MEN'S PREFERENCES FOR THE CONSERVATIVE MANAGEMENT OF NON-METASTATIC PROSTATE CANCER: THE USE OF CONJOINT ANALYSIS

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OBJECTIVES: Selecting conservative therapies for men with non-metastatic prostate cancer involves trade-offs between treatment attributes. An interview-based survey using conjoint analysis was undertaken to establish which treatment attributes are important to men in selecting treatments, and how attributes are traded off.

METHODS: On the basis a pilot study, eight treatment-related attributes were selected for the survey: diarrhoea; hot flushes; ability to maintain an erection; breast swelling/tenderness; physical energy; sex drive; life expectancy, and out-of-pocket costs. A discrete choice preference elicitation mechanism was used. One hundred eighty men with non-metastatic prostate cancer from two London hospitals were invited to participate. Of these, 129 men, mean age of 70 years, 58% T-stage 1 or 2 at diagnosis, were interviewed. Data were analyzed using random effects probit models.

RESULTS: On average, men's responses to the conjoint questions were sensitive to variation in the levels of all attributes (p < .01) and coefficient signs on all attributes were as expected. A statistically significant interaction was shown which indicated that the attribute ability 'to maintain an erection' was less important to older men (p = .001). Most men were willing to make trade-offs between avoiding side effects and both losses in life expectancy and out-of-pocket costs. In terms of the former, they were, on average, most willing to forgo life expectancy to avoid limitations in physical energy (mean of 3.01 months), and least willing to trade life expectancy to avoid hot flushes (mean of 0.58 months to move from 'moderate' to 'mild' or 'mild' to 'none').

CONCLUSIONS: Men with prostate cancer are willing and able to participate in a relatively complex exercise that weighs-up the benefits and harms of various conservative treatments for their condition, and to make trade-offs between attributes. The results provide an indication of the relative importance of different aspects of treatment to patients with prostate cancer.

CARDIOVASCULAR DISEASE II

COMPARISON BETWEEN INVESTIGATOR AND PATIENT’S GLOBAL HEALTH ASSESSMENTS USING CALCULATED HUI-III AND SF-36 UTILITY VALUES

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OBJECTIVE: To compare patients’ own global health assessment item of the SF-36 (SF-1) and investigators’ global health assessment (GLBHLT) with values calculated for Health Utilities Index (HUI-III) and SF-36 preference-based (SF-6D), in patients with coronary artery disease (CAD). SF-1 is considered a coarse measure for patients’ own health assessment while GLBHLT is a widely used clinical-trials endpoint.

METHODS: Baseline data of the SF-36, HUI-III and GLBHLT were collected for 331 patients enrolled in a double-blind, multinational, phase III clinical trial. Both the SF-1 and GLBHLT rate patients’ health on a scale of one to five, where one is excellent and five is poor.

RESULTS: Correlation coefficients (r) between the SF-1 and HUI-III, and the SF-1 and SF-6D were 0.501, 0.508, respectively (p = .001). An r = 0.27 between the SF-1 and GLBHLT was found significant, albeit the magnitude was almost half of those calculated for the SF-1 and SF-6D or the SF-1 and HUI-III. Calculated SF-6D and HUI-III values for GLBHLT = 1 (excellent) were 0.74 and 0.74 compared with the corresponding SF-1 values of 0.81 and 0.83, respectively. Also the SF-6D and HUI-III values for GLBHLT = 5 (poor) were 0.59 and 0.43 compared with the corresponding SF-1 values of 0.54 and 0.21, respectively.

CONCLUSION: The SF-1 as a rough estimate of the patient’s own health, yielded a stronger correlation with utilities calculated for HUI-III and SF-6D while GLBHLT, considered a routine measure in clinical trials, yielded much weaker correlation. Confirmation of these findings is needed to assess if GLBHLT is a fair representation of the health of patients with CAD.

ORLISTAT IN OBESE TYPE 2 DIABETIC PATIENTS: ASSESSMENT OF LONG TERM OUTCOMES AND COST-EFFECTIVENESS

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OBJECTIVES: Obesity is a very common condition in type 2 diabetic patients. Treating obesity may enhance hypoglycemic treatment and, thus, may contribute to a reduction in long-term microvascular and macrovascular
EXCESS MORBIDITY AND COST OF FAILING TO ACHIEVE TARGETS FOR BLOOD PRESSURE CONTROL IN THE ELDERLY
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OBJECTIVE: Despite the existence of effective therapy, millions of Europeans have blood pressure (BP) above internationally agreed targets for control of cardiovascular risk. There is particular resistance to aggressive management of the elderly. We estimated the acute health-care costs resulting from failure to achieve BP targets in older adults in France, Germany, Italy, Sweden and the UK.

METHODS: We constructed a burden of disease model to estimate the costs of uncontrolled hypertension in this group. Prevalence of uncontrolled hypertension was taken from the MONICA study and published surveys. The relationships between three cardiovascular (CV) events (symptomatic acute myocardial infarction (AMI), congestive heart failure (CHF) and stroke) and BP were estimated from a large prospective study (the HOT trial). Costs came from government sources and published studies. We estimated the acute medical costs of these events at current prevalence of uncontrolled hypertension and expected number of events and cost if BP were treated to target levels. Stochastic simulation was used to construct confidence intervals.

RESULTS: Among adults older than 65 years in the five countries, an estimated 15.2m have BP above 160/95 mmHg and a further 12.9m have BP in the range 140/90-160/95 mmHg. The model estimated that 505,000 CV events (AMI–91,000; CHF–190,000, stroke–224,000) occur each year in those older than 65 in these countries, resulting in annual acute hospital costs of Euro2.3Bn (95% CI Euro2.04–2.53Bn). One hundred twenty eight thousand of these events (AMI–9,000; CHF–55,000, stroke–64,000) could be avoided if BP targets were met. The annual cost of these avoidable events was estimated to be Euro560m (95% CI Euro300–783m), representing 24.2% of the acute medical cost of these CV events in this population.

CONCLUSION: Failing to implement existing guidelines for BP management in the elderly contributes substantially to the total human and economic burden of CV disease.

PRACTICAL DESIGN ISSUES

PATIENT-REPORTED OUTCOMES: A COMPARISON OF TWO DATA-CAPTURE METHODS
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OBJECTIVE: The reliable and valid capture of patient-reported outcomes (PROs) are becoming increasingly important endpoints for the pharmaceutical industry. PROs are data reported by the patient, and can include health-related quality of life, functional status, symptoms, pain, bother, satisfaction, work loss, reduced productivity, and the use of medical resources. These data, when included in studies, have traditionally been collected using paper-based methods. Technological advances in electronic data capture, such as handheld computers, internet-based solutions, and interactive voice-response systems, facilitate collecting PROs and are important new tools for clinical and outcomes researchers. Our objective was to examine compliance rates between a handheld computer diary system and a paper-based diary.

METHODS: Eighty pain patients were randomly assigned to complete a three-week, diary-monitoring protocol using either a compliance-enhanced electronic diary system or a paper diary. The paper diary was covertly instrumented to allow for objective determination of when the diary was opened or closed.

RESULTS: Participants submitted diary cards corresponding to 89% of assigned assessment times (±15 min). However, the electronic record indicated that actual compliance with the paper diary was only 11%, indicating a high level of faked compliance. On 32% of all study days the paper diary was not opened, yet reported