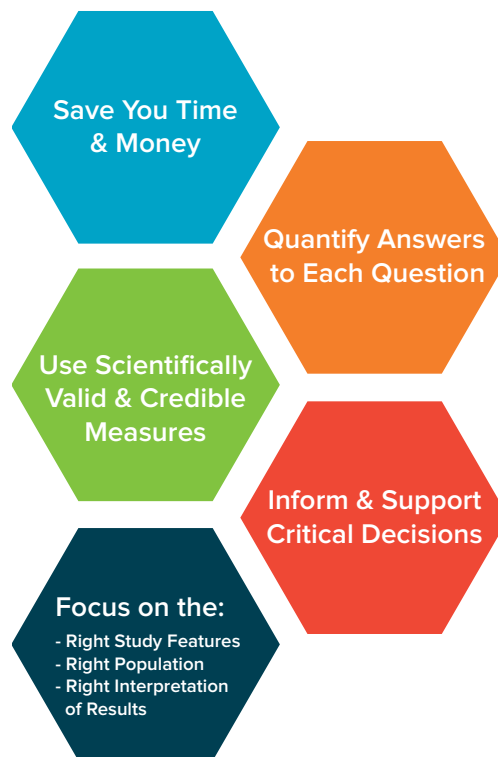


Understand how product features affect stakeholder decisions.

Be Convincing with Preferences That Matter

Stated-preference studies provide scientifically credible evidence about stakeholder 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. Stated-preference studies quantify these trade-offs to guide critical product development and product promotion strategies.

RTI-HS Health Preference Studies:



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.

Rely On Our Technical Team

Our researchers regularly:

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

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See How We've Helped Others

Incorporating Patient-Preference Evidence into Regulatory Decision Making

We conducted an obesity preference study that allowed us to systematically quantify the tradeoffs patients are willing to make among benefits, harms, and other features of weight-loss devices. The study was designed to provide scientific data on patient preferences to inform clinical trial design for obesity devices, and it resulted in sufficient data to inform FDA's regulatory decision-making.

- Publication: Ho MP, Gonzalez JM, Lerner HP, Neuland CY, Whang JM, McMurray-Heath M, **Hauber AB**, Irony T. Incorporating patient-preference evidence into regulatory decision making. *Surgical Endoscopy*. 2015 Jan 1.

Patients' Preferences for Bone Metastases Treatments

We assessed patients' preferences for efficacy, safety, and mode of administration in relation to available bone-targeted agents (BTA) for the prevention of skeletal-related events (SREs) associated with bone metastases in Europe. We identified the most important treatment attributes for patients across all three countries: time until first SRE, annual risk of renal complications, and time until pain worsening. For these attributes, better levels of outcomes were significantly preferred to worse levels ($p < 0.05$). A 120-minute infusion every 4 weeks was the least preferred mode of administration. Risk of osteonecrosis of the jaw (ONJ) was judged by patients in the UK and Germany to be the least important attribute. We concluded that patients consider delaying SREs, avoiding renal impairment, and delaying pain worsening as the most important goals to consider when selecting treatment to prevent the bone complications commonly associated with bone metastases.

- Publication: Hechmati G, **Hauber AB**, Arellano J, Mohamed AF, Qian Y, Gatta F, Haynes I, Bahl A, von Moos R, Body JJ. Patients' preferences for bone metastases treatments in France, Germany and the United Kingdom. *Supportive Care in Cancer*. 2015 Jan;23(1):21-8.