0.2). However, absolute risk reduction was generally higher in high risk strata, ranging from 1.4 to 18.3% (median=4.6%, IQR=0.8-6.2%) in quartile one and from 0.8 to 35.0% (median=11.5%, IQR=3.3-19.8%) in quartile four. The difference in absolute risk reduction between the extreme risk quartile ranged from -3.2 to 28.3% (median=7.7%, IQR=0-11.3%). CONCLUSIONS: Clinically significant HTN is common even in phase 3 "efficacy" trials on the absolute scale. A multivariate risk analysis successfully classified patients as high or low risk. A categorization approach to subgroup analysis is feasible and often clinically informative when assessing treatment efficacy.

PM02 NON-TREATMENT SPECIFIC PARAMETER VALUE ESTIMATES: RELATIONSHIP BETWEEN BMI AND UTILITY

Halfmann NJ1, Ogden JM2, Donatti C3, Hawkins NS1

1ICON Health Economics, Oxford, UK; 2Janssen-Cilag High Wycombe, UK

OBJECTIVES: Cost-effectiveness models are an important component of health economic evaluation. In addition to estimates of treatment effects (typically estimated for RCTs), cost-effectiveness estimates may be sensitive to estimates of non-treatment specific parameters that describe the relationship between model variables. These may be estimated from epidemiological studies that themselves may be subject to uncertainty. The present contribution aims to present an example of the estimated relationship between BMI and utility as to illustrate the methods for the review meta-analysis of parameter estimates arising from multiple studies and issues around the selection of appropriate estimates. METHODS: A targeted search was carried out in MEDLINE and EMBASE for studies with utility data on BMI. The outcome was utility change per unit increase in BMI. Study characteristics included the utility instrument used, study location, diabetes status and number of covariates. Fixed and random effects models as well as graphical methods were used to investigate the influence of study characteristics. RESULTS: Several utility scales were used throughout with some using multiple utility scales within the same study. The quality of the included studies was low (30% were not blinded). About 50% of the studies used a linear model for the relationship between the studies and appeared predictive of the magnitude of effect of BMI on utility. CONCLUSIONS: We illustrate methods for meta-analysing multiple parameter estimates and discuss the selection of appropriate parameter estimates for the inclusion in cost-effectiveness models. In particular we illustrate the relationship between the selection of appropriate parameter estimates in terms of which covariates were included in the originating studies and the cost-effectiveness model structure in terms of which independent causal effects are modelled.

PM03 COMPARISON OF IQWiG AND G-BA BENEFIT RATINGS IN ONCOLOGY

Schuchardt M1, Kloteen C1, Friedmann B1, Haigh J2

1Quintiles Consulting, Hoofddorp, The Netherlands, 2Quintiles Consulting, Neu-Isenburg, Germany; 3Quintiles Consulting, Neu-Isenburg, Germany

OBJECTIVES: This research was conducted to understand key reasons why the G-BA came to a different benefit rating than IQWiG during oncology HTAs. METHODS: Searching the G-BA and IQWiG homepages, oncology HTAs between 1st of January 2011 and 31st of December 2013 have been identified. Assessments for which the G-BA and IQWiG diverged were identified by searching the G-BA and IQWiG websites. The data on "time to worsening of pain" than IQWiG and attested a "minor benefit" (as compared to "no added benefit") in the case of eribulin, G-BA and IQWiG agreed on benefit based on survival data. Due to the potential side effects however, G-BA observed in three, while IQWiG initially denoted to "no added benefit". CONCLUSIONS: The translation of clinical evidence into a benefit rating and weighing of positive versus negative effects is highly complex. We see that G-BA and IQWiG can come to different conclusions. In all cases it is important that the manufacturer shows evidence against the specified comparator. The benefit rating plays an important role in the reimbursement amount negotiations.

PM07 SURVIVAL STATUS IN (PHARMA) EPIDEMIOLOGICAL STUDIES CAN BE SUCCESSFULLY INVESTIGATED USING ADMINISTRATIVE RESIDENTIAL REGISTRIES

Pothoff F1, Nichman F1, Klamer A

1Kantar Health Germany, Munich, Germany

OBJECTIVES: Study protocol survival is a key outcome and endpoint in pharmacoepidemiological studies. When participants in long-term studies drop out, administrative residential registries can be a useful source to investigate subjects’ vital status. The present contribution presents procedures and results for the identification and tracking of patients in Germany in administrative residential databases. A pharmacoepidemiological and administrative environmental study are used as case studies. METHODS: For both case studies, residential addresses of study participants were submitted to the responsible office of the official register with the purpose of collecting information about vital status or—in case of address changes—the new address was collected. For persons with multiple address changes up to 7 inquiry loops were necessary until vital status could be ascertainment. RESULTS: In the environmental case study assessing effects of an urban chemical accident, 20,170 addresses of German citizens (5,574 exposed and 14,596 not-exposed) were submitted to residential registries. The vital status of 96.6% of the study subjects could be confirmed by information of the registries. 80.7% were still alive 15 years after the accident (81% exposed, 80% not-exposed); 24.6% had died from cancer, 40% from cardiovascular diseases and 31.8% from other causes of death. No effects of the exposure on the vital status could be observed (confidence interval: -4.4% to 5.7%). In the pharmacoepidemiological case study evaluating long term safety of hormone replacement therapy, the survival status of 2,485 participants was investigated in country-wide residential databases. The vital status of approximately 80% of these participants could be confirmed. 45% of the 1,250 were still alive after 4-5 years of inclusion into the study, only 6 deaths were identified and for only 9% the status could not be determined. CONCLUSIONS: Official residential registries can be a valuable source for investigating the survival status and the causes of death of study subjects in pharmacological and biological research.