Objective: The traditional and complementary medicine (T&CM) is an important component of the healthcare system to improve the health and the quality of life of patients. However, combination of T&CM in Thalassemia care has not been explored well. The current study aimed to evaluate Thalassemia patient’s perceptions towards the combination of T&CM with conventional treatment.

Methods: The objective of this research was to combine passively collected biometric data with participant questionnaire data to gain insights into the link between steps and sleep and feelings about overall condition, stress and restfulness. METHODS: 84 people in France and the UK participated in this research in February 2016. Each participant was equipped with an activity tracker. Biometric data was collected over a 2-week period. In addition, participants completed a questionnaire via smartphone every other day over the same period pertaining to their overall condition, stress levels and restfulness. This enables performing SP studies with more reliable and clinical relevant results.

PM190
INCORPORATING BIOMETRIC DATA FROM WEARABLE ACTIVITY TRACKERS WITH STUDY DATA IN FRANCE AND THE UK

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Objective: The objective of this research was to examine the combination of T&CM in conventional care invites doctors and nurses to have an open discussion on T&CM with their patients. This could prevent them from drug-drug interactions. Therapists, a radiologist, a geriatrician and an oncology nurse. The face-to-face interviews; the costs of treatment were often mentioned in the literature but not reported in this study. This enables performing SP studies with more reliable and clinical relevant results.

PM191
WATCH OUT FOR BERKSON’S BIAS (BB) SETTING HEALTH-RELATED QUALITY OF LIFE (HRQoL) TREATMENT TARGETS WITH MATCHING-ADJUSTED INDIRECT COMPARISON (MAIC) IN ORDER TO PREDICT MATCHED GENERAL POPULATION CONTEXT (GPGC) TARGETS, ASSESS POTENTIAL TO BENEFIT (PTB) AND REVEAL UNMET MEDICAL NEED (UMN)

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Objective: In BB-type selection bias all study groups include patients. BB can result to spurious associations and results in comparative settings. In HRQoL evidence-based treatment in older colorectal cancer (CRC) patients is difficult, because of under-representation of older patients in clinical cancer trials. Explicitly considering current physical and cognitive functioning in treatment decision-making and determining trade-offs between aspects of the value framework work by the ASCO Value in Cancer Care Task Force (clinical benefit, toxicity, cost relative to other relevant criteria in elderly patients can assist clinicians in making decisions in this heterogeneous patient group. The aim of this study was to use a rigorous approach to determine the potential to benefit (PTB) and unmet medical needs (UMN), prior to conducting a stated preference (SP) study. METHODS: In a systematic literature review on decision-making criteria for the treatment decision in elderly CRC patients, 101 manuscripts were selected. Results were quantified and used as input for 11 interviews with oncologists, surgeons, radiotherapists, gastroenterologists, a radiologist, a geriatrician and an oncology nurse. The face-to-face interviews were transcribed, coded, counted and compared with the results of the systematic literature review. Results: Most reported criteria both in the literature and interviews were functional status, comorbidities, age, patient preferences and expected treatment toxicity and outcomes. Other criteria were differently reported in the literature and interviews; the costs of treatment were often mentioned in the literature but not reported in this study. This enables performing SP studies with more reliable and clinical relevant results.

PM192
AN A PRIORI DECISION CRITERIA ELLICITATION METHOD FOR TREATMENT DECISION-MAKING IN ELDERLY COLORECTAL CANCER PATIENTS

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Objective: Evidence-based treatment in older colorectal cancer (CRC) patients is difficult, because of under-representation of older patients in clinical cancer trials. Explicitly considering current physical and cognitive functioning in treatment decision-making and determining trade-offs between aspects of the value framework work by the ASCO Value in Cancer Care Task Force (clinical benefit, toxicity, cost relative to other relevant criteria in elderly patients can assist clinicians in making decisions in this heterogeneous patient group. The aim of this study was to use a rigorous approach to determine the potential to benefit (PTB) and unmet medical needs (UMN), prior to conducting a stated preference (SP) study. METHODS: In a systematic literature review on decision-making criteria for the treatment decision in elderly CRC patients, 101 manuscripts were selected. Results were quantified and used as input for 11 interviews with oncologists, surgeons, radiotherapists, gastroenterologists, a radiologist, a geriatrician and an oncology nurse. The face-to-face interviews were transcribed, coded, counted and compared with the results of the systematic literature review. Results: Most reported criteria both in the literature and interviews were functional status, comorbidities, age, patient preferences and expected treatment toxicity and outcomes. Other criteria were differently reported in the literature and interviews; the costs of treatment were often mentioned in the literature but not reported in this study. This enables performing SP studies with more reliable and clinical relevant results.

PM193
THE ECONOMIC IMPACT OF INFLUENZA-LIKE ILLNESS ON FAMILIES LIVING IN THE UK DEMONSTRATED BY THE COLLECTION OF ONLINE DATA

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Objective: To demonstrate that a methodology based on online data collection can be used to measure the economic impact of viral infection and transmission within families. METHODS: Between October 2013 and May 2013, a vaccination campaign involving online advertisements, newspaper articles, and literature sent to employers, nurseries, and schools was used to recruit UK households to a study of influenza-like illness (ILI). Each household had at least one employed adult (>18 years old) and at least one child (<18 years old). Definition of ILI incidence based on the European Centre for Disease Prevention and Control Influenza Case description and transmission of ILI was assessed by study participants, taking into account the timing of ILI occurrences within the family group. RESULTS: Data was collected online from 938 households that included 1895 adults and 1695 children. A total of 616 instances of ILI (310 in children; 306 in adults) were recorded. Baseline questionnaire data on family, age, comorbidities and influenza vaccination history. Follow-up questionnaires, issued via SMS/email reminders at two-week intervals, collected additional data from households reporting a recent ILI or influenza vaccination. Additional data recorded included ILI symptoms, absence from work (adults) or education (children), presenCe of symptoms, and healthcare resource (HCR) use (GP/hospital visits, prescriptions received, etc.). We recorded the economic impact of each episode of ILI (related/unrelated to a child ILI) on the family (i.e., child absent from school, adult absent from work to care for child or with ILI). Estimates of the burden of ILI on the NHS and its cost in terms of lost productivity were used to make the case for extending influenza vaccination to healthy school-age children in the UK. CONCLUSIONS: Data collected online can be used to estimate the economic and HCR costs of viral infection and probable transmission within family groups.

Research on methods – statistical Methods

PM194
COMBINING METHODS OF INDIRECT TREATMENT COMPARISON COMBINING INDIVIDUAL AND AGGREGATE PATIENT DATA: A SIMULATION REVIEW

Basbugalin I

Objective: The objective of this research is to compare three methods of indirect treatment comparison in the scenario where individual patient data (IPD) is accessible from one trial and aggregate patient data (APD) is accessible from another. The covariate centering with multivariate modeling (CCMM) matching-adjusted EQ-5D-3L scores at 3-month follow-up from the estimated MGPC scores. Results: The baseline EQ-SD-3L scores for PHCS patients and MGPC were 0.74 and 0.81, respectively, demonstrating a significant and clinically important PTB (0.07; 95% CI 0.06-0.09), “medical need”. Most patient groups demonstrated significant mean PTB. The mean PTB was highest for ICPC-2 chapter L Musculoskeletal and least for S: The mean scores at three months for PHCS patients and MGPC were 0.79 and 0.81, respectively, demonstrating an insignificant UMN of 0.02 (95% CI 0.00-0.04). The mean UMN was highest among patients with ICPC-2 chapter N: Neurological or for those with asthma comorbidity. The developed MAIC-based MGPC outperformed age- and sex-matched MGPC. Conclusions: BB and all-time specific-measurements and their development can be taken into account in the MAIC-based MGPC, PTB and UMN HRQoL benchmarking.