receive a detailed overview of the registry concept and implementation, emphasizing its research value as well as its potential role in support of new product development and marketing and in the development and testing of disease management programs. A case study of a successful registry in the field of asthma will be used to illustrate general principles and methods.

**SELECTING HEALTH-RELATED QUALITY-OF-LIFE MEASURES: FIRST PRINCIPLES**

Erickson P, 1,2

1 Penn State University, State College, PA, USA; 2 The On-Line Guide to Quality-of-Life Assessment (OLGA), State College, PA, USA

**WORKSHOP OBJECTIVE:** The purpose of this workshop is to develop skills for evaluating alternative measurement strategies for assessing health outcomes and health-related quality of life in clinical trials and pharmacoeconomic studies. A key to having an assessment strategy that leads to meaningful results is the selection of instruments that measure domains of health-related quality of life that are relevant for the purpose of study and target population. We will present and discuss an approach for systematically evaluating questionnaires, rating scales and classification systems for use, singly or in combination, in different types of studies.

**PARTICIPANTS WHO WOULD BENEFIT:** Pharmacoeconomic and health outcomes researchers who want to increase their understanding of the issues involved in selecting meaningful and responsive quality of life instruments for use in clinical trials and other evaluative studies.

Health outcomes and quality-of-life assessment is becoming increasingly important in the evaluation of pharmaceutical products, in terms of labeling claims and product promotion as well as in terms of formulary decisions. Each of these applications requires an assessment strategy that provides information relevant for decision-making. How is a successful assessment strategy developed? What criteria, including reliability, validity and responsiveness, should be used when evaluating instruments for use in a clinical trial or pharmacoeconomic study? This workshop will address these questions and introduce an analytic framework that participants can apply in their daily experience.

**THE ROLE OF HEALTH STATE EXPERIENCE IN LONGITUDINAL CONJOINT ANALYSIS OF PATIENT PREFERENCES**

Bingham M, Smith G

Triangle Economic Research, Durham, NC, USA

**OBJECTIVES:** Estimates developed from preference-based pharmacoeconomic studies may be influenced by a patient’s experience with particular health states. This workshop addresses methodologies and practical aspects in designing and analyzing conjoint style pharmacoeconomic studies that control for and evaluate the importance of these factors.

**PARTICIPANTS WHO WOULD BENEFIT:** Researchers who are involved in the design, execution, or commission of conjoint studies of patient preferences.

Estimates developed from preference-based pharmacoeconomic studies may be influenced by a patient’s experience with particular health states. This workshop addresses methodologies and practical aspects in designing and analyzing conjoint style pharmacoeconomic studies that control for and evaluate the importance of these factors. Pharmacoeconomics research has seen an increasing number of studies that estimate the relative importance patients place on individual pharmaceutical attributes. Attributes may include disease and treatment related health states as well as drug features such as administration frequency and cost. Conjoint analysis is the primary tool employed in these studies. Currently, these studies do not recognize the possible importance of patient experience and current health status on preference estimates. For example, experience with a particular health-state may influence a study subject’s willingness-to-pay to avoid that state. Explicitly considering the role of such factors may provide important information such as indications of a study’s validity. At worst, ignoring the role of experience in preference formation could bias study results. In this workshop, participants will learn methods for incorporating health-status data into conjoint style stated-preference studies. Participants will consider a variety of potential situations and solutions through an interactive exercise. However, the workshop will focus primarily on employing the longitudinal health-status and preference data that is available when a conjoint survey is administered over the course of a randomized controlled trial (RCT). The presenters will use a recent study to motivate an interactive discussion of methodology, survey design, and analytical techniques in this context.