health states were assessed using TTO and VAS. Based on a stratification sampling method, participants were selected to represent the population of South Korea. Paired t-tests and correlation were used to compare VAS and TTO. A generalized linear model was used to find the demographic factors influencing TTO values. **RESULTS:** A total of 126 participants, with an average age of 46.7 (±10.8) and of which 49.2% were women, were interviewed. The mean utility values using TTO were: 0.90(±0.08) for HS1; 0.22(±0.24) for HS2; 0.41(±0.26) for HS3; and 0.36(±0.26) for HS4. Significant mean value differences between TTO and VAS were found in HS2, HS3, and HS4; 0.108, 0.107 and 0.125 ($p<0.000$), respectively. Correlations between TTO and VAS were found in HS1, HS3 and HS4; $r=0.244$($p<0.01$), $r=0.263$($p<0.01$) and $r=0.189$($p<0.05$), respectively. Small variances in TTO were explained by VAS in HS1 (6%), HS3 (7%) and HS4 (4%). Demographic factors did not significantly affect TTO utility values. **CONCLUSIONS:** This study found that there were differences in myelofibrosis patient's utility values according to four different health states. Values measured by TTO and VAS were significantly different in HS2 through HS4, and weak correlations were found in HS1, HS3 and HS4. The findings could serve as a valuable resource for future research when comparing the impacts of previous and/or new treatments.

PCN161

CLINICIAN PREFERENCES FOR CANCER TREATMENT OUTCOMES: DOES PERSONALITY INFLUENCE CHOICE?

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OBJECTIVES: To (1) determine whether Conscientiousness or Agreeableness was associated with different treatment outcome preferences and (2) examine whether the choice between Dead and moderate or severe health differed by levels of personality traits. **METHODS:** An online survey was administered to a convenience sample of doctoral pharmacy students. Respondents completed a personality inventory to measure levels of Big Five personality traits (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, and Openness to Experience), then categorized by tertiles (low, moderate, high) for each trait. Treatment outcome preferences were quantified using profile-based (case 2) best-worst scaling (BWS) where profiles were described using the EQ-5D-Y descriptive system and framed with a hypothetical cancer scenario. In two additional items, respondents were asked to choose between Dead and moderate and severe health states. Count analysis obtained preference scores for each treatment outcome. Analysis of variance (ANOVA) and Kruskal-Wallis test (KWT) examined preference differences across Conscientiousness and Agreeableness tertiles. Logistic regression models evaluated the association between higher levels of Conscientiousness and Agreeableness and choosing Dead over the moderate and severe health states. **RESULTS:** A total of 185 respondents were recruited. Preferences were significantly different across Conscientiousness tertiles for "no problems" in Usual Activities (ANOVA $p=0.03$, KWT $p=0.06$), Pain/Discomfort, and "a lot of problems" in Pain/Discomfort (p-values <0.05). No differences in treatment preferences were observed across Agreeableness tertiles. Higher levels of personality traits were not significantly associated with choosing Dead over moderate health (Conscientiousness: odds ratio [OR] 3.9, 95%CI 0.4-34.7; Agreeableness: OR=0.2, 95%CI 0.02-1.7); nor severe health (Conscientiousness: OR 0.8, 95%CI 0.4-1.6; Agreeableness: OR 0.7, 95%CI 0.3-1.3). **CONCLUSIONS:** Conscientiousness appears to be a factor in treatment outcome preferences among future pharmacists. Conscientiousness and Agreeableness may impact choosing Dead over health states based on the effect magnitude; however, larger studies are needed to confirm this association.

PCN162

STATED PREFERENCES FOR LUNG CANCER TREATMENT: A SYSTEMATIC REVIEW

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OBJECTIVES: The selection of therapeutic schemes for advanced stages of lung cancer patients often involves weighing beneficial and deleterious outcomes of each available alternative, as well as their costs. Patients and relatives preferences about established therapeutic options and innovative medical solutions may be a key information to support decision-making across its multiple spheres. This study aims to identify stated-preferences studies that elicited lung cancer patient's preferences regarding treatment and outcomes. **METHODS:** The search was performed using MEDLINE, EMBASE, Econlit and RePEc. In addition, the references of articles that meet the inclusion criteria were scanned in an effort to identify further relevant literary production. Articles published until June 2016 were included in this systematic review. Studies that reported stated preferences experiments, on the topic of lung cancer therapies and/or outcomes were included. Reports of any variation of stated preferences experiments were considered eligible (e.g. Choice-based conjoint, willingness-to-pay (WTP)). **RESULTS:** Ten out of 1,155 references retrieved met the inclusion criteria. The total sample size was composed by 1,302 patients. Studies were conducted in the USA (4) and Europe (4), Asia (1) and Australia (1). The studies used choice-based conjoint (4), willingness-to-pay (5) and time trade-off (1). WTP studies explored how much patients were willing to pay to avoid one single side effect or to be cured of the disease. The remaining studies looked at the valuation of health outcomes or at the trade-off between health outcomes and processual attributes. Overall, relief of symptoms related to secondary effects of chemotherapy and to the tumor appeared to be more important than processual attributes. When included, disease-free survival or overall survival were considered the most important attributes. **CONCLUSIONS:** The identified literature found that the cost, efficacy and symptom relief are important drivers of choice.

PCN163

DEVELOPING ATTRIBUTES AND ATTRIBUTE-LEVELS FOR A DISCRETE CHOICE EXPERIMENT ON LUNG CANCER PATIENT'S PREFERENCES FOR DRUG THERAPIES

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OBJECTIVES: Stated preferences experiments validity depends largely on the proper specifications of attributes and levels. Hence, patients and physicians engagement is critical to assure that the information being valued on the experiment is both important to patients and decision-relevant. This study reports the systematic approach undertaken targeting the definition of attributes and attribute levels for a discrete choice experiment created to elicit lung cancer patient's preferences for drug therapies. **METHODS:** A literature review was undertaken aiming to identify conceptual attributes and attribute-levels. The finding of this review helped to define the qualitative component. The qualitative component included 3 focus groups, on which 8 patients and 3 oncologists were engaged on discussions aiming to identify context specific attributes. All interviews were recorded, transcribed and analyzed by the research team. The resulting draft-proposal of attributes and attribute-levels was thoroughly discussed and further developed by a group of experts. **RESULTS:** The first round of results derived 10 attributes. Attribute-levels were defined according with the literature, the results from the qualitative component and experts opinions. After a round of discussion with experts on the field three attributes were discarded. The final proposal consists in seven attributes that were defined as follows: Fatigue/tiredness, diarrhea, skin rash, risk of hospitalization, mode of administration (route of drugs administration), access and overall survival. **CONCLUSIONS:** The results reported in this manuscript will add to the body of knowledge on the application of qualitative methods to derive attributes and attribute-levels for a stated preferences experiment.

PCN164

EXPLORING CANCER SURVIVOR PERSPECTIVES ON THE VALUE OF LIFE AND TIME POST-DIAGNOSIS

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OBJECTIVES: The objectives of this study were to explore cancer survivors' perspectives on the value of life and time and to gather preliminary data to guide future research through a pilot survey. **METHODS:** A convenience sample of survivors was reached with an online survey instrument via sharing a link on two US cancer survivor Facebook groups. A dataset was downloaded for analysis after 48 hours of collection. **RESULTS:** 104 individuals responded, and 99 complete responses were analyzed. Year of cancer diagnosis were 1975 to 2015. Tumor types included breast cancer (25%), leukemia (15%), Hodgkin lymphoma (13%) and many others. The majority of respondents had completed active treatment (81%). A majority (76%) rated post-diagnosis years as having more value than years prior to diagnosis. (23% assigned same value, 2% less value). When asked about the value of time pre- and post-diagnosis, 81% of all respondents agreed with: "Time is more valuable now because of my experience" as opposed to less valuable, or no change in perspective. 26 respondents (26%) rated post-diagnosis years as more valuable even though they are now partially limited (n=22) or significantly limited (n=4) in what they are able to do. **CONCLUSIONS:** Cancer survivors' perspectives on the value of time and years post-diagnosis have not been heavily researched. Common methods in health economic evaluation use metrics such as the Quality Adjusted Life Year (QALY) that place a value on life years based as a function of time and Health Related Quality of Life (HRQoL). Data from this survey suggests that the outputs of QALY functions, which reflect lower values for post-diagnosis years, may not accurately reflect survivor perspectives, which could place greater value on post-diagnosis years even when physical limitations are present. As value is increasingly emphasized in oncology policy, these patient perspectives merit further investigation and attempts at quantification.

PCN165

COMPARING CANCER-SPECIFIC PREFERENCE-BASED OUTCOME MEASURES: THE SAME BUT DIFFERENT

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OBJECTIVES: Disease-specific outcome measures for use in economic evaluations are growing in popularity. Within cancer there are now two preference-based measures, the EORTC-8D and the QLU-C10D. Both map responses from the EORTC QLQ-C30, a questionnaire which measures the quality-of-life of cancer patients. They share some commonalities in the C30 items that they draw from and the analytical approach applied in selecting their item dimensions, but they differ in other areas (the clinical characteristics of the patient group within which they conducted their analysis and the valuation approach). This is the first analysis comparing the two measures in an external dataset. **METHODS:** Cancer 2015, a longitudinal prospective population-based cancer genomic cohort, was utilised in the analysis. Both the EQ-5D-3L and the EORTC QLQ-C30 were asked at baseline (diagnosis) and at various follow-up points (3, 6, 12 months). The respective algorithms were applied to generate health state values for the EORTC-8D and the QLU-C10D. Cancer-specific baseline values were evaluated and compared. Quality adjusted life-years (QALYs) were estimated and assessed. Validity, ceiling effects, agreement and sensitivity in the instruments were also evaluated. **RESULTS:** Complete case analysis of 1663 patients found that the EORTC-8D and QLU-C10D are highly correlated (0.947), yet the EORTC-8D values at baseline were significantly higher than the QLU-C10D values (0.830 vs 0.736, $p<0.001$). There is strong agreement between the instruments at baseline (ICC=0.770). EORTC-8D QALY estimates were significantly higher than