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PR2
PATIENT-REPORTED OUTCOME MEASURES TO PRIORITIZE SURGICAL EVENTS DURING PANDEMIC EVENTS
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Objectives: When pandemic events generate complex decisions to take under pressure, such as the prioritization of cases. While there are international examples of using PROMs to organize waiting lists, there are no such experiences in Italy. Italy was the first European country to be hit hard by the COVID-19 outbreak, and a selection of patients was necessary. Could PROMs be used in a prioritization process?
Methods: We focused on robotic oncological surgery for prostate cancer in three different surgical units (SU) in Tuscany (Italy). We selected all patients who replied to the baseline PROMs questionnaire (EORT-Q-QLQ-C30) and received surgery during the COVID-19 crisis (March-May 2020) (n=86). We comparatively analyzed, for each SU, their baseline score with their position both in the real weekly surgical list and the simulation of an optimized list by using the PROMs, considering ±3 positions of tolerance. We discussed the findings with healthcare professionals.
Results: More than 65%, 7% of cases were not operated accordingly to the severity perceived by patients. In one SU, the two surgical lists did not significantly differ. In the others, those who underwent later surgery reported a worse condition (mean PROMs score 69/100; mean n. positions in the waiting list 17/24). Thus, we proposed the use of PROMs as a tool to consider patient-reported needs to prioritize procedures. Further analysis should be done to estimate the value of using PROMs for the prioritization of most severe cases.

PR4
THE IMPACT OF REMOVING IMMEDIATE DEATH FROM TTO ON CHILD HEALTH STATE VALUATION
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Introduction: Using various TTO methodologies, child health states (HS) typically result in higher utility values than adult HS. This effect may be attributed to the “immediate death” aspect of composite TTO (cTTO) valuations. Aim To explore the effect of removing “immediate death” from cTTO valuation on youth HS valuation.
Methods: Eighty responders (UK, Belgium, The Netherlands) participated in face-to-face interviews, and valued four HS (11221, 22222, 33332, 33333) from two perspectives (8-year-old child, 40-year-old adult). Two TTO methods were compared: composite TTO; and a modified version in which the person would not die after the 10-year period, but disappears instead. LS could still be traded in the first 10-year period, after which the person would return to live a full life (=cTTO-FullLife). Thirty-two respondents also participated in a think-aloud interview during the valuation exercise.
Results: The impact of perspective was an average increase in utilities for children versus adults, and this effect was growing with HS severity: 0.027, 0.014, 0.038, 0.038 for mild, moderate, severe and worst child HS (p=0.005). A generalized linear model showed that both perspective and valuation methodology (cTTO vs cTTO-FullLife) resulted in increased trading of LS across the whole range of HS severity. This effect could partly compensate the reduced trading effect typically found in youth cTTO-based valuation.

Patient-Reported Outcomes & Quality of Life Outcomes
PR1
COMPARISON OF THE PSYCHOMETRIC PERFORMANCE OF A NEW CONDITION-SPECIFIC PREFERENCE-BASED MEASURE DERIVED FROM THE CFQ-R (CFQ-R-8D) TO EQ-5D-3L AND SF-6D TO EVALUATE HEALTH-RELATED QUALITY-OF-LIFE (HRQOL) IN PEOPLE WITH CYSTIC FIBROSIS (CF)
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Objectives: CF is a multi-systemic chronic disease affecting HRQoL. Generic preference-based measures of health such as EQ-5D and SF-6D are typically used to estimate utilities for cost effectiveness analysis. However, evidence suggests EQ-5D is not suitable to measure differences in HRQoL and HRQol amotivated patients with CF. Here we compare the psychometric performance of EQ-5D-3L and SF-6D to CFQ-R-8D, a new CF-specific preference-based measure developed from the CFQ-R.
Methods: Data from three clinical trials (NCT01807923, NCT01807949, NCT01807948), two of which were used to assess a severity group based on lung function (ppFEV1) and pulmonary exacerbations, responsiveness to change over time, convergent validity, and differences in utilities generated by EQ-5D-3L (n=997 at baseline), SF-6D (n=441 at baseline), and CFQ-R-8D (n=1438 at baseline).
Results: All measures showed evidence of known-groups validity (p values <0.05), with highest effect sizes (ES) for CFQ-R-8D. For responsiveness, change over time was captured by CFQ-R-8D and then EQ-5D-3L. For convergent validity, CFQ-R-8D utilities were strongly correlated with EQ-5D-3L and SF-6D utilities (r values >0.5), and across the measures, dimensions capturing similar concepts were predominantly strongly or moderately correlated (r values >0.3). CFQ-R-8D and SF-6D showed better ability to detect change than EQ-5D-3L; both showed < 5% responses in full health (ceiling effects) vs 61%–62% for EQ-5D-3L. Notably, among individuals classified as being fully healthy (utility =1) by EQ-5D-3L and SF-6D, CFQ-R-8D captured CF-specific health problems, pain, and breathing difficulty, under-}
