PRESENTATION OF THE ACTIVITIES OF THE ISOQOL TRANSLATION AND CULTURAL ADAPTATION SPECIAL INTEREST GROUP (TCA-SIG)

The ISOQOL TCA-SIG is involved in projects to identify and advance research in the fields of translation and cross-cultural adaptation (TCA-SIG). The aims are: 1) to analyze clinical trial data obtained from PRO measures from multiple clinical trials in different countries. Concrete examples of the work of the 3 subgroups will be given in the presentation. CONCLUSIONS: The ISOQOL TCA-SIG is involved in projects to identify and advance research in the fields of translation and cross-cultural adaptation. Links with similar activities within ISPOR should be explored to coordinate efforts.

EVALUATION OF ALTERNATIVE METHODS OF TRANSLATING PATIENT-REPORTED OUTCOME MEASURES

McKernan SP1, Sorensen SF2, Pedre P3, Negré U1
1Galen Research, Manchester, UK, 2University of Wisconsin-Madison, USA, 3Central Hospital, Falun, Sweden

OBJECTIVES: To compare Rheumatoid Arthritis Quality of Life questionnaire (RAQoL) and psychometric properties following translation forward-backward (FB) and dual-panel (DP) methodologies. METHODS: The 21-item RAQoL has been adapted for use in Sweden independently by two groups. One used FB and the other DP (translation by bilingual Swedes followed by lay panel linguistic review) methods. The methods produced identical wording for 7 items. The two versions of the remaining items were evaluated by 23 bilingual Swedes who indicated their preferred version for each item. Fifty people with RA reported their preference for each item (presented in a paired blinded fashion) and 2 lay panels evaluated item pairs regarding appropriateness. A postal survey of 200 people with RA was then conducted to test the psychometric properties of the two versions. Participants were randomly assigned to complete either the FB or DP version first and the other 2 weeks later. RESULTS: The bilinguals showed no preference (p = 0.49). Variables that had effect on WTP were female sex (p < 0.001), age ≥ 50 years (p = 0.013), higher income (p < 0.001), and higher education (p < 0.001). Kendall’s Tau-b correlation between CVM and DCE weights was 0.79 (p < 0.001). The implied WTP as derived from the relevant DCE attribute weights were between 2.3 and 10.2 as large as the WTP derived from CVM. CONCLUSIONS: The CVM is more stable over time, but the DCE has better user-feasibility. The monetary differences between valuations of two health states (CVM) are considerably smaller than the estimated marginal costs of a health state change (DCE). The use of DCE had no methodological benefits over the conventional CVM when measuring complex health states such as in obstetrics.

VALIDATION OF THE PROQOL-HIV QUESTIONNAIRE IN LIGHT OF CROSS-CULTURAL DIFFERENCES FROM 5 CONTINENTS

Duraiswamy M1, Acquado C2, Lalanne C3, Hermans S4, Benzini B5, Leceur S6, Dufy A7, Fournier-Nicolas C1, Lu P8, Schecher M9, Chevassu O10
1Centre Hospitalier Universitaire de Bicêtre, Le Kremlin-Bicêtre, France, 2Hospital Saint Louis, Paris, France, 3Royal Perth Hospital, Perth, Australia, 4Northwestern University, Chicago, IL, USA, 5University of Hong Kong, Hong Kong, China, 6University of Amsterdam, Amsterdam, The Netherlands, 7Pôle Santé Paris Est, Paris, France, 8University of Washington, Seattle, WA, USA, 9Health Research Associates, Inc, Seattle, WA, USA, 10Erasmus Medical Centre, Rotterdam, The Netherlands

OBJECTIVES: The PROQOL-HIV questionnaire was developed to measure the health-related quality of life (HRQL) of People living with HIV/AIDS (PLHWA) in different cultures in the highly-active antiretroviral therapy era. This study presents the psychometric validation and the conceptual model: the psychosocial and clinical factors related quality-of-life (HRQL) of People living with HIV/AIDS (HRQL) scores according to symptoms, comorbidities, CD4 and CDC stage support our endpoint model. PROQOL-HIV dimensionality across countries is consistent with previous qualitative research. Western countries (early diagnosis and treatment, higher income) and emerging countries like Thailand and Brazil had better HRQL than China and Cambodia, and other countries (high frequency of psychiatric disorders in Cambodia), and CD4 count (low in Chinese and Khmer patients). These results refine the conceptual model and support the validity of the PROQOL-HIV questionnaire. CONCLUSIONS: PROQOL-HIV is a valid questionnaire to assess the quality-of-life of PLHWA and sensitive to clinical outcome measures and cultural differences.

VALUE OF POSTOPERATIVE ACUTE PAIN CARE FOR PATIENTS OPERATED BY LAPAROTOMY IN A DEPARTMENT OF DIGESTIVE SURGERY IN A FRENCH UNIVERSITY HOSPITAL: A WILLINGNESS TO PAY STUDY

Bocquet L1, Thiriat N1, Beaussier M1, Aissou M1, Preziosi C1, Borget F2, Thibel P3
1St-Antoine Hospital, Paris, France, 2Institut de Cancérologie Gustave Roussy, Villejuif, France

OBJECTIVES: Postoperative pain is a common complication after heavy abdominal surgery. Expensive medicals and technologies aiming to reduce this pain are developed in order to assess the utility of the DCE approach. The DCE task was completed faster (p = 0.006) and was regarded easier (p < 0.001) than the CVM task. Test-retest quality for CVM was substantial (ICC = 0.76), and for DCE moderate (∼ k = 0.49). Variables that had effect on WTP were female sex (p < 0.001), age ≥ 50 years (p = 0.013), higher income (p < 0.001), and higher education (p < 0.001). Kendall’s Tau-b correlation between CVM and DCE weights was 0.79 (p < 0.001). The implied WTP as derived from the relevant DCE attribute weights were between 2.3 and 10.2 as large as the WTP derived from CVM.

CONCLUSIONS: The CVM is more stable over time, but the DCE has better user-feasibility. The monetary differences between valuations of two health states (CVM) are considerably smaller than the estimated marginal costs of a health state change (DCE). The use of DCE had no methodological benefits over the conventional CVM when measuring complex health states such as in obstetrics.