Critiquing current surgical policies in testicular cancer using the judgment of the clinicians themselves.

Purpose: To examine whether the judgment of testicular cancer clinicians can predict the performance of new treatment methods.

Methods: We compared the judgment of clinicians on new treatment methods with the performance of these methods in terms of mortality, morbidity, and cost-effectiveness.

Results: The clinicians' judgments were significantly correlated with the performance of the new treatment methods.

Conclusions: The judgment of testicular cancer clinicians can be used to predict the performance of new treatment methods.

Sequencing effects in tradeoffs: Are good years behind bad years better than the reverse?

Purpose: To determine whether the order of health states affects the valuation of health outcomes.

Methods: We conducted a series of tradeoff experiments with different sequences of health states.

Results: The order of health states significantly affected the valuation of health outcomes.

Conclusions: The order of health states should be considered in the valuation of health outcomes.

MEASURING STAKEHOLDER PREFERENCES FOR SCHIZOPHRENIA OUTCOMES

Martha Shumway

University of California, San Francisco, California.

Understanding stakeholder preferences is essential for identifying effective treatments for schizophrenia, a severe and chronic psychiatric disorder with multiple, conflicting outcomes. However, measuring preferences for schizophrenia outcomes poses several challenges. First, a range of stakeholder groups are involved in schizophrenia treatment, including patients, families, clinicians, and members of the general public. Second, patient preferences are often central to the design of schizophrenia treatment. Third, there are few standard methods for eliciting patient preferences.

Three studies examined the suitability of four preference assessment methods (Category Rating, Time Trade-off, Paired Comparison, and Direct Importance Rating) for evaluating schizophrenia outcomes. In the first study, 21 clinicians evaluated 12 pairs of health states. The method that yielded the highest conventional time preference (discounting), which in this case was 10% per year, was the Time Trade-off method. The other methods yielded significantly different results. The second study, which included 10 patients, yielded similar results. The third study, which included 20 patients, yielded similar results. In all three studies, the Time Trade-off method was the most suitable for eliciting patient preferences.

The McMaster Health Utilities Index (HUI) and the EuroQol-5D assessed in patients with peripheral arterial disease in the United States and the Netherlands.

A. Booth, E.E. van Vliet, R.A. Smith, I.M. van den Broek, A.M. van der Steen, R. van der Steen, and J. van der Steen, University of Groningen and University Hospital Groningen, the Netherlands; Harvard School of Public Health and Harvard Medical School, Boston, Massachusetts.

Purpose: To compare the performance of the McMaster Health Utilities Index (HUI) and the EuroQol-5D in assessing health-related quality of life in patients with peripheral arterial disease.

Methods: We compared the performance of the HUI and EuroQol-5D in a sample of patients with peripheral arterial disease. We measured the validity, reliability, and responsiveness of the two instruments.

Results: The HUI and EuroQol-5D yielded similar results. Both instruments were valid and reliable. The HUI was slightly more responsive than the EuroQol-5D.

Conclusion: Both the HUI and EuroQol-5D are suitable for assessing health-related quality of life in patients with peripheral arterial disease.