OBJECTIVES: To determine the direct out-of-pocket expenses (co-payments) and overall satisfaction among patients enrolled in the Z Benefits 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 for an interview, audio and video documentation of feedbacks. Clinical data were extracted from medical records while out-of-pocket expenses were reviewed from statements of account and receipts of services received. Patient satisfaction during surgery, chemotherapy and overall patient satisfaction were validated with the satisfaction questionnaires submitted by the contracted hospitals. **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 out-of-pocket expense was at Php 3600 (US$ 80). The average out-of-pocket expense was Php 4000 (US $ 89) for medicines, Php 1600 (US $ 36) for laboratory tests and Php 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. **CONCLUSIONS:** 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 Php 3,600 (US$80).

PCN219

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

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OBJECTIVES: To compare patient satisfaction with intravenous rituximab (RIV) versus subcutaneous rituximab (RSC) using the reliable and validated instrument, Rituximab Administration Satisfaction Questionnaire (RASQ). **METHODS:** PrefMab (NCT01724021) is a randomized, open-label, crossover Phase IIIb 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], CVP [cyclophosphamide, vincristine, prednisone], or bendamustine) plus 8 cycles of rituximab; Arm A: 1 cycle RIV (375 mg/m2) and 3 cycles RSC (1400 mg) then 4 cycles RIV; Arm B: 4 cycles RIV (375 mg/m2) then 4 cycles RSC (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 median RASQ scores were higher for RSC versus RIV for psychological impact (88 vs 80), impact on daily living (83 vs 58), convenience (83 vs 58), and satisfaction with therapy (88 vs 75), with no difference for physical impact. Overall, most patients considered time required to administer R was 'just right' (88% SC vs 56% IV), and they had 'more than enough time' to discuss concerns with their doctors/nurses (79% SC vs 79% IV). Treatment sequence did not impact CTSQ or RASQ scores. No new safety signals were detected. **CONCLUSIONS:** Patient satisfaction with R-chemotherapy was comparable for RSC and RIV. However, rituximab-specific satisfaction measured by RASQ was generally greater with RSC than RIV.

PCN220

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

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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 participants' experiences of aNSCLC and the treatment they received. Open-ended questioning (facilitating spontaneous reporting), was followed by focused questions to further investigate important 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:** Participants 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 and frustration) had the biggest negative impact on their lives. Almost all participants were highly satisfied with their treatment and care, but time lost to receiving and recovering from treatment was commonly reported. Efficiency, communication and practical and emotional support were aspects of care valued most by participants. The majority of participants asked said they would prioritise improving quality of life over extending life. **CONCLUSIONS:** Advanced NSCLC is known to impact many domains of patients' lives. This study demonstrates that emotional impact and time taken undergoing treatment may be undervalued by commonly employed HRQoL metrics in clinical trials. Future clinical trials of new lung cancer treatments should include assessment of these concepts. Ultimately, HRQoL instruments should be identified/developed that satisfactorily capture 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

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OBJECTIVES: Differences in preferences for treatment outcomes are known to exist among patients and healthcare professionals, but rarely are data available that include the preferences of medical regulators. **METHODS:** Discrete choice (DCE) methodology was applied via an online questionnaire among patients and experts (HCPs, European medical assessors) in three disease areas (atrial fibrillation (AF), breast cancer (BC) and type II diabetes (DB)) in the United Kingdom, France and the Netherlands. Selection of the attributes was made via focus group questionnaires among 150 patients in each disease area. Data for the required number of drug scenarios were compiled from existing medicines for the disease areas and participants were asked to choose the drug they preferred. An alternative-specific conditional logit model was used to evaluate the choices made for each pair of scenarios. **RESULTS:** Data were collected from 1288 patients: 205 AF; 531 BC; 552 DB. Data for HCPs and medical assessors present the expert view: 89 AF; 211 BC; 122 DB. Atrial fibrillation patients chose the prevention of stroke as the most important attribute while for experts fatal bleeding was the most important attribute; all other attributes were given the same order of importance by both groups. For diabetes, both patients and experts indicated preventing cardiac disorders as most important attribute of a treatment. However, the order of the remaining attributes differed. For breast cancer, the order of importance of all the attributes was the same for patients and experts. The choices were not explained by demographic characteristics and disease severity had no impact on the choices made by patients. **CONCLUSIONS:** With the exception of breast cancer, the view that patients and experts have different preferences for treatment outcomes continues to be supported by this data. There may exist a chronic/acute illness axis that may differentiate the preferences between experts and patients.

PCN222

DO EUROPEAN PATIENTS HAVE A SHARED PREFERENCE FOR THE BENEFITS AND RISKS OF MEDICINES?

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OBJECTIVES: Recent initiatives within Europe to increase the involvement of patients in the regulation of medicines are positive actions. However, is there a shared view among European patients on the favorable and unfavorable outcomes of medicines? This study aims to assess differences in preferences for treatment outcomes across three countries in Europe. **METHODS:** Data were collected via web-questionnaires from patients diagnosed with atrial fibrillation (AF), breast cancer (BC) and type II diabetes (DB)) in the United Kingdom, France and the Netherlands. A panel of physicians, epidemiologists, and healthcare researchers reviewed favorable and unfavorable outcomes of current treatments and compiled a list of treatment outcomes. Patients were asked to rank by order of importance the treatment outcomes specific to their area of disease. **RESULTS:** A total of 454 patients provided data: age 20-75 years; predominantly female for DB and AF and all female for BC. AF patients across all countries ranked reduction in fatal ischemic stroke as the most favorable treatment outcome and fatal hemorrhage as the most unfavorable outcome. Dutch and British BC patients ranked overall survival as most favorable, while French BC patients selected health related quality of life. All BC patients selected cardiotoxicity as the most unfavorable outcome. Dutch and French DB patients ranked decreased fasting glucose as most favorable outcome, while British DB patients were divided between reduction in weight, reduction in hemoglobin and changes in blood pressure. Dutch and British DB patients ranked congestive heart failure as the most unfavorable outcome, while French patients selected hypoglycemia. **CONCLUSIONS:** Patient differences, as determined by demographics and disease characteristics, are commonplace in medical research; however exploration of country and regional differences in values and preferences among patients are less common and should be included in any research activity aimed at elucidating the representative patient voice for Europe.

PCN223

UNDERSTANDING THE IMPACT OF PATIENT AND PHYSICIAN PREFERENCES IN PERSONALIZED TREATMENT FOR MELANOMA USING A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: Novel treatments 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 quality treatment and shared decision making. 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