

QOF targets; however, since across the UK predictive risk stratification tools for emergency admissions have been introduced alongside incentives to focus on patients at risk, we believe that our findings are generalizable.

VP133 Patient-Reported Health State Utilities In Neuroendocrine Tumours

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INTRODUCTION:

Gastroenteropancreatic neuroendocrine tumours (GEP-NETs) are rare cancers most often found in the gastrointestinal system or the pancreas. However, patient-reported health state utilities based on clinical trials have not been previously reported in this disease area.

METHODS:

The CLARINET study collected the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 data from patients in both stable and progressive disease states, although data for the latter were only available during the early stage of progression due to trial design. Using published algorithms, data were mapped to EQ-5D utility values. Random-effects generalized least squares models were used to investigate the impacts of progression status, tumour site and other patient characteristics on mapped utility values.

RESULTS:

In total, 1,053 observations from 204 patients were mapped to EuroQol (EQ-5D) utilities using the McKenzie mapping algorithm. The final random-effects model included age, gender, baseline utility and progression status as covariates; it was not feasible to investigate time-to-death utility due to a limited number of death in the CLARINET study. Tumour location (midgut versus

pancreas) does not seem to affect utility. However, the difference in utilities based on progression status is statistically significant ($p < .05$) in the base case analysis, and the estimated utilities for stable and progressive disease are .776 and .726, respectively. Furthermore, scenario analyses showed that utility for progressive disease is numerically lower than for stable disease, but this may not be statistically significant in some scenarios.

CONCLUSIONS:

Patients with GEP-NETs experience worse utility values in the progressive disease state compared to the stable disease state, based on patient-reported health-related quality of life (HRQL) data from the CLARINET study. The decline of utility in the progressive disease state may be underestimated because progressive HRQL data were only collected shortly after the progression event in the trial. The estimated trial-based utilities can be used in future economic evaluations for GEP-NET treatments and to provide more insights to physicians on patient-reported quality of life outcomes in GEP-NETs.

VP135 Clustering Surgical Indicators And Predictors Of Catastrophic Expenses

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INTRODUCTION:

Increasing access to surgical care is crucial in improving the general health status of a population. Despite studies indicating the cross-country differences of general health indicators, there is a scarcity of knowledge focusing on the cross-country differences of surgical indicators. This study aims to classify countries according to surgical care indicators and identify risk predictors of catastrophic surgical care expenditures.