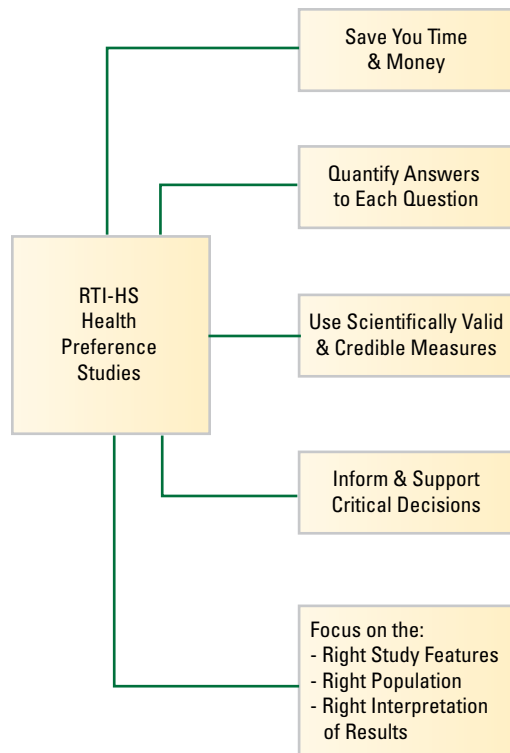


Understanding What Matters to Stakeholders: Health Preference Assessment

Understand how product features affect stakeholder decisions

Be Convincing with Preferences That Matter

You need reliable and convincing evidence for patients, physicians and payers. Our stated-preference studies provide scientifically credible evidence of decision-makers' preferences for your product. For example, the market for your product may depend on the perceived importance of its therapeutic benefits relative to its risks. Our stated-preference studies quantify these tradeoffs to guide critical product development and product promotion strategies.



Depend on Leading Techniques

We apply innovative health preference analysis methods to improve outcomes research, improve risk management and inform clinical decision-making.

- Improve Outcomes Research
 - Adherence: Demonstrate the relationship between product attributes and adherence.
 - Satisfaction Measures: Reveal the importance of non-efficacy features such as dosing frequency, dosing method, tolerability and cost.
- Risk-Benefit Analysis
 - Improve Risk Management: Inform effective risk-management strategies with determinations of maximum acceptable risks for treatment benefits.
 - Demonstrate Risk Tolerance: Quantify patient and physician willingness to accept treatment-related risk to achieve therapeutic benefits of treatment.
- Inform Clinical Decision-Making for Patients and Physicians
 - Narrow the difference between efficacy and effectiveness in clinical practice with conjoint-based decision tools.

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See How We've Helped Others

Quantifying the Relative Importance of Treatment Attributes

RTI-HS quantified the relative importance of short-term treatment outcomes and the frequency of injections associated with insulin therapy among people with diabetes in Canada. Specifically, we estimated the extent to which patients would be willing to accept poorer glucose control in order to avoid one injection per day. We estimated that reducing the number of injections from 2 per day to 1 per day was just as important as improving blood glucose from suboptimal to optimal levels. Using the results of this study, we were able to demonstrate that injections represent a significant barrier to effective insulin therapy.

Publication: Hauber AB, Johnson FR, Sauriol L, Lescauwat B. Risking health to avoid injections. *Diabetes Care* 2005;8:2243-5.

Measuring Benefit-Risk Trade-Offs

RTI-HS has quantified the maximum acceptable risk for Crohn's disease treatments using stated preference methods. Quantifying perceived risk-benefit trade-offs has been used to inform internal and regulatory decision making regarding patients' willingness to accept the chance of rare but potentially very serious adverse-event risks in return for therapeutic benefits. Quantifying risk-benefit trade-offs will also help to evaluate a particular treatment's market potential. This study provided the client with scientifically defensible estimates of patient preferences for Crohn's disease and multiple sclerosis treatments. With this information, the company was able to place rare adverse events from highly efficacious therapies, such as progressive multifocal leukoencephalopathy, in proper perspective for patients, physicians, regulators and payers.

Publication: Johnson FR, Özdemir S, Mansfield CA, Hass S, Miller DW, Siegel CA, Sands BE. Crohn's disease patients' benefit-risk preferences: serious adverse event risks versus treatment efficacy. *Gastroenterology* 2007;133(3):769-79.

Non-Linear Scoring Rules for PRO Instruments

RTI-HS developed a stated-preference survey to elicit and analyze cancer patients' preferences for health-related quality of life and side-effect risks. Patient preferences were used to estimate the relative importance of the domains of the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ-C30) for specific treatments in order to assist decision makers in evaluating alternative product development strategies. Study participants included patients in different disease stages of breast cancer, non-small-cell lung cancer and colorectal cancer. We were able to quantify the relative importance of each of the domains of the EORTC and demonstrate that improvements from severe pain to mild pain, severe fatigue to no fatigue, and severe social limitations to moderate social limitations are all about twice as important as no work to limited work in the Role domain. We concluded from the study that most patients are less likely to be concerned about specific symptoms than about the impact of those symptoms on their ability to complete daily activities.

Publication: Johnson FR, Hauber AB, Osoba D, Hsu MA, Coombs J, Copley-Merriman C. Are chemotherapy patients' HRQoL importance weights consistent with linear scoring rules? A stated-choice approach. *Qual Life Res* 2006;15(2):285-98.

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Rely On Our Thought Leaders

Our conjoint analysis researchers regularly:

- Publish in peer-reviewed journals
- Conduct workshops and short courses
- Speak at industry-recognized conferences

Let RTI-HS Help You

To learn more about our capabilities, please visit us online at www.rtihs.org, email us at rtihealthsolutions@rti.org, or call one of our international offices listed on the front.