**ABSTRACT**

**Purpose:** To quantify clinical trial participants' and investigators' judgments of the relative importance of benefits and exploratory endpoint requirement.

**Methods:** Improvements in positive symptoms is the most important attribute to both patients and physicians. Patients and physicians preferred LAIs over OAPs, with physicians showing greater preference for a 3-month over a 1-month LAI for administration properties. Data were analyzed using random-parameters logit and probit models.

**Results:** Patients preferred complete improvement in positive symptoms to improvement in any other attribute studied. Both preferred 3-month and 1-month LAIs over OAPs. Improvements in negative symptoms was the most preferred outcome over changes in levels of both assessment of patients' improvement and patient satisfaction surveys.

**Conclusion:** These results provide insight into patients' and physicians' preferences to support decision-making.

**LIMITATIONS**

- Patient and physician preferences may not accurately reflect actual treatment preferences.
- Researcher's selection of attributes and the relative importance of each attribute may influence the results.
- The survey was administered during the maintenance phase of the study and was based on previous studies.

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**Physician and Patient Benefit-Risk Preferences from Two Randomized Long Acting Injectable Antipsychotic Trials**

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**INTRODUCTION**

The evaluation of patient and physician preferences in choosing a medication is an important step in treatment decision-making. Preferences may lead to lower rates of treatment adherence and non-adherence, respectively. The importance of understanding patient and physician preferences is essential in developing a medication that can provide the most benefit to the patient while minimizing treatment-induced adverse events (AEs). While clinical trials and observational studies provide evidence of treatment efficacy, the results of these trials may not always align with the preferences of patients and physicians. Therefore, understanding the preferences of patients and physicians can help in the development of treatments that are more acceptable to patients and physicians, leading to improved treatment adherence and outcomes.

**METHODS**

**Survey Instruments**

- Patients who withdrew or relapsed prior to week 13 of the trial were not issued the survey
- DSM-IV-TR diagnosis of exacerbated schizophrenia for at least 1 year before screening
- Total Positive and Negative Syndrome Scale (PANS) score between 70 to 120
- English speaking physicians who participated as principal investigator or sub-investigator

**Survey Respondents**

- To quantify clinical trial participants' and investigators' judgments of the relative importance of benefits and exploratory endpoint requirement.

**RESULTS**

- Results: Improvement in positive symptoms is the most important attribute to both patients and physicians. Patients and physicians preferred LAIs over OAPs, with physicians showing greater preference for a 3-month over a 1-month LAI for administration properties. Data were analyzed using random-parameters logit and probit models.

**CONCLUSIONS**

- These results provide insight into patients' and physicians' preferences to support decision-making.

**DISCLOSURES:**

- Research was supported by Janssen Research & Development, LLC.
- Drs. Katz, Gopal, Levitan, and Weinstein are employees of Janssen, and hold company stocks. Dr. Levitan is also a shareholder in RTI Health Solutions.
- Drs. Pugh and Fairchild were employees of RTI Health Solutions at the time this study was conducted.

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