morning stiffness), BASFI, ASQoL, and the SF-36. Literature review, and clinician and patient interviews, provided information on instrument content validity. Statistical analysis of measurement properties evaluated the reliability (test-retest), internal consistency, responsiveness and construct validity. Measurement properties were assessed using data from the Rapid-axSpA trial investigating certolizumab pegol (CZP) efficacy in axSpA. RESULTS: Reviewer AS literature searches generated 1180 abstract concepts. Physical pain, physical disability, morning stiffness, fatigue, disturbed sleep, depression, mobility problems, problems performing recreational activities/household tasks/self-care/work, and problems performing daily activities were evident for the overall population in expert interviews. Concepts identified in patient interviews were consonant with both literature and expert opinion. All PRO instruments were satisfactorily reliable in the Rapid-axSpA population, with all test-retest intra-class correlation coefficients and internal consistency reliability. Validity was supported by agreement between PRO and clinician-rated measures. All the PRO measures showed good sensitivity to change, with large response sizes (effect size >0.8) on almost all measures from week 12 in Rapid-axSpA. No significant variations in psychometric properties were noted between axSpA sub-populations.

CONCLUSIONS: This study indicates that both the content validity and the measurement properties of PRO instruments used in AS are preserved in the broad axSpA population. Questions remain about relying on classical test theory for validation and the value of using generic outcome measures when well-developed disease-specific measures are available.

PM159 THE EFFECT OF LEAD TIME IN TIME TRADE-OFF VALIDATION OF HEALTH STATES

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OBJECTIVES: Lead-time time trade-off (TTO) is a promising alternative to conventional TTO. The purpose of this study was to compare the values of EQ-5D-5L, health states as measured by two TTO variants using different ratios of lead time to unhealthy time. METHODS: Data were collected as part of a wider multi-country pilot study. We elicited the values of 10 selected EQ-5D-5L health states from a convenience general population sample (N=406) using two lead-time TTO variants: 10 years of lead time in full health preceding 5 years of unhealthy time (standard method), and 5 years of lead time preceding 5 years of unhealthy time (experimental method). Participants were randomized to one of the two tasks using personal computers, with an interviewer supervising groups of participants. Participants were randomized to receive one of the two TTO variants that varied the lead time to unhealthy time. Health values were compared between the two study arms using random-effects linear models, with adjustment of age, gender, education, and health states. RESULTS: Health-state values generated from TTO valuation exercises using the longer lead time were slightly lower than those generated from exercises using the shorter lead time. The proportion of non-negative values in the standard and experimental arms was 81.2% and 86.7%, respectively (p=0.046), the grand mean TTO value was 0.35 and 0.43 for the standard and experimental arms, respectively (p=0.049). Exhaustion of tradable time occurred only in the experimental arm (4.6%) where the lead time was shorter. CONCLUSIONS: This study confirms earlier findings that the ratio of lead time to unhealthy time is a factor in TTO values of health states. The more lead time is offered, the more time is traded. Different lead-time TTO variants should be carefully studied in order to achieve the best measurement of health-state values using this new method.

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the best measurement of health-state values using this new method. Different lead-time TTO variants should be carefully studied in order to achieve the best measurement of health-state values using this method.

RESULTS: A total of 24,215 respondents (34.0%) reported pain in the past month (mean age=49.96; 95% CI=49.38-49.63; 54.8% female). Mean level of pain severity in the last week was 4.71 (SD=2.73) and mean overall work productivity loss was 6.7% (SD=8.4%). Although these variables were significantly related (r=0.45, p<0.05), a substantial proportion of people with pain reported no work impairment (44.23%) creating a floor effect whereby regardless of the improvement in pain, no effect would be observed with respect to the ability to work. Conversely, 3.6% of people with pain reported 90% or more of their work week being impaired. Few demographic differences (age, sex) were observed between these two extremes, though those with 90%+ impairement were more likely to be obese (43.40%) versus those without any impairment (32.80%). CONCLUSIONS: Pain severity and work productivity loss were significantly related but many of those with pain reported so low a level of impairment that no intervention could provide a compelling proposition. However, key subgroups (e.g. those obese) reported significant impairments with a much greater likelihood of demonstrating treatment benefit. Subgroup analysis is needed to guide future research, and help inform clinical trial design, optimize incremental value, and drive cost effectiveness.

PM162 CROSS-CULTURAL ADAPTATION OF A RESEARCH VERSION OF THE REY AUDITORY VERBAL LEARNING TEST (RAVLT) INTO JAPANESE

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OBJECTIVES: The Rey Auditory Verbal Learning Test (RAVLT) is a cognitive test assessing verbal learning and memory. Fifteen English-language PRO measures were compared between axSpA sub-populations. No significant variations in psychometric properties were noted between axSpA sub-populations. Questions remain about relying on classical test theory for validation and the value of using generic outcome measures when well-developed disease-specific measures are available.

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