PCN213
IMPACT OF STAGING AND HORMONE SENSITIVITY ON QUALITY OF LIFE IN US PROSTATE CANCER PATIENTS
Lin HM1, Zhu Y2, Rider A1, Murray G3, Roughley A1, Piercy J1
1Millennium Pharmaceuticals, Inc., a wholly owned subsidiary of Takeda Pharmaceutical Company Limited, Cambridge, MA, USA, 2Millennium Pharmaceuticals Inc., a wholly owned subsidiary of Takeda Pharmaceutical Company Limited, Cambridge, MA, USA, 3Adelphi Real World, Bollington, UK
OBJECTIVES: To evaluate the difference in quality of life of hormone-sensitive (HSPC) and castrate-resistant (CRPC) prostate cancer patients in the US as measured by EuroQol-5D and FACT-P.
METHODS: Data were extracted from the Adelphi Real World Prostate Cancer Disease-Specific Program® (DSP), a cross-sectional survey of patients aged ≥55 years with prostate cancer prescribed with ≥2 regimens in the prior 3 months who were not enrolled in a clinical trial. Patients were included if they are on treatment and had no change in line of therapy for ≥6 months prior to the end of index period. A total of 978 patients were included in the analysis. The primary endpoint was the difference in mean FACT-P total score between HSPC and CRPC groups. This analysis was conducted in the US between February and May 2014. Physicians completed detailed record forms for the next 12 consulting patients receiving prescribed drug therapy for prostate cancer. Each patient was invited to complete a questionnaire which included the EQ-5D and FACT-P tools. The scores were compared between HSPC and CRPC patients using t-tests or Mann-Whitney tests.
RESULTS: The results showed that the participants weight the outcome attributes higher than the other attributes, the strongest influence on the therapeutic decision. The preference analysis also revealed three preference patterns. The adverse event “occurrence of abdominal pain” and “diabetes” are considered of relatively equal important (coef: 1.568). The analysis also made it clear that the participants weight the outcome attributes higher than the side effects. Thus it becomes clear that a mono-criterion decision would not fully reflect the patient benefits.

PCN214
ESTIMATING EORTC-8D HEALTH STATE UTILITY VALUES FROM EORTC QLQ-C30 SCORES IN RELEASED MULTIPLE MYELOMA
Ashaye AO1, Altintac A1, Bender RH2, Zhang J3, Panjabi S3
1Evidera, Lexington, MA, USA, 2Evidera, Bethesda, MD, USA, 3Onyx Pharmaceuticals Inc., Annapolis, MD, USA, Amgen Subsidiary, San Francisco, CA, USA
OBJECTIVES: To derive EORTC-8D health state utility values from patient-reported EORTC QLQ-C30 scores from the ASPIRE trial. ASPIRE is a randomized, open-label, phase III study that evaluated the efficacy and safety of carfilzomib with lenalidomide plus dexamethasone versus lenalidomide plus dexamethasone in patients with relapsed or refractory multiple myeloma.
METHODS: EORTC-8D is a condition-specific preference based measure with eight dimensions from EORTC QLQ-C30: Physical functioning, role functioning, pain, emotional functioning, social functioning, fatigue, and sleep disturbance, nausea and constipation, and diarrhea. Episodic random utility model (ERUM) was used to derive the EORTC-8D health state utility values from EORTC QLQ-C30 at baseline for the overall ASPIRE trial population and tral arms using the UK tariff. RESULTS: Estimated EORTC-8D utility values ranged from 0.291 to 1.0 which is congruent with the expected range of health utility values based on a UK tariff. The estimated baseline (cycle 1) utility values [mean (SD)] were 0.7834 (0.1289) for the overall population (n=734), 0.7850 (0.1266) and 0.7816 (0.1314) for the KRd (n=370) and Rd (n=364) treatment arms, respectively. CONCLUSIONS: The EORTC-8D enables QALYs to be directly estimated using the EORTC QLQ-C30 as an alternative to generic measures which may not be as sensitive to quality of life changes in cancer. This measure will provide appropriate and useful information for cost per QALY analysis.

PCN215
MAPPING HEALTH STATE UTILITY VALUES FROM EORTC DATA COLLECTED FROM A CLINICAL TRIAL POPULATION WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA
Quinn C1, Hirji P4, Wang K5, Davis C5
1PRIMA Consulting, Flemington, NJ, USA, 2Bristol-Myers Squibb, Wallingford, CT, USA, 3Bristol-Myers Squibb, Princeton, NJ, USA
OBJECTIVES: Health state utility values (HSUVs) are required for cost-effectiveness analysis of new medicines. Health-related quality-of-life data collected from the widely accepted EQ-SD are often not available and data from other instruments need to be mapped using algorithms. The objective of this study was to map HSUVs using data from clinical trial populations with relapsed/refractory multiple myeloma (RRMM).
METHODS: Patient-level EORTC QLQ-C30 and EORTC QLQ-MY20 data were collected in a clinical trial of RRMM patients (n=640) and mapped to EQ-SD scores using published algorithms. Descriptive statistics of mapped EQ-SD scores were estimated overall, and treatment regimens by: health state (progression, progressive-disease, response (with/without complete response), and adverse events (with/without grade ≥3 AE)). Generalized estimating equation (GEE) models provided direct estimation of HSUVs, controlling for confounders. Mapped HSUVs were compared with published HSUVs in RRMM to assess reliability.
RESULTS: The algorithm that included the EORTC QLQ-C30 and EORTC QLQ-MY20 produced reliable HSUV estimates providing greater differentiation between health states. The overall mean estimate for progression-free disease (PFD) was 0.733. FPD with response was 0.744 and PFD with no response was 0.704. The difference between scores with/without grade ≥3 AEs suggested a small loss of 0.029, the AE decrement was greater (0.034) when using a proxy measure of patients who were off treatment but not in progressive disease. Similar patterns across the health states were seen by treatment regimen throughout the duration of the trial. GEE results were consistent with descriptive summaries.
CONCLUSIONS: Mapped EQ-SD scores showed a consistent trend across health states, with higher HSUVs for pre-progression than progressive disease, for response versus no response, and without AEs versus with AEs. HSUVs were associated with on disease state and treatment regimen. The algorithm including both the EORTC QLQ-C30 and EORTC QLQ-MY20 provided reliable HSUV estimates in this RRMM population.

PCN216
ALTERNATIVE REGRESSION METHODS FOR MAPPING UTILITIES IN ONCOLOGY
Sabouni C1, Crott B1, Aballea S1, Toumi M1
1Creativ-Ceutical, London, UK, 2Creativ-Ceutical, Paris, France, 3Aix-Marseille University, Marseille, France
OBJECTIVES: Mapping a disease specific measure of quality of life to a generic instrument is one available technique to obtain utility values for cost-effectiveness studies. Situation mapping, mapping techniques, have been found to be significantly more accurate than the CRP patients in a number of domains, including physical well-being [0.052] and emotional well-being [0.0119] and emotional well-being [1.568]. The attributes “response to treatment” and “diarrhea” were considered of relatively equal important (coef: 1.568). The preferences retrieved from literature databases, 12 were included in the review. The included studies were observational (n=6), randomised controlled trials (n=5), or cost-effectiveness analysis (n=1). Of 12 included studies, seven were conducted in US, three in Europe, and one each in Europe/US and Europe/other countries. Most commonly reported HRQoL scales were EORTC QLQ-C30, QLQ-MY20, and FACT-MM, while, health utility was estimated using EQ-SD. The HRQoL was significantly impaired in patients with MM compared to normative patients in terms of EORTC QLQ-C30 (p<0.01), with Qol, dyspnoea, physical functioning, role functioning, and social functioning subscales being the most affected. Further, disease progression was associated with a worsening in HRQOL scores (p<0.001). Improved HRQoL was reported in patients with MM because of disease related symptoms like bone pain and fatigue. Mean pain scores worsened with more severe disease stage (p<0.05). Improved HRQOL due to higher fatigue and pain scores was associated with shorter overall survival. Males had better HRQoL scores compared to females (p=0.04) and blacks had better HRQoL scores compared to non-blacks (p=0.03). Additionally, impaired health-related utility values were reported in patients with MM as suggested by the mean EQ-SD scores (p<0.05). The EORTC QLQ-C30 was selected based on its properties, gender, and race are few of the parameters that are associated with deterioration of HRQoL in patients with newly-diagnosed MM. Delaying disease progression could possibly help to improve HRQoL.

PCN217
HRQL AND HEALTHCARE UTILIZATION IMPACT ON PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA IN US AND EUROPE: A SYSTEMATIC LITERATURE REVIEW
Ahuya A, Attri S, Kamra S, Kaira M
1Quicksight International, Chandigarh, India
OBJECTIVES: This systematic literature review (SLR) aimed to identify health related quality of life (HRQoL) and health utility parameters among newly diagnosed multiple myeloma (MM) patients. MAPPING METHODS: Searches were conducted in literature databases including Embase® and MEDLINE® from January 2005 to June 2015. English language studies, regardless of design and intervention were included. Each study was reviewed by two independent reviewers; any disagreements were resolved by a third reviewer. RESULTS: Out of the 680 citations retrieved from literature databases, 12 were included in the review. The included studies were observational (n=6), randomised controlled trials (n=5), or cost-effectiveness analysis (n=1). Of 12 included studies, seven were conducted in US, three in Europe, and one each in Europe/US and Europe/other countries. Most commonly reported HRQoL scales were EORTC QLQ-C30, QLQ-MY20, and FACT-MM, while, health utility was estimated by EQ-SD. The HRQoL was significantly impaired in patients with MM compared to normative patients in terms of EORTC QLQ-C30 (p<0.01), with Qol, dyspnoea, physical functioning, role functioning, and social functioning subscales being the most affected. Further, disease progression was associated with a worsening in HRQOL scores (p<0.001). Improved HRQoL was reported in patients with MM because of disease related symptoms like bone pain and fatigue. Mean pain scores worsened with more severe disease stage (p<0.05). Improved HRQOL due to higher fatigue and pain scores was associated with shorter overall survival. Males had better HRQoL scores compared to females (p<0.04) and blacks had better HRQoL scores compared to non-blacks (p<0.03). Additionally, impaired health-related utility values were reported in patients with MM as suggested by the mean EQ-SD scores (p<0.05). The EORTC QLQ-C30 was selected based on its properties, gender, and race are few of the parameters that are associated with deterioration of HRQoL in patients with newly-diagnosed MM. Delaying disease progression could possibly help to improve HRQoL.
OBJECTIVES: To determine the direct out-of-pocket expenses (co-payments) and overall satisfaction among patients enrolled in the Z enzastatuc for breast cancer. METHODS: The database of paid claims was the sampling frame of the study. Participants were identified and trained data collectors conducted patient interviews using a pre-tested semi-structured survey tool. Participants signed an informed consent form. The interview guide included questions about patients receiving standard adjuvant chemotherapy. During hospital confinement, 41 patients purchased medicines outside the hospital pharmacy. The overall average cost of medicines was at $50 (S$ 93) per patient. The overall average out-of-pocket expense was $4000 (US$ 89) for medicines, $5000 (US$ 86) for laboratory tests and $4200 (US$ 93) for professional fees which are within the allowed co-payment limits. Patient satisfaction was generally good with satisfaction rates of 98% and 92% for surgery and chemotherapy services, respectively.

RESULTS: A total of 80 claims for breast cancer using the Z benefit package were identified from July 2012 to August 2014 from five contracted hospitals. Respondents underwent modified radical mastectomy with 50 patients receiving standard adjuvant chemotherapy. During hospital confinement, 41 patients purchased medicines outside the hospital pharmacy. The overall average cost of medicines was at $50 (S$ 93) per patient. The overall average out-of-pocket expense was $4000 (US$ 89) for medicines, $5000 (US$ 86) for laboratory tests and $4200 (US$ 93) for professional fees which are within the allowed co-payment limits. Patient satisfaction was generally good with satisfaction rates of 98% and 92% for surgery and chemotherapy services, respectively.

The overall patient satisfaction is favourable but there were still out-of-pocket expenses for medicines, laboratory tests and professional fees amounting to an average of $3600 (US$89).

PCN219

PREMAB: FINAL ANALYSIS OF PATIENT SATISFACTION WITH SUBCUTANEOUS VERSUS INTRAVENOUS RITUXIMAB IN PREVIOUSLY UNTREATED CD20+ DIFFUSE LARGE B-CELL LYMPHOMA OR FOLLICULAR LYMPHOMA

Rummel M1, Kim TM1, Plenteda C2, Capocchini E3, Mendoza M4, Smith R5, Osborne B5, Grega A6

1University Hospital Giessen and Marburg, Giessen, Germany, 2Seoul National University Hospital, Seoul, South Korea, 3Università Degli Studi Parma, Parma, Italy, 4Centro Aziendale di Scienze della Vita, Livorno, Italy, 5F. Hoffmann-La Roche Ltd, Basel, Switzerland, 6Austim Hospital, Heidelberg, Australia

OBJECTIVES: To compare patient satisfaction with intravenous rituximab (RIV) versus subcutaneous rituximab (RSC) using the reliable and validated instrument, Patient Satisfaction with Rituximab (PSMAB). METHODS: Frailty (NCT01724021) is a randomized, open-label, crossover Phase IIb study in patients with untreated CD20+ diffuse large B-cell lymphoma or follicular lymphoma (grade 1–3a). Patients received chemotherapy (6–8 cycles CHOP [cyclophosphamide, doxorubicin, vincristine, prednisone], CV (cyclophosphamide, vincristine, prednisone) or rituximab plus 8 cycles of rituximab: Arm A: 1 cycle RIV (375 mg/m2) and 3 cycles RIV (1400 mg) then 4 cycles RIV, Arm B: 4 cycles RIV (375 mg/m2) then 4 cycles RIV (1400 mg). The general Cancer Therapy Satisfaction Questionnaire (CTSQ), and RASQ, were conducted at cycles 4 and 8, domains for both questionnaires were scored 0 (least)–100 (best). Adverse events were monitored throughout. RESULTS: At the primary data cut, January 19, 2015, the intent-to-treat population was: Arm A, n = 372; Arm B, n = 371. Median age was 60 years (range 18–80). Baseline characteristics were balanced between arms. Overall median CTSQ scores with RSC and RIV were similar for all domains: expectations, side effects, and satisfaction with therapy. Overall, there was no difference in patient satisfaction between RSC and RIV. CONCLUSIONS: Patient satisfaction with R-chemotherapy was comparable for RSC and RIV. However, rituximab-specific satisfaction measured by RASQ was generally greater with RIV than RSC.

PCN220

QUALITATIVE INTERVIEWS TO PROVIDE IN-DEPTH UNDERSTANDING OF THE IMPACT OF NON-SMALL CELL LUNG CANCER (NSCLC) AND ITS TREATMENTS ON OF THE LIVES OF PATIENTS AND THEIR FAMILIES/CAREGIVERS

Mulatero C1, Lai KL1, Jewett K2, O’Toole C3, Wells JA1, Aruckbe B5, Lloyd A3, Braizer J6, Devlin N6


OBJECTIVES: The aim of this study was to better understand the impact of advanced NSCLC and its treatment on the quality of life and experience of patients, in order to inform the design and inclusion of outcome assessments in clinical trials. METHODS: Face-to-face, qualitative, semi-structured interviews were conducted with 20 UK participants with advanced NSCLC. Interviews explored patients’ experiences of NSCLC and the treatment they received. Open-ended questioning (facilitating spontaneous reporting), was followed by focused questions to further investigate the themes. Creative methods including an impact rating ladder and timeline task were used to elicit content. Verbatim transcripts were analyzed using a data-driven, thematic analysis approach. RESULTS: Patients experienced considerable burden from symptoms and treatment-related side effects (e.g. breathlessness, nausea), which left them unable to participate in activities of daily living such as housework, shopping or going outside. However, participants reported that the emotional impact on them and their families (e.g. worry, sadness, frustration), was the biggest negative impact. Treatment-related financial burden was identified as an important factor. The majority of participants said they would prioritise improving quality of life over extending life. Conclusions: Advanced NSCLC is known to cause distress and negatively impact patients’ lives. This study demonstrates that emotional impact and time taken undergoing treatment may be undervalued by commonly employed HRQL metrics in clinical trials. Future clinical trials of new lung cancer treatments should include assessment of these concepts. Ultimately, HRQL approaches may be developed to capture satisfactorily all factors deemed important by patients in order to fully reflect impact of new treatments on patients’ lives.

PCN221

PREFERENCE ELICITATION ON BENEFITS AND RISKS OF MEDICINES USING A DISCRETE CHOICE EXPERIMENT

Beyer A1, Hoekstra T2, Selivonchik A3, Kingma B1, Hillege LH1, Krabbe PF1

1University Medical Center Groningen, Groningen, The Netherlands, 2University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

OBJECTIVES: Novel treatment for advanced melanoma have been developed with differing levels of effectiveness, safety, cost, and route of administration. Understanding the preferences among these attributes between patients and physicians is necessary for designing treatment and making decisions. In health care, Discrete Choice Experiment (DCE) is one of the recommended tools for eliciting treatment preferences by reflecting different perspectives and the trade-off between attributes. The objective of this study is to measure patient and physician preferences by conducting a DCE for advanced melanoma treatments with a special focus on immunotherapy and