OBJECTIVES: Utility is a health state value that is influenced by disease, treatments and patient quality of life. One example of utility assessment has been implemented to measure utility in cardiovascular (CV) disease. The objective of the analysis was to report baseline EQ-5D-3L estimates in high CV risk patients with hypercholesterolemia not optimally treated with maximally tolerated statins or other lipid-lowering treatments. METHODS: Baseline EQ-5D-SD was calculated via a pooled analysis of the ODYSSEY FH I, FH II, HIGH FH, COMBO I, COMBO II and LONG TERM registered clinical trials to assess the efficacy and safety of alirocumab for lowering low-density lipoprotein cholesterol (LDL-C) in high CV risk patients. High CV risk patients included: history of recent acute coronary syndrome (ACS); coronary heart disease (CHD); ischemic stroke (IS); peripheral arterial disease (PAD); and heterozygous familial hypercholesterolemia (HeFH). The five EQ-5D item scores were estimated by multiple imputation. Results were calculated for each patient segment and were not mutually exclusive, i.e. patients may have had a history of >1 of the above-mentioned CV conditions. RESULTS: 6,203 patients with baseline EQ-5D-3L were available for included. Mean EQ-5D scores by patient segment were: ACS-0.12 months, age 56 years, utility 0.844; ACS-12-24 months, age 59 years, utility 0.858; CHD, age 61 years, utility 0.851; IS, age 64 years, utility 0.797; PAD, age 63 years, utility 0.771; HeFH, age 53 years, utility 0.905. CONCLUSIONS: EQ-5D scores range from 0.771 for PAD patients to 0.905 for HeFH patients. These results are important for informing the utilities of high CV risk patients.

PCV140
ASSESSMENT OF PATIENT-REPORTED HEALTH STATUS IN PULMONARY ARTERIAL HYPERTENSION PATIENTS TREATED WITH RIOCUVIT: 2-YEAR RESULTS FROM THE PENT-2 EXTENSION STUDY
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OBJECTIVES: Pulmonary arterial hypertension (PAH) is a chronic, life-threatening disease affecting overall health status and quality of life. Riociguat has demonstrated a consistent benefit as a treatment for PAH within one year of treatment. This analysis sought to assess the long-term impact of riociguat on patient-reported health status in PAH patients. METHODS: PENT-2 is a two-year extension study of PENT-1 (baseline and week 12) and PENT-2 (long term extension (LTE) week 12, and LTE months 6, 9 and 12) was assessed using the EQ-5D-SD. Responders analyses were performed to evaluate the change in PAH patients’ EQ-5D scores over time. CONCLUSIONS: Patients treated with riociguat demonstrated an increase in mean EQ-5D utility scores over the 2-year PENT-2 study. EQ-5D utility scores and response distributions were analysed. RESULTS: In the total sample patients demonstrated an increase in mean EQ-5D utility scores between baseline (mean 0.682, n=390) and month 24 (mean 0.733, n=223), a trend mirrored by improvement in EQ-5D-SD VA score from baseline (mean 62.5, n=388) to month 24 (mean 72.3, n=219). At month 24 a general improvement in all EQ-5D domains, except self-care, was observed regardless of patients’ previous treatment arm. Responders analyses indicated that patients with greater improvement in 6MWD (>40m) at week 12 had higher mean scores than those with less improvement (<40m) at all time-points through month 24. Furthermore, patients with greater functional capacity according to WHO classification (class II/III) had higher EQ-5D utility scores than those with worse capacity (class IV/III). CONCLUSIONS: EQ-5D-SD utility scores and response distributions were analysed. Results demonstrate the long-term positive impact of riociguat on PAH patients’ reported health status.

PCV141
ASSESSMENT OF PATIENT-REPORTED HEALTH STATUS IN CHRONIC THROMBOEMBOLIC PULMONARY ARTERIAL HYPERTENSION PATIENTS TREATED WITH RIOCUVIT: 2-YEAR RESULTS FROM THE CHEST-2 EXTENSION STUDY
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OBJECTIVES: Chronic thromboembolic pulmonary hypertension (CTEPH) is a severe disease that frequently afflicts patients of all ages and many health status. Almost 40% of patients are unsuitable for surgery and approximately 34% experience recurrent disease post-surgery. Riociguat has demonstrated clinical benefit for CTEPH patients within one year of treatment. This analysis sought to assess the long-term impact of riociguat treatment on patient-reported health status. METHODS: CTEPH patients were randomized to placebo or riociguat dose titration up to 2.5 mg TID (three times a day) at week 12, and riociguat fixed dose titration at 1.5 mg TID. PATENT-2 is an open-label extension phase where all patients received riociguat up to 2.5 mg TID. Patient-reported health status was assessed using the EQ-5D-SD in both CHEST-1 (baseline and week 12) and CHEST-2 (long term extension (LTE) week 12, and LTE months 6, 9 and 12). Results for EQ-5D-SD scores were compared with baseline scores. CONCLUSIONS: Patients treated with riociguat demonstrated significant improvement in all EQ-5D domains. Results suggest that mean EQ-5D-SD for all high CV risk patients ranges from 0.771 for PAD patients to 0.905 for HeFH patients. These results are important for informing the utilities of high CV risk patients.