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ABSTRACTS

ISPOR 7TH ASIA-PACIFIC CONFERENCE ABSTRACTS

RESEARCH PODIUM PRESENTATIONS – SESSION I

CANCER OUTCOMES STUDIES

CA1

TWO NEW CANCER-SPECIFIC MULTI-ATTRIBUTE UTILITY INSTRUMENTS: EORTC QLQ-C10D AND FACT-8D

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OBJECTIVES: To develop multi-attribute utility instruments (MAUIs) based on two widely used cancer-specific quality of life (QOL) instruments, the EORTC QLQ-C30 and FACT-G. **METHODS:** To determine the health state classification systems (HSCSs) for the two MAUIs, we conducted secondary analyses on pooled data from international sources (QLQ-C30, n=2616; FACT-G, n=6912), using established criteria to select a subset of dimensions and items for the HSCSs. These were then valued using discrete choice experiments (DCEs) administered to population-based online panels in Australia (QLU-C10D and FACT-8D), Germany and France (QLU-C10D), with quota-sampling to achieve representativeness by age and sex. Conditional logit models, allowing for intra-individual correlation, were estimated to generate country-specific value sets. **RESULTS:** Based on a suite of psychometric analyses and input from our multidisciplinary research team, HSCSs were devised for the QLQ-C30 (QLU-C10D, 10 dimensions: long/short walk, work limitations, depression, family/social, tiredness, nausea/vomiting, pain, sleep, appetite, constipation/diarrhoea) and the FACT-G (FACT-8D, 8 dimensions: nausea, pain, fatigue, sleep, work, worry condition will get worse, sad, family support). Four valuation surveys have been conducted in Australia (QLU-C10D, n=1791 and FACT-8D n=1471), Germany (QLU-C10D, n=1000) and France (QLU-C10D, n=1000). The results generally reflect the intended monotonic structure, extra years of life are viewed favourably, and movements away from no problems in each dimension are generally valued negatively. Results across countries are generally similar, but different enough to warrant country-specific value sets. **CONCLUSIONS:** An advantage of adapting existing QOL instruments into MAUIs is that this reduces patient burden prospectively and allows retrospective conduct of cost-utility analysis, based on previously collected QLQ-C30 or FACT-G data. These two new MAUIs allow direct valuation from widely used cancer-specific QOL instruments, and may be able to capture health states that are uniquely important in oncology – an assertion that must now be tested in head-to-head comparisons with generic MAUIs.

CA2

BREAST CANCER IN CHINA: ROOM FOR IMPROVED SCREENING

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OBJECTIVES: Screening for breast cancer can result in earlier diagnosis and better health outcomes, but screening tends to be less aggressive in China than in some other countries, such as the United States (US). This study was conducted to assess how outcomes differ among breast cancer survivors according to the presence of symptoms at diagnosis, and to compare stage of diagnosis across China and the United States (US). **METHODS:** Data for China were taken from the combined 2010–2015 National Health and Wellness Survey (NHWS) in China, and US data were taken from the NHWS in the US in 2015. The NHWS is an Internet-based self-reported survey administered to the adult population of the respective country. Those reporting physician diagnosis of breast cancer were asked which stage their breast cancer was diagnosed, and whether they experienced symptoms prior to being diagnosed. Health status during at the time of the survey was assessed using either SF-12v2 or SF-36v2 health survey. **RESULTS:** A total of 227 respondents in China had ever been diagnosed with breast cancer, of which 110 (48.9%) had experienced symptoms before being diagnosed. These respondents had lower mental component summary (39.9 vs. 43.0), physical component summary (43.8 vs. 47.4) and SF-6D health utility (0.66 vs. 0.73) (all p<0.05) than those who had not experienced symptoms by the time of diagnosis. Stage of diagnosis differed across countries (overall p<0.001), with the greatest difference being the percentage diagnosed at stage 0 (10.7% in China vs. 24.8% in US). **CONCLUSIONS:** Experience of symptoms at the time of breast cancer

diagnosis is associated with worse health-related quality of life among survivors in China. Combined with the later stage of diagnosis, these results suggest women in China could benefit from increased screening for breast cancer.

CA3

THE QUALITY OF PHARMACOECONOMIC PUBLICATIONS IN BREAST CANCER PHARMACOTHERAPIES IN CHINA

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OBJECTIVES: This study aims to critically appraise the reporting quality of pharmacoeconomic studies in breast cancer conducted in China and written in Chinese using Consolidated Health Economic Evaluation Reporting Standards (CHEERS) developed by ISPOR. **METHODS:** A literature search was done using three Chinese databases of CNKI, Wanfang and CQvip to identify economic evaluations of breast cancer treatments published in China during January 2003 to September 2015. Two independent reviewers assessed the reporting quality of studies using the CHEERS checklist with 24 items, and a third reviewer was called upon to resolve any disagreement. **RESULTS:** Of the 25 pharmacoeconomic studies included, 96% were cost-effectiveness analyses, including one cost-utility analysis. The main source of effectiveness data was medical records in 68% of studies, while other sources included clinical trials, expert opinions, and literature reviews. On average, 30% (range: 15%–63%) of the checklist items were met, however, 25% (11%–26%) items were not applicable, including “measurement and valuation of preference based outcomes”, “choice of model”, “assumptions”, synthesis-based “measurement of effectiveness”, and three model-related items. Excluding the non-applicable items, a mean of 40% (20%–71%) of the checklist items were met by an average study. Over 80% of criteria related to “Methods” section were not met, including “measurement of effectiveness”, “discount rate”, “study perspective”, and “estimating resources and costs”. Further, “characterising heterogeneity”, “study parameters”, and “characterising uncertainty” in “Results” section were seldom mentioned. Only two items, “setting and location” and “choice of health outcomes” were met by all studies. Other items reported by over 75% of studies included “abstract”, “target population and subgroups”, “comparators”, and “incremental costs and outcomes”. **CONCLUSIONS:** Pharmacoeconomic studies of breast cancer treatments published in Chinese language were found to have a low reporting quality, with insufficient information about input data sources, healthcare resource utilization and costs in the methods section in particular.

CA4

GENDER-SPECIFIC PATTERNS OF PRODUCTIVITY LOSS IN COLORECTAL CANCER SURVIVORS IN A MULTI-ETHNIC ASIAN POPULATION

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OBJECTIVES: Productivity loss contributes to the total economic burden of cancer. We aim to measure productivity loss of paid work in colorectal cancer (CRC) survivors in Singapore, and examine gender-specific patterns in the various productivity loss components. **METHODS:** We conducted a cross-sectional survey at the National Cancer Centre Singapore and Singapore General Hospital on CRC patients (Singapore citizen or resident, at least 21 years old, Stage I to IV, 3 weeks to 60 months post-diagnosis). Only patients with paid work at diagnosis were included in this analysis. Using relevant national statistics and survey data, we calculated productivity loss (2014 Singapore dollars) due to temporary morbidity (before and after return to work), presenteeism, permanent morbidity (reduced hours and premature retirement). Relevant statistical tests were used to compare differences between genders. **RESULTS:** The mean age at interview of the study population (n=147) was 58.7 (95% CI 57.3 to 60.1) years. Most were males (64.5%), of Chinese ethnicity (83.0%), and employed (72.8%). Clinical characteristics were fairly distributed (colon (50.3%) vs rectal (49.7%); Stages I & II (26.5%) vs III (35.4%) vs IV (38.1%)). Mean productivity loss was estimated to be SGD42,762 per patient (SGD36,861 (females) vs SGD45,992 (males), p=0.27), or SGD2,308 per patient per month (SGD1,946 (females) vs SGD2,506 (males), p=0.07). Females incurred a major proportion of their productivity loss due to temporary morbidity (before return to work) (46.5% (females) vs 24.8% (males), p=0.002) as a result of greater proportion of females taking leave in this category (75.0% (females) vs 52.6% (males), p=0.01) for a longer duration (mean: 4.9 months (females) vs 2.9 months (males), p=0.07). **CONCLUSIONS:** Although both male and female CRC patients suffer substantial productivity loss (ranging from SGD1,946–2,506 each month), the drivers of productivity loss differ. This has important implications for designing programmes and policies to support cancer survivors.