haematologist, included the following domains: reliance on transfusions/health care providers; arranging life around medical appointments; fatigue limiting routine physical activities; disease interference with social and family life; worry about the future due to health condition; discomfort; reliance on support for self care and routine activities; feelings of being a burden to family; and feeling sad, hopeless, and helpless. Face-to-face interviews used the Feeling Thermometer VAS and the TTO method to value the HS on a 0 (dead) to 1 (perfect health) scale. Sociodemographic, clinical, and quality-of-life (EQ-5D) characteristics were surveyed. RESULTS: The mean age was 67 y (range: 29–83); 45% male, 70% retired; 40% had secondary/high school education, or higher (32%), and 79% lived with family, a partner or spouse, or friends. The mean time from MDS diagnosis was 3 years (range: 1–23). Most patients (87%) received previous transfusions and 49% had received a transfusion in the last 3 months. Mean utility score was 0.78; patients reported at least some problem with mobility (45%), usual activities (40%), pain/discomfort (47%), and anxiety/depression (34%). Few patients had difficulty understanding the VAS (n = 3) and TTO (n = 4) exercises. Utility scores for TI were higher than for RT (0.84 vs. 0.60; p < 0.001), and 78 vs. 31 (p < 0.001), respectively. Three patients rated TD worse than dead. Corresponding VAS scale scores were 78 vs. 56; (p < 0.001), and 78 vs. 31 (p < 0.001), respectively. CONCLUSION: Patients value TI, suggesting an important role for new treatments aiming to achieve greater TI in MDS.

**CONCLUSION:** Patients value TI, suggesting an important role for new treatments aiming to achieve greater TI in MDS.

**UK COMMUNITY DERIVED UTILITIES USING TIME TRADE OFF FOR ORAL VERSUS SUBCUTANEOUS IRON CHELATION THERAPY FOR THE TREATMENT OF CHRONIC IRON OVERLOAD**

Tolley K1, Oyee J1, Jewitt K2, Ossa D2

1Mapi Values, Bollington, Cheshire, UK, 2Novartis Pharmaceuticals UK Limited, Frimley, Surrey, UK

OBJECTIVES: Chronic iron overload due to frequent blood transfusions is a condition affecting patients with a wide range of disorders including beta-thalassaemia, sickle cell disease and myelodysplastic syndromes. A UK community based utility study was conducted to value preferences for iron chelation therapy (ICT) administered via two different modes of administration: oral Deferasirox and subcutaneous infusion for 8–12 hours per day, 5–7 days/week (current standard treatment desferrioxamine). METHODS: Time trade off (TTO) methods were used to value health states for oral and subcutaneous modes of ICT administration. An anchor description for the reference condition, beta-thalassaemia, was incorporated within each health state. The descriptions were validated by 5 UK clinicians. Neither health state made reference to the associated drug name. Mean utilities were estimated and 95% confidence intervals calculated using bootstrapping sampling and estimation. The Wilcoxon Signed-Rank Test was used to test significant differences between the health state mean utility values. RESULTS: A representative cross sectional sample of 120 respondents from the UK population participated in the TTO exercise. Analysis was performed for 115 respondents (5 responses were excluded due to lack of understanding of the exercise). 54% were female, 76% aged 21–60 years. Mean utility for the oral ICT health state was 0.84 (SD: 0.17) compared to 0.66 (SD: 0.21) for the subcutaneous infusion ICT health state. There was a mean difference of 0.17 (95% CI: 0.147, 0.214) in utility values between the health states (p < 0.0001). The utility results are consistent with those from a similarly designed Australian study. CONCLUSION: From a societal perspective the utility benefit associated with once daily oral ICT for chronic iron overload is significantly greater relative to current standard subcutaneous treatment. This data can be used in cost-utility analyses comparing oral Deferasirox and current standard care desferrioxamine.

**PHM2**

THE EMOTIONAL AND PHYSICAL BURDEN OF INJECTIONS ON PATIENTS UNDERGOING IVF

Huisman D1, Hu L1, Rajmalkers X1, Hoomans E1

1SKGM, Rotterdam, The Netherlands, 2NV Organon, Oss, The Netherlands

OBJECTIVES: The aim of this study was to provide insights into the experiences, behavior and attitudes of patients towards controlled ovarian stimulation (COS). METHODS: A cross-sectional exploratory study involving semi-structured in-depth interviews, including a laddering technique (means–end relation theory) to link treatment characteristics to emotional drivers. A total of 190 women (age 25–40) in France, Germany, Italy, Japan, Spain, Turkey, UK and USA who completed an IVF cycle in the last 6 months were randomly allocated via general population databases. RESULTS: When asked about their experiences during the COS phase 31% of patients mentioned that COS limited their daily activities because they wanted to be home at specific times for the injections and 19% described the schedule as stressful or emotionally demanding. Most mentioned inconveniences regarding injections were timing of injections, injection site pain and the hassle with syringes and vials. In spite of education and training on injections, 59% of women were concerned about incorrect injections. In total 45% of women experienced difficulties, like injecting at the wrong time, incorrect dosing, hitting a vessel or fear of self-injection. Having realized they had made a mistake, 68% felt worried or stressed about it and 13% were anxious that it would have a negative impact on treatment outcome. When asked women said that daily injection regimens could be improved by pen or oral administration, by pre-mixed ready-for-use methods and by reducing the number of injections. This would reduce the worries and stress associated with COS and 40% of subjects stated to believe that this would improve their emotional well-being and increase their chance of a baby. CONCLUSION: COS has serious emotional and psychological impact on patients undergoing IVF. According to women simple and short treatment regimen with less concern about correct administration will improve their emotional well-being during COS.

**PHM21**

UK COMMUNITY DERIVED UTILITIES USING TIME TRADE OFF FOR ORAL VERSUS SUBCUTANEOUS IRON CHELATION THERAPY FOR THE TREATMENT OF CHRONIC IRON OVERLOAD

Tolley K1, Oyee J1, Jewitt K2, Ossa D2

1Mapi Values, Bollington, Cheshire, UK, 2Novartis Pharmaceuticals UK Limited, Frimley, Surrey, UK

OBJECTIVES: Chronic iron overload due to frequent blood transfusions is a condition affecting patients with a wide range of disorders including beta-thalassaemia, sickle cell disease and myelodysplastic syndromes. A UK community based utility study was conducted to value preferences for iron chelation therapy (ICT) administered via two different modes of administration: once daily oral administration (deferasirox) and slow subcutaneous infusion for 8–12 hours per day, 5–7 days/week (current standard treatment desferrioxamine). METHODS: Time trade off (TTO) methods were used to value health states for oral and subcutaneous modes of ICT administration. An anchor description for the reference condition, beta-thalassaemia, was incorporated within each health state. The descriptions were validated by 5 UK clinicians. Neither health state made reference to the associated drug name. Mean utilities were estimated and 95% confidence intervals calculated using bootstrapping sampling and estimation. The Wilcoxon Signed-Rank Test was used to test significant differences between the health state mean utility values. RESULTS: A representative cross sectional sample of 120 respondents from the UK population participated in the TTO exercise. Analysis was performed for 115 respondents (5 responses were excluded due to lack of understanding of the exercise). 54% were female, 76% aged 21–60 years. Mean utility for the oral ICT health state was 0.84 (SD: 0.17) compared to 0.66 (SD: 0.21) for the subcutaneous infusion ICT health state. There was a mean difference of 0.17 (95% CI: 0.147, 0.214) in utility values between the health states (p < 0.0001). The utility results are consistent with those from a similarly designed Australian study. CONCLUSION: From a societal perspective the utility benefit associated with once daily oral ICT for chronic iron overload is significantly greater relative to current standard subcutaneous treatment. This data can be used in cost-utility analyses comparing oral Deferasirox and current standard care desferrioxamine.

**PHM22**

PATIENTS’, PHYSICIANS’ AND PHARMACISTS’ PREFERENCES TOWARDS COAGULATION FACTOR CONCENTRATES TO TREAT PATIENTS WITH INHIBITORS: A DISCRETE CHOICE EXPERIMENT

Borghetti F1, Scalone L1, Gringeri A2, V.Mackensen S3, Mantovani LG4

1Center of Pharmacoeconomics, University of Milan, Milan, Italy, 2Regina Elena Hosp. and Univ. of Milan, Milan, Italy, 3University Medical Centre Hamburg-Eppendorf, Hamburg, Germany, 4University of Naples, Federico II, Naples, Italy

OBJECTIVES: The management of haemophilia when patients develop inhibitors is particularly complex and costly. Although the advances of modern technologies, no agreement still exists on how to optimally treat these patients. Treatment of haemophilia is result of interactions between patients, physicians, pharmacists and budget holders, each carrying their own set of preferences. This study was conducted to evaluate preferences toward possible coagulation factor concentrates used in patients with inhibi-