impairment, and numerically greater decreases in absenteeism, versus placebo at all study weeks. Differences relative to placebo in change from baseline to Week 26 were -0.3% for absenteeism (NS), -5.9% for presenteeism, -7.5% for overall work productivity loss, and -6.7% for daily activity impairment (all 3 $P<0.05$). Assuming a 40-hour work week, linaclotide reduced overall work productivity loss by 3.0 hours/week at Week 26. This translates to 156 hours/year which, based on average US wages, corresponds to an avoided overall work loss of $93 per patient/week or $4,861 per patient/year. **CONCLUSIONS:** Compared with placebo, once-daily linaclotide treatment significantly reduced overall work productivity loss and activity impairment among IBS-C patients, with improvements seen at all measured time points over 26 weeks of treatment.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PGI22
INFLIXIMAB THERAPY ADHERENCE DIFFERENCES BY SITE OF CARE AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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OBJECTIVES: To examine the association between adherence and site of care among individuals with inflammatory bowel disease (IBD) treated with infliximab. **METHODS:** Adult patients with new claim(s) for infliximab (no claims for at least 360 days) between January 1, 2006 to December 31, 2009 and ≥2 IBD diagnoses of Crohn's disease (CD; ICD-9-CM: 555.XX) or ulcerative colitis (UC; ICD-9-CM: 556.XX) were identified from *Thomas Reuters Marketscan® Databases*. Patients were required to be continuously enrolled for 12 months before and after infliximab initiation (index date). Patients with evidence of another biologic or rheumatoid arthritis (ICD-9-CM: 714.XX) were excluded. Being adherent was defined as having an infliximab medication possession ratio (MPR) of ≥80%. MPR was calculated as the sum of unduplicated days of therapy based on infusion dates and duration of action from prescribing information, divided by 360 days. Site of care was obtained from the first infliximab infusion claim. Sites were divided into three settings: office, outpatient hospital and "other" (e.g., home, ER). Odds of being adherent versus non-adherent were compared for these settings in a logistic model controlling for patient characteristics and resource use variables. **RESULTS:** 1646 IBD patients were identified; 57.4% CD and 42.6% UC. The mean (SD) age was 44.4 (15.6) years and 51.7% were male. On index, 1,052 (63.9%) patients had a site of care for office on their first infliximab infusion claim, 510 (31.0%) had outpatient hospital, and 84 (5.1%) had "other". Patients in the office setting had greater odds of being adherent relative to outpatient hospital (p<0.0001; OR 2.5, 95% CI [1.9, 3.2]) and 'other' (p=0.0039; OR 2.1, 95% CI [1.3, 3.4]). Outpatient hospital was not significantly different than the 'other' location (p=0.5204). **CONCLUSIONS:** Findings suggest that having an office site of care is associated with increased infliximab adherence relative to the outpatient hospital setting.

PGI23
RELATIVE ADHERENCE ACROSS SITES-OF-CARE FOR INFLIXIMAB PATIENTS WITH CROHN'S DISEASE

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OBJECTIVES: To describe adherence in Crohn's disease (CD) patients receiving infliximab (IFX) by site-of-care (SOC). **METHODS:** The Humana claims database was utilized to identify patients aged 18-89 with CD newly initiating IFX treatment between 7/1/2007 and 7/31/2011. Index date was the date of first IFX claim; 6 months pre- and 12 month post-index were required. Medication Possession Ratio (MPR) was calculated as [sum days' supply of IFX based on infusion dates and assumed duration of action]/[sum days' between first infusion and last days supply of last infusion]; therefore patients required ≥2 infusions. SOC types included physician office, outpatient hospital department, and ambulatory infusion centers. SOC was classified as ≥75% of infusions from one site; patients without a majority of infusions from one site were classified as mixed-site. **RESULTS:** A total of 173 patients were identified; 156 had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and 53.8% had Commercial coverage. Hospital outpatient (48.0%) and physician office (36.4%) were the most common SOC for index dose; among those who reached the maintenance phase, this same trend was observed. Mean MPR was similar across SOC (range 0.8 to 0.9, p-value 0.4412). Further, the proportion of patients considered adherent (≥80% MPR) was 72.4% among patients with physician office as primary SOC. The proportion of patients with ≥80% MPR in the other site types were similar to that of physician office patients (61.3%, 71.4%, and 81.0% for hospital outpatient, ambulatory infusion centers, and mixed site, respectively; p-value=NS). **CONCLUSIONS:** IFX adherence rates among CD patients did not vary significantly across different sites of care. Research evaluating other factors, such as patients' preferences and satisfaction, may be useful in further characterizing available sites of care and supporting optimal site of care selection.

PGI24
HEALTH CARE COSTS BY LEVEL OF ADHERENCE FOR INFLIXIMAB PATIENTS WITH CROHN'S DISEASE

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OBJECTIVES: To describe health care costs among Crohn's disease (CD) patients receiving infliximab (IFX) by different adherence thresholds. **METHODS:** The Humana claims database was utilized to identify patients aged 18-89 with CD newly initiating IFX treatment between 7/1/2007 and 7/31/2011. Index date was the date of first IFX claim; 6 months pre- and 12 months post-index were required. Medication Possession Ratio (MPR) was calculated as [total days on IFX therapy based on infusion dates and assumed duration of action/360 days]; at least two infusions were required. MPR thresholds of ≥80% and ≥60% were used to classify adherent patients. All-cause and CD-related costs per patient per month by place of service were calculated, adjusted to 2011 dollars. **RESULTS:** A total of 173 patients were identified, 156 of which had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and 53.8% had Commercial coverage. Across the MPR thresholds, adherent patients had significantly higher all-cause physician office visit costs, and lower other outpatient visit, emergency department and hospitalization costs than non-adherent patients. CD-related costs showed similar trends for physician office visit, other outpatient visit and hospitalization costs. IBD-drug related costs were significantly higher in the adherent group; all-cause pharmacy costs were similar between those adherent and non-adherent. Total CD-related costs were higher among adherent patients (80% MPR, $2532.5(±1439.8) vs. $1949.3(±1395.1), p-value 0.0002), while total all-cause costs were similar between groups (80% MPR, $3236.(±1717.0) vs. $3084.8(±1859.4), p-value 0.2564). **CONCLUSIONS:** Although adherent patients have higher physician office visit and IBD-drug related costs, hospitalization cost was significantly higher for non-adherent patients resulting in similar total all-cause costs for both the adherent and non-adherent groups. Further research should quantify the clinical value of greater adherence against this backdrop of cost neutrality.

PGI25
PATIENT PREFERENCE OF OSTOMY POUCHING SYSTEMS – FOCUS GROUP INTERVIEWS WITH STOMA CARE PATIENTS

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OBJECTIVES: There is little research regarding the cost effectiveness of ostomy pouching systems. There is also limited evidence regarding the patient preferences of these devices. The aim was to investigate the patient preferences of individual characteristics of ostomy pouching systems. The aim was also to rank these characteristics based on patient preferences. **METHODS:** All ostomy pouching systems, within the Swedish reimbursement system, were documented and their individual characteristics (i.e. properties of the filter, base plate and pouch material etc) identified both for closed-end and open-end bags. The significance of the identified characteristics was validated by a group of stoma nurses and experts. A pilot test of the interview guide for the focus group interviews were also held, resulting in small changes of the guide. Stoma nurses at nine different clinics in in different areas of Sweden consecutively asked stoma patients to participate. Patients were included if they gave oral and written consent, had a colostomy or ileostomy for at least one year. The patients were requested, together with the other participants in the focus group, to rank these individual characteristics of the ostomy pouching systems. **RESULTS:** In total, 53 patients were included in the nine focus groups performed (one from each of the nine participating clinics). The top ranked patient preferences regarding closed-end bags were that the filter should reduce smell and should not leak but also that the base plate has good adhesive properties as well as being skin friendly. The top ranked patient preferences regarding open-end bags were also that the filter should reduce smell and should not leak. The bag should be easy to empty but also that the base plate has good adhesive properties as well as being skin friendly. **CONCLUSIONS:** The top-ranked patient preferences were mainly characteristics regarding the filter and base plate.

PGI26
FACTORS ASSOCIATED WITH LARGE INCREASES IN SELF-REPORTED HEALTH STATUS IN INFLIXIMAB-TREATED INFLAMMATORY BOWEL DISEASE PATIENTS: RESULTS FROM THE BIOADVANCE SURVEY

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OBJECTIVES: Canadian inflammatory bowel disease (IBD) patients treated with infliximab are predominantly managed through a nationwide case management system, named BioAdvance, providing access to care, educational tools, supplies and assistance programs. The aim of this study was to identify underlying factors that were associated with positive changes in health outcomes. **METHODS:** Between August 1 and September 30, 2012, a web-based survey was provided to patients currently receiving infliximab therapy within BioAdvance. The cross-sectional survey included items on demographic, disease characteristics, services usage and preference, and perception of health and work absenteeism. Patients were categorized according to health trajectories: declined in health (decliners), no improvement (non-changers), moderate improvement and large improvements (strong increasers). Multivariable multinomial logistic regression was used to determine which factors were associated with different health trajectories. **RESULTS:** 918 of 1160 respondents were IBD patients reporting health status. Patients were treated for Crohn's disease [CD] (66.1%), Ulcerative Colitis [UC] (26.6%) or 2 or more conditions (7.3%). Strong increasers were most prevalent (53.2%) and decliners least prevalent (3.7%). Strong increasers were more likely to use educational tools than non-changers (adjusted odds ratio [aOR]: 1.65; 95% confidence interval [CI]: 1.03-2.64), to be treated for UC than CD (aOR: 2.05; 95%CI: 1.16-3.64) and to perceive BioAdvance as important (aOR: 2.52; 95%CI: 1.56-4.09). There were no factors distinguishing decliners from non-changers. Younger patients were less likely to miss workdays, as were French speaking patients and, consistent health trajectories, patients treated for UC (aOR: 0.68; 95%CI: 0.47-0.97). Patients were more likely to have missed workdays prior to joining BioAdvance (aOR: 2.76; 95%CI: 2.02-3.76). **CONCLUSIONS:** IBD patients receiving infliximab within the nationwide case management system report a positive impact on health status and absenteeism. Our study identified factors about the program that aremore impactful (educational tools) and patient factors that could improve program outcomes.