

especially in comparative and longitudinal studies is recommended in order to enhance use of BQ in clinical decision making around BR modalities.

PCN201

PATIENTS' PRIORITIES IN THE TREATMENT OF NEUROENDOCRINE TUMORS: AN ANALYTIC HIERARCHY PROCESS

Mühlbacher AC, Juhnke C, Kaczynski A

Hochschule Neubrandenburg, Neubrandenburg, Germany

OBJECTIVES: Neuroendocrine tumors (NET) are relatively rare, usually slow-growing malignant tumors. So far there is no data on the patient preferences/priorities regarding the therapy of NET. This empirical study aimed at the elicitation of patient priorities in the drug treatment of NET. **METHODS:** Qualitative patient interviews (N=9) were conducted. To elicit patient's perspective regarding various treatment aspects of NET a self-administered questionnaire using Analytic Hierarchy Process (AHP) was developed. The data collection was carried out using paper questionnaires supported by an item response system in a group discussion. To evaluate the patient-relevant outcomes, the eigenvector method was applied. **RESULTS:** N=24 patients, experts and relatives participated in the AHP survey. In the AHP all respondents had clear priorities for all considered attributes. The attribute "overall survival" was the most significant feature of a drug therapy for all respondents. As in the qualitative interviews, "efficacy attributes" dominated the side effects in the AHP as well. The evaluation of all participants thus showed the attributes "overall survival" (Wglobal: 0.418), "progression free survival" (Wglobal: 0.172) and "response to treatment" (Wglobal: 0.161) to be most relevant. "Occurrence of abdominal pain" (Wglobal: 0.051) was ranked last, with "tiredness/fatigue" and "risk of a hypoglycemia" (Wglobal: 0.034) on a shared seventh place. **CONCLUSIONS:** The results thus provide evidence about how much influence a treatment capacity has on therapeutic decision. Using the AHP major aspects of drug therapy from the perspective of those affected were captured, and positive and negative therapeutic properties could be related against each other. Based on the assessment of the patient's perspective further investigation must elicit patient preferences for NET drug therapy. In the context of a discrete choice experiment or another choice-based method of preference measurement, the results obtained here can be validated and the therapeutic features weighted according to their preferability.

PCN202

WHAT RELAPSED/REFRACTORY CLL/MCL TREATMENT OUTCOMES DO GERMAN PATIENTS AND PHYSICIANS FIND MOST IMPORTANT? RESULTS FROM QUALITATIVE INTERVIEWS

Gaudig M¹, Ireland S², Musingarimi P², Jackson C³, Tweats E³, Eriksson JA⁴, Landfeldt E⁴

¹Janssen, Neuss, Germany, ²Janssen, High Wycombe, UK, ³Adelphi Research UK, Bollington, UK,

⁴OptumInsight, Stockholm, Sweden

OBJECTIVES: Despite the availability of a wide number of treatments for relapsed/refractory (r/r) chronic lymphocytic leukemia (CLL) and r/r mantle cell lymphoma (MCL), no standard of care has emerged. There are no studies evaluating preferences for treatment outcomes for r/r CLL and r/r MCL. This study was designed to elicit preferences for r/r MCL and r/r CLL treatment outcomes among patients, the general public and physicians experienced in treating CLL/MCL in Germany. **METHODS:** Interviews (90 minutes) in German of 6 CLL/6 MCL hematologists, 6 r/r CLL and 5 r/r MCL patients were conducted (total 23 interviews). Participants were asked to state their most important treatment outcomes. Transcripts were translated to English and analyzed by counting the number of times each outcome was mentioned. We present here results of patient and physician preferences. **RESULTS:** r/r CLL patients mention overall survival (OS; 5 counts), mode of treatment administration (4), quality of life (QOL) aspects (4) and progression free survival (PFS) disease control (4). A tolerable side effect (SE) profile/controlling disease symptoms was mentioned by 3 patients. Other treatment outcomes were infections, nausea (2 each), fatigue, weight loss, pain, fever, polyneuropathy and long treatment intervals (1 each). CLL physicians mentioned OS (4), QOL (4) and PFS (4). r/r MCL patients mentioned efficacy benefits such as cure (4) and OS (2), PFS (1); various QOL aspects (5) and a tolerable SE profile/controlling disease (3). Other treatment outcomes were long-term organ damage (2), hair loss, nausea and night sweat (1 each). MCL physicians mentioned OS (6), QOL (5) and a tolerable SE profile (4). **CONCLUSIONS:** Extending life, disease control, maintaining QOL and avoiding SE are important r/r MCL/CLL treatment outcomes to German patients and physicians.

PCN203

PATIENTS' PREFERENCES IN LATE STAGE TREATMENT OF NON-SMALL-CELL LUNG CANCER: A DISCRETE-CHOICE EXPERIMENT

Mühlbacher AC¹, Bethge S²

¹University of Applied Sciences Neubrandenburg, Neubrandenburg, Germany, ²Hochschule Neubrandenburg, Neubrandenburg, Germany

OBJECTIVES: Lung cancer is a major cause of cancer-related deaths and thus represents a global health problem. To date, decisions on which treatment to use are often driven by health care professionals' opinions. The perspective of patients with metastatic non-small cell lung cancer (NSCLC) on the importance of different treatment criteria and the ranking of these decision criteria are rarely taken into consideration. Aim of the study is the evaluation of patients' preferences for different treatment characteristics of NSCLC patients. **METHODS:** The literature review and 10 qualitative interviews revealed seven patient-relevant treatment attributes. A Discrete-Choice Experiment (DCE) was used to rank the patient-relevant treatment characteristics. The DCE was conducted using a fractional factorial design (Ngen) and the statistical data analysis used random effect logit and GLLAMM latent class models for subgroup identification. **RESULTS:** In total N=211 patients with metastatic NSCLC participated in the computer-assisted personal interviews. The estimation revealed a clear dominance for "progression-free survival" (coef.: 1.087) and "tumor-associated symptoms (cough, shortness of breath and pain)" (coef.: 1.090), followed by the side effects: "nausea and vomiting" (coef.: 0.605), "rash" (coef.: 0.432), "diarrhea" (coef.: 0.427) and "tiredness and fatigue" (coef.: 0.423). The "mode

of administration" was less important for participants (coef.: 0.141). **CONCLUSIONS:** "Progression-free survival" and "tumor-associated symptoms" were identified as key patient-relevant characteristics in this study. The sole consideration of the "progression-free survival" as foundation for decisions is not sufficient from the patients' perspective and multiple criteria are important. Subgroup analysis revealed that the importance of "progression-free survival" increases with increased therapy experience. Basically, the results give insight into how much a deciding factor affects the treatment decision from the perspective of patients. In addition, the results of this survey can provide a basis for patient-oriented evaluation of treatment options in NSCLC.

PCN204

CARER PERCEIVED BURDEN AS A PREDICTOR OF HEALTH-RELATED QUALITY OF LIFE: THE CASE OF COLORECTAL CANCER

Hanly P¹, Maguire R¹, Hyland P¹, Sharp L²

¹National College of Ireland, Dublin, Ireland, ²National Cancer Registry Ireland, Cork, Ireland

OBJECTIVES: This study aimed to (i) investigate the impact of subjective and objective factors on colorectal cancer carer physical and mental health, and (ii) identify key subjective burden predictors of these two domains. **METHODS:** 228 colorectal cancer survivors diagnosed October 2007–September 2009 nominated an informal carer. Carers were posted a questionnaire which included questions on socio-demographic characteristics, relationship with the care recipient, the caregiver reaction assessment (CRA) scale and the SF-12v2. Multivariate linear regression was used to assess whether five CRA domains (family support, finances, schedule and health, esteem) predicted carer mental or physical health, controlling for age and other confounders. **RESULTS:** 153 carers (82% female) completed the questionnaire (response rate = 68%). Carers' mean physical component score (PCS) was 48.56 (SD=10.38) and mean mental component score (MCS) was 49.22 (SD=9.7). The most negatively affected CRA domain was disrupted schedule (mean=3.0), followed by financial problems (mean=2.4), health problems (mean=2.3) and lack of family support (mean=2.0). Multiple regression analysis showed health burden was the strongest predictor ($\beta = -.54, p < .001$) of carer PCS, followed by having a comorbid condition ($\beta = -.34, p < .001$), age ($\beta = -.33, p < .001$) and schedule burden ($\beta = .25, p = .008$). MCS was significantly predicted by financial problems ($\beta = -.20, p = .02$), age ($\beta = -.16, p = .05$) and esteem ($\beta = -.16, p = .05$). **CONCLUSIONS:** Our results demonstrate the need to recognise the different aspects of the impact of caring on caregivers (i.e. physical and mental), and that different domains of subjective caregiver burden impact differently on each of these.

PCN205

IMPACT OF BRAIN METASTASES ON QUALITY OF LIFE AND ESTIMATED LIFE EXPECTANCY IN PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER

Roughley A¹, Damonte E², Taylor-Stokes G¹, Rider A¹, Munk VC²

¹Adelphi Real World, Macclesfield, UK, ²Roche, Basel, Switzerland

The majority of patients with Non-Small Cell Lung Cancer (NSCLC) are diagnosed with advanced disease (Stage IV). The site of the metastasis as well as the underlying disease influences the outcome and the patient's quality of life. **OBJECTIVES:** To evaluate the impact of brain metastases compared with other metastatic sites on health-related quality of life (EQ-5D) and physician-perceived life expectancy in stage IV NSCLC patients. **METHODS:** Data were drawn from the Adelphi NSCLC Disease-Specific Programme (DSP®), a cross-sectional survey of 120 pulmonologists and oncologists and their NSCLC patients conducted between July and September 2010 in France and Germany. Each physician completed detailed record forms on 10 advanced patients being actively treated for NSCLC. Patients were invited to complete an equivalent patient self-completion questionnaire (PSC) which included the EQ-5D. Analysis was conducted on patients with only one metastatic site, either brain, contralateral lung, adrenal gland, bone or liver. Mann-Whitney tests were used to assess the differences between metastatic sites. **RESULTS:** 498 patients with one metastatic site were identified of whom 325 (65%) completed a PSC. The higher the EQ-5D score the better the health state, EQ-5D was significantly lower for patients with brain metastases (mean 0.52, n=29) compared with contralateral lung metastases (0.69, n=111, p=0.0196); adrenal glands (0.83, n=43, p=0.0001) and liver (0.71, n=46, p=0.0191). No significant difference was observed between brain and bone metastases (0.53, n=92, p=0.8219). Estimated life expectancy was significantly shorter for brain metastases (25.3 weeks) compared with contralateral lung (50.5 weeks), bone (49.4 weeks), adrenal glands (48.7 weeks) and liver (44.9 weeks) (all p<0.01). **CONCLUSIONS:** The development of brain metastases in patients with advanced NSCLC is associated with a significant reduction in quality of life and estimated life expectancy compared with other metastatic sites.

PCN206

SKELETAL-RELATED EVENTS (SRES) IMPACT SIGNIFICANTLY THE HEALTH-RELATED QUALITY OF LIFE (HRQOL) OF CHEMO-NAIVE MEN WITH METASTATIC CASTRATION RESISTANT PROSTATE CANCER (mCRPC)

Ivanescu C¹, Phung D², Lorient Y³, Saad F⁴, Mansbach H⁵, Beer TM⁶, Tombal B⁷,

Holmstrom S⁸

¹Quintiles Consulting, Hoofddorp, The Netherlands, ²Astellas Pharma Global Development, Leiden, The Netherlands, ³Institut Gustave Roussy, University of Paris Sud, Villejuif, France, ⁴CHUM, Montreal, QC, Canada, ⁵Medivation, Inc, San Francisco, CA, USA, ⁶Oregon Health & Science University, Portland, OR, USA, ⁷Cliniques Universitaires Saint-Luc, Brussels, Belgium, ⁸HEOR, Astellas Pharma Global Development, Leiden, The Netherlands

OBJECTIVES: Men with mCRPC are at risk of experiencing SREs, defined as pathologic bone fracture ("fracture"), spinal cord compression ("compression"), and the need for radiotherapy or surgery to bone ("radiotherapy/surgery"). We examined the patient and clinical relevance of SREs for HRQoL in men with mCRPC. **METHODS:** We analysed data from patients experiencing any type of SRE (n=587; irrespective of treatment) in PREVAIL - a phase 3 trial of enzalutamide (n=872) vs. placebo (n=845) in asymptomatic/mildly symptomatic chemo-naïve mCRPC patients. For patients with multiple SREs, only the first event was included. HRQoL was assessed using the FACT-P and EQ-5D tools. Impact of first SRE on HRQoL was evaluated as follows: