DISCORDANT DIAGNOSES IN SARCOMA, GIST AND DESMOID TUMOUR IN FRANCE: RESULTS FROM THE NETWORK RRePS

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OBJECTIVES: Major discordant diagnoses may have strong impact on therapeutic management. The objective was to be able to attribute the cost of these discordant diagnoses to sarcoma patients included in the data warehouse (DENALI), which matches with a probabilistic linkage database (BC) at any stage from a large population-based study.

RESULTS: 3621 patients were included in the study. 438 patients (12%) had a major discordant diagnosis: sarcoma versus benign lesion, sarcoma versus malignant non sarcoma tumor, gastrointestinal stromal tumors (GIST) versus non GIST, and desmoid tumor versus non desmoid tumor. Patient and disease characteristics were described. Logistic regressions were used in order to define predictive factors of major discordance.

CONCLUSIONS: From the National Health Service’s perspective (NHS), DENALI shows to be an efficient instrument combining administrative databases to accurately estimate the burden of BC.

A COMPARISON OF PATIENT AND GENERAL-POPULATION UTILITY VALUES FOR ADVANCED MELANOMA IN HEALTH ECONOMIC MODELLING

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OBJECTIVES: Health-related quality of life (HRQoL) is an essential part of health technology assessment. Without this Quality Adjusted Life Years cannot be calculated. The objective of this study was to compare utilities calculated for patients with advanced melanoma in the Phase III clinical trial for ipilimumab (MDX010-20) with utilities produced by vignettes for advanced melanoma valued by the general population. A comparison was made between standard “market-based” utilities and those based on the time elapsed between the utility measurement and the patient’s death. METHODS: Utilities from the trial were generated using the EORTC-8D and SF-6D preference-based measures. Analyses by progress status and time to death were conducted on patient-level data, and the prognostic value of the methods was assessed. Patient-level results were then compared with the utilities derived for progressive and non-progressive disease in a separate vignette study. RESULTS: SF-6D and EORTC-8D showed a substantial decrease in utility in the 180 days before the patient’s death (from 0.83 to 0.63 and from 0.66 to 0.51, respectively), which is not consistent with the use of standard Markov progression-based, health-state modelling. Time to death showed a lower Root Mean Squared Error and higher R2 when used to predict patient utility, demonstrating that they appear to be a more accurate assessment of HRQL. Utilities taken from patients before the 180 days showed a larger decrease on disease progression (from 0.77 to 0.59) than the generic SF-6D (from 0.64 to 0.62) or condition-specific EORTC-8D (from 0.80 to 0.76). CONCLUSIONS: Although most oncology modelling is based around disease progression, this may not always be appropriate because the time to a patient’s death appears to be a more accurate predictor of HRQL. This has implications for the analysis of utility information in future cost-effectiveness studies as well as the modelling methods used for oncology treatments and health technology assessments.

CLINICAL OUTCOMES STUDY METHODOLOGICAL CHALLENGES

C1A A MULTICRITERIA APPROACH FOR EVALUATING HEALTH-RELATED QUALITY-OF-LIFE

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OBJECTIVES: The main aim of this paper is to develop a new approach for analyzing EQ-SD data based on the principles of multicriteria analysis. A data set of 71 patients after lumbar discectomy has been used in order to illustrate the applicability of the model. METHODS: The proposed approach is an ordinal regression model for measuring and analyzing EQ-SD data. The main objective of the model is the aggregation of individual judgments into a collective value function. The proposed approach provides a series of normalized average indices for each one of the dimensions of the EQ-SD instrument, as well as a set of perceptual maps. These results include: average satisfaction, demanding, and improvement indices, as well as action and improvement results. RESULTS: The analysis of the sample revealed a relatively high satisfaction level (84.65%) and relatively high satisfaction thresholds for all dimensions. Conclusions: The analysis of the EQ-SD questions shows that patients are very satisfied regarding the dimensions of self-care (95.67%) and pain/discomfort (95.63%). On the other hand, the lowest health status score refers to the dimension of energy/fatigue (24%). The weights of these five dimensions are additional results of the proposed model. Based on this particular sample, the results show that the most important factor is the anxiety/depression (32.11%), following by the dimensions of mobility (21.23%) and usual activities (19.16%). Combining these results, the action approach reveals a gap regarding the perceptions of the particular health status dimensions. CONCLUSIONS: The main advantage of the method is the ability to consider the qualitative (ordinal) nature of the input information. In addition, the provided results are rich enough to give a clearer view about the patient’s health status.

CL2 STATISTICAL CONSIDERATIONS IN ESTIMATING SURVIVAL FOR ECONOMIC EVALUATIONS IN ONCOLOGY

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OBJECTIVES: To assess the epidemiologic and economic burden of breast cancer. (BC) at any stage from a large population-based study. METHODS: Lombardy Region includes 9.9 million inhabitants. Eligible patients were identified through a data warehouse (DENALI), which matches with a probabilistic linkage demographic, clinical and economic data of different Healthcare Administrative databases. All female individuals who had a first hospital discharge with a ICD-9 CM code 174-XX from 1st January 2004 were selected and followed up to 5 years. These subjects were considered incident patients since they had no cause-specific hospitalizations during 2000-2003 period. We calculated yearly incidence, mortality and health care costs (hospitalizations, drugs and outpatient examinations/visits) from the National Health Service’s perspective (NHS). RESULTS: A total of 50,868 eligible subjects (mean age:55.5±16.2 years) were identified. Incidence rates were homogeneously distributed during the period from 4,2% in 2005, 20.1% in 1995, 19.7% in 2006, and 19.4% and 20.2 in 2007 and 2008. During the 2005-2008 period, the mean cost/patient-year for incident and prevalent cases were: 12,976€ versus 4,428€ in 2005, 13,047€ versus 4,236€ in 2006, 14,742€ versus 4,409€ in 2007, 15,674€ versus 4,364€ in 2008. Of the total cost of incident patients, hospitalizations were the factors (70%), followed by hospitalizations and outpatients claims, contributing to 16.3% and 16.2%, respectively. The driver of total costs in prevalent patients was drugs (41.1%), followed by hospitalizations and outpatients claims, contributing to 27.1% and 10.3% respectively. 44.6 deaths/1,000 patients-year were estimated with a probability of survival equals to 80% after 5 years from the index date. CONCLUSIONS: The high epidemiological and economic burden of BC, indicates the primary importance in monitoring the developing of the disease from the NHS’s perspective. DENALI shows to be an efficient instrument combining administrative databases to accurately estimate the burden of BC.