

invasive BC (MIBC), which is invasive and requires lifetime urinary diversion, was most commonly studied. In contrast, there is minimal literature on HRQoL of patients with advanced/metastatic urothelial BC and non-muscle invasive BC (NMIBC). Although longitudinal studies have been conducted in both MIBC and NMIBC, the interpretation of the results is hampered by study design issues (such as lack of baseline HRQoL data, insufficient follow-up duration, infrequent HRQoL assessment, and/or small sample sizes) and inconsistency in HRQoL instrument. **CONCLUSIONS:** While there is a substantial body of literature describing the impact of BC on HRQoL, particularly MIBC, methodological rigor is lacking, limiting interpretation and full assessment of the impact of BC by disease stage and treatment. Further, HRQoL assessment in NMIBC and advanced/metastatic disease is rare and warrants additional research effort.

#### PCN251

##### STRUCTURED REVIEW OF PATIENT QUALITY OF LIFE FOLLOWING DIAGNOSIS WITH PROSTATE CANCER

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**OBJECTIVES:** As new interventions and treatment decision aids for prostate cancer (PC) become available, health economic analyses will be required to evaluate their impact on health authorities and the burden of PC. An important aspect of this is understanding the quality of life (QoL) impact of PC, its comorbidities and treatments. **METHODS:** A structured literature review was undertaken, with searches conducted in PubMed, EMBASE, and the Cochrane Library. Literature review was concentrated on publications with a major focus on "Prostatic Neoplasms" or containing the term "Prostate Cancer". Secondary search criteria restricted results to contain information on quality of life, health state utilities, or recognized QOL questionnaires. To ensure that recent estimates were evaluated, literature was restricted to those published on or after January 1, 2009. Abstract screening was performed by a single reviewer, with included results checked for alignment with the protocol by two further reviewers. **RESULTS:** The mean QOL as measured using the EuroQOL 5-dimension questionnaire (EQ-5D) was reported to be 0.86 for PC. After diagnosis of PC, a 0.02 point drop in the mean EQ-5D score was reported in the first two months of treatment. QOL assessment tools used, however, varied considerably between studies impairing data synthesis and comparison. Adverse events were commonly associated with PC treatments and resulted in decreased patient QOL. Urinary and sexual function problems were of greatest importance to males undergoing treatment for PC. Erectile dysfunction was commonly reported and was present in 93.9% of men who received prostatectomy and radiotherapy. Nearly 14% of patients were willing to trade survival time for increased QOL. **CONCLUSIONS:** PC is associated with reduced patient QOL and a large determinant in the QOL decrement appears to be the PC treatment received and its associated adverse events. Patient willingness to trade survival and QOL has important health economic implications.

#### PCN252

##### HEALTH-RELATED QUALITY OF LIFE (HRQOL) BENEFITS OF ENZALUTAMIDE IN PATIENTS WITH METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC): AN IN-DEPTH ANALYSIS OF EQ-5D DATA FROM THE PREVAIL TRIAL

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**OBJECTIVES:** In the PREVAIL trial, enzalutamide improved survival and HRQOL in men with chemo-naïve mCRPC. This analysis provides additional in-depth insights into the effects of enzalutamide and placebo on EQ-5D dimensions in PREVAIL. **METHODS:** In PREVAIL, the EQ-5D self-report questionnaire and Visual Analogue Scale (VAS) were used to assess HRQOL and were reported up to study week 61. Dimensions of health states were used to generate a summary score (EQ-5D Index) based upon UK societal preference weights. Paretian Classification of Health Change (PCHC) and time to event analyses were also conducted. **RESULTS:** HRQOL deterioration (indicated by decreases in EQ-5D Index and VAS scores) was more gradual with enzalutamide versus placebo; reductions were significantly ( $p < 0.05$ ) smaller with enzalutamide in EQ-5D Index up to Week 37 and in EQ-VAS up to Week 61 (except Week 49). Benefits of enzalutamide were primarily in the Pain/Discomfort dimension, with significant between-group differences ( $p < 0.05$ ) through to Week 37. PCHC analysis showed a higher percentage of enzalutamide patients reporting improvements on EQ-5D dimensions up to Week 49 and a higher proportion of placebo patients reporting worsening up to week 25. Time to event analysis showed superiority of enzalutamide on time to shift from full health (state 1111) and time to first worsening on the Pain/Discomfort and Anxiety/Depression dimensions. At Week 61, of patients originally randomised to enzalutamide, 20.1% reported being in full health (state 1111), 28.2% reported no pain or discomfort, and 43.1% reported no anxiety/depression compared with 5.1%, 6.5%, and 10.2%, respectively, of placebo patients. **CONCLUSIONS:** In PREVAIL, as well as improving overall survival versus placebo, enzalutamide showed HRQOL benefits captured through EQ-5D Index and VAS scores, including benefits in the Pain and Discomfort dimension of EQ-5D, and reporting being in full health, having no pain/discomfort, or no anxiety/depression.

#### PCN253

##### PROGRESSIVE DISEASE DOES NOT IMPACT HRQOL IN PATIENTS RECEIVING NIVOLUMAB FOR THE TREATMENT OF UNRESECTABLE OR METASTATIC MELANOMA

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**OBJECTIVES:** The aim of this study was to establish baseline, pre-progression and post-progression health state utilities for nivolumab (NIVO) and dacarbazine (DTIC) for use in the economic evaluation of NIVO versus other interventions in unresectable stage 3 or stage 4 melanoma. **METHODS:** Utility data were collected during a phase III clinical trial study every 6 weeks via the EQ-5D-3L instrument and questionnaires scored using Australian specific weights within Microsoft Excel. Utility valuations and associated patient and disease data were exported to STATA 11.2. Descriptive statistics were generated, stratified by treatment, study epoch (screening, non-screening) and by progressive disease status. **RESULTS:** Two hundred and one and 208 patients were randomized to NIVO and DTIC respectively. Mean utilities for NIVO and DTIC respectively were: 0.78 (95% CI: 0.75,0.81) and 0.71 (95% CI: 0.67,0.75) at baseline; 0.84 (95% CI: 0.83,0.85) and 0.78 (95% CI: 0.76,0.81) prior to the development of progressive disease; and 0.83 (95% CI: 0.80,0.86) and 0.70 (95% CI: 0.66,0.74) following development of progressive disease. For those randomised to NIVO, development of progressive disease per RECIST v1.1 criteria did not significantly impact on utility (mean change=0.01,  $p=0.4618$ ). By contrast, for those randomised to DTIC, development of progressive disease per RECIST v1.1 criteria did significantly impact utility (mean change=0.08,  $p=0.0005$ ). **CONCLUSIONS:** These results provide Australian specific utility valuations by health state to inform the economic evaluation of NIVO versus other interventions in unresectable stage 3 or stage 4 melanoma. Notably, for those receiving NIVO, the development of progressive disease per RECIST v1.1 criteria did not have a significant impact on mean utility, suggesting the benefits of NIVO on HRQoL persist beyond traditional measures of disease progression, in contrast to DTIC which exhibits the expected reduction in utility following development of progressive disease

#### PCN254

##### QUALITY OF LIFE IN PATIENTS WITH BREAST CANCER IN SLOVAKIA

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**OBJECTIVES:** The standardized incidence of women breast cancer (BC) in Slovakia is 51,6/100 000 and has growing trend. There were diagnosed 2423 new cases in 2012 and 2639 new cases BC in Slovakia. BC has a great impact on quality of life (QoL). The objective of this paper was to find out the level of QoL in patients with BC in Slovakia. **METHODS:** The primary method used for the analysis of QoL was the combined questionnaire consisting of 5 parts: A. Demography (9 items), B. Clinical part (B1+B2, 17 items), C. Quality of life with dominant numeric scale (13 items), D. Socio-economic part (9 items), E. EQ-5D. There were 112 patients in the examined group from the 150 asked to fill the questionnaire. **RESULTS:** Present level of QoL was identified as 6,11 on the scale from 0 to 10, while in the time of the BC diagnosis it was 4,42. QoL was 8.22 in the time without BC and 8,73 in the total optimal state of health. Comparative to the QoL was examined the ability to work (AW) and so on the scale from 0 to 10. Present level of AW was identified as 5,40, while in the time of the BC diagnosis it was 4,44. AW was 8.41 in the time without BC and 9,00 in the total optimal state of health. The impact of treatment on QoL was 5,38 and the disease had impact 6,10 on family QoL. Disability was 77,35 days vs 16,45 opposite to disabilities days from other reasons. The average income was 379,58 € and the willingness to pay for 1 month of full health was in average 132 € per months. **CONCLUSIONS:** The disease had a significant impact on patients' QoL. The treatment of BC had a significant impact on increasing QoL of patients.

#### PCN255

##### QUALITY OF LIFE IN PATIENTS WITH KIDNEY CANCER IN SLOVAKIA

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**OBJECTIVES:** The standardized incidence of kidney cancer (KC) in Slovakia was 14,6/100 000 in men and 7,0/100 000 in women and has growing trend. There were diagnosed more than 800 new cases in 2013 of KC in Slovakia. The objective of this paper was to find out the level of QoL in patients with KC in Slovakia. **METHODS:** The primary method used for the analysis of QoL was the combined questionnaire consisting of 6 parts: A. Demography (9 items), B. Clinical part (B1+B2, 17 items), C. Quality of life with dominant numeric scale (13 items), D. Socio-economic part (9 items), E. EQ-5D (5 items), F. Symptoms of disease (9 items). There were 79 patients in the examined group from the 110 asked to fill the questionnaire. All patients were treated by surgery. **RESULTS:** Present level of QoL was identified as 6,32 on the scale from 0 to 10 (0 - the worst, 10 - the best), while in the time of the KC diagnosis it was 5,15. QoL was 7,86 in the time without BC and 8,82 in the total optimal state of health. Comparative to the QoL was examined the ability to work (AW), too. Present level of AW was identified as 6,02, while in the time of the BC diagnosis it was 5,44. AW was 8.25 in the time without KC and 9,06 in the total optimal state of health. The impact of treatment on QoL was 6,34 and the disease had impact 5,94 on family QoL. The average income was 456 € and the willingness to pay for 1 month was in average 270 € per months to be complete healthy. **CONCLUSIONS:** The disease had a significant impact on patients' QoL nad patient's family QoL, too. The treatment of BC had a significant impact on increasing QoL of patients.

#### PCN256

##### HEALTH PROFESSIONAL STUDENTS' WILLINGNESS TO PAY FOR HUMAN PAPILLOMAVIRUS VACCINATION AND FACTORS INFLUENCING THEIR DECISION IN MALAYSIA

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**OBJECTIVES:** Willingness-to-pay techniques are increasingly being applied in economic evaluation, as a means of assessing the value of new health care technologies. The objective of the present study was to assess the willingness to pay for Human Papillomavirus vaccination and factors influencing the willingness to pay among health professional students as health professionals play a vital role in human pap-