clinical and demographic differences between patients, and to better understand definitively the value of new treatments.

DEVELOPMENT OF A PREFERENCE ELICITATION INSTRUMENT FOR USE IN PATIENTS WITH NEWLY DIAGNOSED BRAIN METASTASES IN A PROSPECTIVE RANDOMIZED CLINICAL TRIAL
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OBJECTIVE: The prevalence of brain metastases in cancer patients is 20–40% and treatment options offer median survivals of 4–10 months. Comparing two treatments that do not offer increases in survival in a disease state with a small survival rate lends itself to the study of patient preferences. Patients are left to choose between the risk of recurrent metastatic disease or the physical and cognitive side effects associated with treatment. The objective of this study was to assess the feasibility of the time trade-off method in patients with brain metastases participating in a clinical trial. METHODS: An instrument was developed for patients with brain metastases undergoing radiosurgery with and without whole brain radiation. Research nurses were trained to administer the instrument face-to-face during clinic visits. RESULTS: The instrument included a written script, data collection form, and visual aid to facilitate the understanding of trading time. Patients traded time for 3 different time periods—10 years, 5 years, and 1 year. The piloted instrument resulted in two changes: 1) the visual aid was eliminated because it did not add to patients understanding of trading time, and 2) the concept of “optimal health” was used instead of “perfect health” because patients had difficulty with the term. Currently, the instrument has been administered to 25 patients. Fifty-six percent, 44%, and 36% of patients traded time in the 10-year, 5-year, and 1-year time period respectively. Three patients from each time period increased the time that they would trade during the course of treatment from baseline. CONCLUSIONS: Methods used to elicit preferences must be balanced with the practical issues of clinical practice to yield clinically useful options to be used by clinicians and patients for decision-making.

EYE & SKIN DISEASES/DISORDERS—Clinical Outcomes/Healthcare Policy

FACTORs INFLUENCING A POTENTIALLY INAPPROPRIATE DERMATOLOGICAL MEDICATION COMBINATION PRESCRIPTION AMONG U.S. OUTPATIENT PHYSICIANS
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OBJECTIVE: Despite concerns associated with the necessity of an additional fluorinated, high potency topical corticosteroid, the clotrimazole/betamethasone dipropionate combination remains a frequently prescribed topical agent in the U.S. This research was performed to better understand the circumstances in which physicians across specialties in the U.S. recommend the use of the combination medication in outpatient settings. Additionally, the study aimed to determine the diagnoses and characteristics of patients for whom the combination medication was prescribed. METHODS: Data from the National Ambulatory Medical Care Survey (1990-2000) were used to determine the demographic characteristics of patients with dermatologic diagnoses who were given a prescription for clotrimazole/betamethasone dipropionate. The most common diagnoses of patients treated with the drug were also determined. RESULTS: Family medicine physicians were more than twice as likely (OR: 2.61, 95% CI: 1.59, 4.30) and internists were more than 3 times as likely (OR: 3.52, 95% CI: 2.07, 5.97) to prescribe clotrimazole/betamethasone dipropionate compared to all other physicians when faced with a dermatologic diagnosis. Prescription rates of the combination medication were higher among patients of non-white race (OR: 1.55, CI: 1.07, 2.25). Contact dermatitis and other eczema ranked highest among diagnoses associated with the combination medication mention by family medicine physicians, internists, and pediatricians. CONCLUSIONS: The frequent use of clotrimazole/betamethasone dipropionate by primary care physicians is of concern. Use of alternative agents with anti-inflammatory and antifungal properties without the associated risks of high potency topical corticosteroids would be a preferable alternative.

EYE & SKIN DISEASES/DISORDERS—Economic Outcomes

COST-EFFECTIVENESS OF BIMATOPROST VERSUS LATANOPROST PLUS ADJUNCTIVE PRODUCTS FOR GLAUCOMA TREATMENT
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OBJECTIVES: Prostamides have recently been introduced to treat glaucoma patients. We evaluated the effectiveness and pharmacoeconomic impact of these newer medications in treating patients with glaucoma. We compared effectiveness and costs of bimatoprost monotherapy versus latanoprost used with adjunctive therapies. METHODS: A pharmacoeconomic model was constructed based on a two-month naturalistic effectiveness trial comparing bimatoprost 0.03% (AWP of $53.13) in patients switched from all possible combination therapies with latanoprost 0.005% (AWP weighted total average