

electronic media (tablet-tablet), and a crossover group - half of which answered the tablet version before the paper questionnaire (tablet-paper), and the other half which answered the tablet version after the paper questionnaire (paper-tablet). There was a washout period of a minimum of 24 hours and maximum of 7 days between applications. The Intraclass Correlation Coefficient (ICC) and kappa coefficient were used to determine the agreement between methods. The level of significance was set at .05 for all analyses.

RESULTS:

Females predominated in all groups, and the mean age ranged from 41 to 44 years. In the crossover group the obtained ICC values were: .76 (CI .58-.89) for EQ-5D scores and .77 (CI .68-.84) for Visual Analogue Scale (VAS) scores in the tablet-paper subjects; .83 (CI .75-.89) for EQ-5D scores and .75 (CI .67-.85) for VAS scores in the paper-tablet subjects. In the test-retest group, the ICC values were .85 (CI .73-.91) for EQ-5D scores, .79 (CI .66-.87) for VAS scores. Kappa values were higher than .69 in test-retest group. Internal consistency was similar between methods.

CONCLUSIONS:

Paper and tablet versions of the EQ-5D were equivalent. Test-retest and crossover agreement was high and the acceptability of the methods was similar.

REFERENCES:

1. The EuroQol Group. EuroQol—a new facility for the measurement of health-related quality of life. *Health Policy*. 1990;16:199–208.
2. Brauer CA, Rosen AB, Greenberg D, Neumann PJ. Trends in the measurement of health utilities in published cost-utility analyses. *Value Health*. 2006;9(4):213-8.
3. Gwaltney CJ, Shields AL, Shiffman S. Equivalence of electronic and paper-and-pencil administration of patient-reported outcome measures: a meta-analytic review. *Value Health*. 2008;322-33.

PP039 Health Utility Values In Renal Cell Carcinoma: A Systematic Review

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INTRODUCTION:

Advanced or metastatic renal cell-carcinoma (RCC) is associated with poor health outcomes; in particular in those whose disease progressed after first line treatment. A literature review was conducted to elucidate evidence on health-related utility associated with advanced and metastatic RCC.

METHODS:

A systematic literature search from 2006 onwards (date of search: July 2016) was conducted for studies evaluating health-related quality of life (QoL) and utility outcomes. Searches included Medline, Embase, National Health Service (NHS) Economic Evaluation Database and HTA Database and were supplemented by free internet search for key European Health Technology Assessment reports. Publications were limited to 2006 onwards as previous research (1) revealed no prior relevant evidence.

RESULTS:

The search yielded 4,178 records. The selection process revealed seventy-eight relevant publications. Generic EuroQol (EQ)-5D scale was most commonly used. Health-state utilities were assessed for specific treatments and at different time points. Mean reported value for patients after failure of one prior systemic therapy ranged from .79 - .62. For patients without progression (on and off-treatment) reported utility values were in range from .80 - .63. Utility in stable patients with adverse events ranged from .71 - .47. For patients with progressive diseases, utility was reported from .71 - .36. Utility for interventions due to skeletal-related events in patients with bone metastasis was reported to range between .46 and .15.

CONCLUSIONS:

Identified evidence confirms advanced or metastatic RCC leads to significant detriment to patients health-related utility. Further research efforts are warranted to assess health-state utility beyond clinical trial assessment.

REFERENCES:

1. Thompson Coon J, Hoyle M, Green C, et al. Peninsula Technology Assessment Group (PenTAG). Bevacizumab, sorafenib tosylate, sunitinib and temsirolimus for renal cell carcinoma: A systematic review and economic evaluation [Internet]. 2008 May [cited 2016 Jun 28]. Available from: <https://www.nice.org.uk/guidance/TA178/documents/renal-cell-carcinoma-sunitinib-assessment-report2>

PP040 Hospitalization Costs In Schizophrenia: Long-acting Injectable Antipsychotics Versus Oral Antipsychotic Use

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INTRODUCTION:

Existing findings on effectiveness of long-acting injectable antipsychotics (LAIs) versus oral antipsychotics in preventing hospitalizations are inconclusive. This study was conducted to compare hospitalization costs between Medicaid patients diagnosed with schizophrenia who initiated a LAI and those who changed from one oral antipsychotic to another.

METHODS:

This retrospective cohort analysis used the Truven Health Analytics MarketScan® Medicaid claims database to study patients ≥ 18 years with schizophrenia. The two cohorts were: "LAI", defined as initiating LAI (no prior LAI

therapy) between 1 January 2013 and 30 June 2014; and "oral", defined as changing from one oral antipsychotic to another during the same period. The first day of LAI or the new oral antipsychotic was the index date. A linear regression model was conducted to estimate hospitalization costs.

RESULTS:

The final sample included 2,861 (36.7 percent) LAI and 4,926 (63.3 percent) oral users. Compared to oral users, LAI patients were younger (mean (Standard Deviation, SD): 39.9 (13.2) versus 42.7 (13.1); $p < .001$) and had a lower mean Charlson Comorbidity Index score (mean (SD): 1.1 (1.9) versus 1.7 (2.3); $p < .001$). Of the 877 LAI initiators and 1,688 oral users who were hospitalized during the 1-year post-index follow-up period, the unadjusted mean hospitalization costs for LAI and oral users were USD32,626 and USD36,048, respectively. After adjusting for patient demographic and clinical characteristics, baseline medication use, and baseline ED or hospitalizations, the adjusted average hospitalization costs were USD1,170 lower in LAI initiators than oral users. None of the unadjusted or adjusted differences were statistically significant.

CONCLUSIONS:

This real-world study suggests that among hospitalized patients, hospitalization costs are lower in LAI initiators than in oral antipsychotic users, although the difference is not statistically significant. Our study is limited as our results are reflective of a multi-state Medicaid population. Future studies are warranted to confirm the results in non-Medicaid patient populations.

PP041 Universal Coverage Through Innovative Telediagnosis Technology

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