retained if they were continuously enrolled in the health plan for >=6 months before the initial (index) fill (baseline period) and >=1 month after the index fill (follow-up period). Patients were required to be diagnosed with mCRC or GIST, be >18 years old, and have non-missing demographic information. Follow-up persistence with Stivarga was identified based on receipt of therapy of at least 30 days. The use of chemotherapy in the baseline, the last regimen received before initiating Stivarga, and the amount of time between receipt of last chemotherapy and Stivarga initiation was identified. RESULTS: 283 patients were treated with Stivarga. Of those, 59% were male, 66.4% were female, and 38.7% were Medicare Advantage patients. Mean baseline length was 4.2 years (median: 3.3 years). Mean follow-up length was 4.5 months. Baseline chemotherapy use was observed in 97.5% of patients; 89.5%, 72.3%, and 79.9% of patients received irinotecan, oxaliplatin or bevacizumab, respectively. The most common regimens prior to Stivarga were FOLFOX (12.7%), FOLFIRI + BEV (10.0%), and irinotecan + cetuximab (8.7%). On average, patients had a gap of 85 days from receipt of last chemotherapy to treatment with Stivarga; 50% initiated within 30 days and 25% initiated after more than 84 days. Patients received 2.5 fills of Stivarga and were persistent for 69.5 days, on average. 37.5% of patients were persistent through the end of their follow-up period.
CONCLUSION: Most patients had persistent treatment with Stivarga if they received chemotherapy in the 3 months prior to initiating Stivarga. At least half of patients were persistent for at least 8 weeks.

PCN138 COMPARISON OF ADHERENCE RATES BETWEEN ORAL CAPECITABINE AND INTRAVENOUS CHEMOTHERAPY REGIMENS TO TREAT METASTATIC COLON CANCER
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OBJECTIVES: To compare adherence rates to oral versus intravenous (IV) chemotherapy regimens to treat metastatic colorectal cancer (CRC). METHODS: A retrospective analysis was performed using the Optimis Insights Oncology claims database. Patients aged 18 and older who were newly diagnosed with metastatic CRC between between 9/1/09-12/31/10, who were insured by a commercial health plan were included. Adherence was assessed using the medication possession ratio (MPR), calculated as the proportion of days a patient was covered by chemotherapy 1/16 years, according to NCCN guidelines, from the first to the last cycle/prescription of that regimen. Comparisons of MPR between the groups were performed by multivariate logistic regression, using the threshold of MPR 0.8 to define high adherence, compared to a multivariate linear regression treating MPR as a continuous variable. RESULTS: A total of 9,964 chemotherapy regimens in 3,367 patients were analyzed. The most common regimens were IV FOLFOX (n = 1,710), oral capecitabine (n = 1,328), and IV FOLFIRI (n = 1,100). Overall, adherence to oral regimens was significantly higher for IV regimens (mean MPR = 0.88) versus capecitabine oral regimens (mean MPR = 0.80, p < 0.001). Additionally, a significantly higher proportion of patients receiving IV regimens (96%) adhered to an MPR of 0.8 vs. oral patients receiving capecitabine chemotherapy (53%, p < 0.001). These differences persisted when stratifying by line of chemotherapy, age, and disease severity (measured using the weighted Charlson index). In multivariate logistic regression, oral chemotherapy regimens were associated with an odds ratio of 0.33 regarding achieving an MPR of 0.8. Similarly, in multivariate linear regression capecitabine oral chemotherapy regimens were associated with a significant decrement in MPR (beta coefficient = -0.064, p < 0.001).
CONCLUSIONS: Capcitabine oral chemotherapy regimens were associated with a significantly lower adherence rate compared to IV regimens in metastatic CRC patients. The clinical impact of the observed differences is unknown.

PCN139 THE ASSOCIATION BETWEEN NON-ADHERENCE AND QUALITY OF LIFE AMONG WOMEN WITH METASTATIC BREAST CANCER
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OBJECTIVES: Health-state utilities values (HSUVs) are an essential component for cost-utilty analysis (CUA). The aim of this review was to systematically identify utility weights associated with advanced gastric (GC), esophageal (OC), or gastro-oesophageal junction (GEJ) adenocarcinoma. METHODS: Cochrane databases accessed September 2013 were interrogated for relevant studies using a predefined search strategy. Studies eligible for inclusion included those describing utility weights for HSUVs of GC, OC or GEJ adenocarcinoma. Findings were compared with those from a previous study using TTO methods (Hess et al. 2007) and indirect methods (e.g. EuroQol). RESULTS: A total of 703 publications were identified, of which eight met the inclusion criteria (GC: n = 2, mixed population [MP], n = 4; OC, n = 2). The most commonly used instruments to estimate HSUVs were the EQ-5D and FACT trial outcome index (FACT-TOI). PCN142 QUALITY OF LIFE OUTCOMES OF THE UNITED STATES CHRONIC MYELOGENOUS LEUKEMIA (CML) PATIENTS
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OBJECTIVES: To evaluate the quality of life (QoL) of CML patients using the EQ-5D-5L instrument by gathering the patient’s perspective of how, and to what extent, their therapy impacts QoL. METHODS: Patients from the Huntsman Cancer Institute com-
plleted the EQ-SD-5L. Inclusion criteria were current chronic phase of CML, visits after June 2007, 21 years or older at diagnosis. The exclusion criteria involved several characteristics of the sample population and derivation of a utility value for each patient. Kruskal-Wallis test was conducted to compare the utility values for non-parametric data, and t test was conducted for parametric data. A utility value of 0 implies death, while a utility value of 1 implies full health. **RESULTS:** Out of the 81 questionnaires that were mailed, 33 (40.7%) were returned. Three returned questionnaires were excluded due to failure to complete the instrument, and one patient was removed from the sample due to severe adverse events. Overall, the mean utility difference between the SCT and TKI was not statistically significant (0.72 ± 0.15 vs. 0.80 ± 0.15, p = 0.35). Among TKIs, Imatinib had the highest utility scores (0.88 ± 0.14, n = 10), followed by ponatinib (0.83 ± 0.15, n = 3), nilotinib (0.73 ± 0.10, n = 1), and bosutinib (0.72 ± 0.13, n = 1). There was no statistical difference in utilities in patients who received one line of treatment (0.83 ± 0.15, n = 13) versus multiple lines (0.76 ± 0.15, n = 12, p = 0.22). **CONCLUSIONS:** Although the study population was small, our results indicate that current US CML patients have good QoL scores. A larger sample size is needed for further research.

**PCN143**

**SANDOSTATIN LB LAB PATIENT JOURNEY**

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**OBJECTIVES:** Carcinoid tumors are a type of neuroendocrine tumor (NET), most often occurring in the gastrointestinal tract. These tumors are rare and difficult to identify, since symptoms are often associated with other conditions. Once correctly identified, patients with carcinoid tumors are managed with Sandostatin LAR treatment. This study sought to identify the typical NET patient journey, from onset of symptoms to diagnosis and treatment. **METHODS:** 75 NET patients that are currently treated with Sandostatin LAR were reviewed by telephone. The survey comprised a 30-minute structured telephone interview of a randomly selected sample of patients. This survey comprised of a mix of closed-ended and open-ended questions. **RESULTS:** More than three quarters (76%, n = 57) of patients presented with symptoms prior to NET diagnosis. 74% of these symptomatic patients (n = 42) were first seen by a general practitioner (GP) and 15% of patients by a GP and a specialist. However, 46% of patients were initially diagnosed within 51% of cases (n = 29), while in the remaining 49% of cases it took more than a year to correctly diagnose NET. Out of all asymptomatic patients (n = 18), in 39% (7/18, 100%), the tumors were found incidentally while the patient was undergoing treatment for another condition, while in 33% cases (6/18, 100%) the tumors were detected during visits to doctors. Of the 23 impacts reported by patients, 12 (52.1%) by the FACT-MM, and three (50.0%) by the MDASI-MM. Analysis of the timing of symptom/impact reporting revealed that the majority of concepts noted by patients were reported within 6 months of the symptom/impact onset. **CONCLUSIONS:** The results of this research indicate that Canadian patients can experience significant delays in the correct diagnosis and appropriate treatment of NET. This is attributable in part to the nonspecific nature of the signs and symptoms of NET, but also due to a lack of awareness of NET among frontline physicians and the general public.

**PCN144**

**RELATIVE INFLUENCE OF FACTORS DETERMINING A WOMAN’S PREFERENCE FOR TREATMENT OPTIONS IN OVARIAN CANCER: A DISCRETE CHOICE EXPERIMENT**

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**OBJECTIVES:** To examine relative preferences for symptoms, treatment-related side-effects and progression-free survival (PFS) in women with ovarian cancer using a discrete choice experiment (DCE). **METHODS:** A pilot study was conducted of women with advanced or recurrent ovarian cancer. In the DCE, participants were asked to choose between two treatment scenarios, modeled on characteristics of standard intravenous (IV) and intraperitoneal/intravenous (IP/IV) treatments for newly diagnosed ovarian cancer. Each scenario included 7 attributes with 2-3 levels each: mode of administration (IV versus IP/IV), visit frequency (one per week, two per week, 3 per week), treatment-related abdominal symptoms, neuropathy, fatigue, nausea, and vomiting, and PFS (15, 18, 24 and 36 months). We used a balanced overlap design with 10 versions of the survey. Each participant evaluated 12 scenarios with 15 months of PFS, the mean PFS was 5.1±3.6 years. For current CML treatments, 3 patients had undergone stem cell transplantation (SCT), 25 patients were receiving tyrosine kinase inhibitors (TKIs), and one patient discontinued medication due to severe adverse events. Overall, the mean utility difference between the SCT and TKI was not statistically significant (0.72 ± 0.15 vs. 0.80 ± 0.15, p = 0.35). Among TKIs, Imatinib had the highest utility scores (0.88 ± 0.14, n = 10), followed by ponatinib (0.83 ± 0.15, n = 3), nilotinib (0.73 ± 0.10, n = 1), and bosutinib (0.72 ± 0.13, n = 1). There was no statistical difference in utilities in patients who received one line of treatment (0.83 ± 0.15, n = 13) versus multiple lines (0.76 ± 0.15, n = 12, p = 0.22). **CONCLUSIONS:** Although the study population was small, our results indicate that current US CML patients have good QoL scores. A larger sample size is needed for further research.

**OBJECTIVES:** Among the bone-targeted agents (BTA)s currently approved for the prevention of bone metastases, several have demonstrated clinical benefit when compared with placebo. In a recently completed randomized controlled study of 200 women with breast metastases from solid tumors. **METHODS:** Physicians treating patients with bone metastases who had completed a 6-week placebo-controlled arm of a phase III trial of denosumab were asked to complete the FACT-MM and MDASI-MM instruments. The treatment arm provided a choice experiment for patients with bone metastases, delaying the onset of SRs and managing the risk of renal impairment are the primary considerations for Canadian physicians. Also, respondents had well-defined preferences for subcutaneous injections over infusion every 4 weeks.

**PCN145**

**RECRUITING AND INTERVIEWING NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENTS FOR QUALITATIVE STUDY PARTICIPATION VIA AN INTERNET-BASED DIGITAL PATIENT COMMUNITY**

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**OBJECTIVES:** To perform a qualitative patient interview study using an internet-based digital platform for recruitment and telephone and webcam for interviews. **METHODS:** To design the qualitative study we followed the steps outlined in the ISPOR PRO Good Research Practices Task Force Report: Part 1 (Patrick et al, 2011). Briefly, a qualitative interview guide was developed and approved by JHR. Participants were recruited, consented, enrolled, and interviewed online. Each interview was audio recorded and transcribed. Analysis of the qualitative data was performed by experienced market researchers. **RESULTS:** Screenings, demographic, and medical history information was gathered directly from patients online, via the internet, with no interaction from the patient’s physician(s) or site. Existing members of MedGuard, an online free medication monitoring service, were sent an email invitation to participate in the study. Reminders who were not able to complete the interview were directed to a website where they accessed information regarding the study, provided consent to participate, self-screened for eligibility, and reported baseline characteristics. Consented participants were contacted via phone to schedule a time to participate in the individual interview. Each interview proceeded for 90 minutes, was audio recorded, and lasted 60-75 minutes. 17 patients were interviewed. **CONCLUSIONS:** Recruiting and interviewing patients via the internet and phone is a feasible, faster, and potentially lower cost alternative to face-to-face interviews. Some benefits of direct to patient research include potential to reduce patient travel burden to a study site.