D) CAT-Health scores of -1.2412 (1.6065) vs -0.0119 (1.3495) (p<0.001). Patients taking opioids also showed worse scores: -1.1009 (1.9349) vs -0.3288 (1.4169) (p=0.037). Differences on HRQoL according to antidepressant drugs were not statistically significant. Episodes of pain during dialysis were concentrated in 24 patients who had 6 or more painful sessions. These patients were taking analgesics more frequently (86.4% vs 36.9%; p<0.001) and showed worse CAT-Health score: -1.5391 (1.6348) vs -0.3243 (1.4981) (p=0.005). **CONCLUSIONS:** Pain during haemodialysis sessions is very common and requires the frequent use of analgesics, having a negative impact on patients' HRQoL.

PSY2

CLINICAL UTILITY OF THE COLLECT SCALE TO ASSESS COMORBIDITIES IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA

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OBJECTIVES: COLLECT scale assesses comorbidities in patients with Chronic Lymphocytic Leukemia (CLL). Validation of COLLECT was a secondary objective of the MABERYC non-interventional study. The aim is to assess the clinical utility and the validity of COLLECT to guide treatment regimen prescribed to CLL patients. **METHODS:** MABERYC study included patients with CLL, being or not previously treated, initiating treatment with Rituximab+chemotherapy. COLLECT was administered at baseline and 12 months following treatment finalization. Treatment response (TR) and safety was also assessed in the last visit. COLLECT categorizes comorbidity in low (0-3), moderate (4-7) and high (>7). Changes in COLLECT were categorized in improvement (reduction≥2), without changes (variation<2) and worsening (increase≥2). **RESULTS:** MABERYC included 218 patients, 179 completed COLLECT at baseline. Patients had a mean age of 67.5 years, 73% were male, 53% were naïve, 37% had moderate comorbidity and 27% high comorbidity. At baseline, 42% of patients initiated treatment with Rituximab-Fludarabine-Ciclofosfamide (RFC), 30% with Rituximab-Bendamustine (RB), 18% with Rituximab-Clorambucile (RC) and 10% other patterns. Mean COLLECT score was higher in older patient, higher ECOG, previously treated (5.2 vs 4.2) and those receiving less aggressive treatments (5.8 RC, 5.4 RB, 3.6 RFC). Changes in COLLECT were analysed in 134 patients. CR could be associated to improvement in comorbidity. Complete remission was reached by 53% of patients with COLLECT improvement, 47% without changes, and 32% worsening. Number of adverse events (AEs) treatment related tend to be higher in patient with lower comorbidity (1.6 vs 0.9), using more aggressive treatments. Total number of AEs (related or not to treatment) tend to be higher in patients with higher comorbidity (7.8 vs 5.8). **CONCLUSIONS:** COLLECT scale assess comorbidity which is related with patients' profile, treatment regiment prescribed, CR and AEs. COLLECT could assist decision-making on the intensity of the chemotherapy regimen to prescribe.

PSY3

IMPACT OF BIOLOGICS USE ON DEPRESSION AND ANXIETY FREQUENCY AND HEALTH CARE RESOURCE UTILIZATION IN PSORIASIS: AN ANALYSIS USING THE QUEBEC PROVINCIAL DRUG REIMBURSEMENT PROGRAM DATABASE

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OBJECTIVES: Psoriasis is a chronic inflammatory disease of the skin that cannot be cured. For patients with active moderate to severe psoriasis, biologics use is associated with an improvement in patients' quality of life especially by reducing prevalence of psychological disorders. The objective of this study was to assess the impact of biologics use on depression and anxiety frequency and the number of medical visits. **METHODS:** A retrospective study of the Quebec provincial drug reimbursement program (RAMQ) database was conducted using a randomly selected group of patients who have received at least one diagnosis of psoriasis between January 1st, 2007 and June 30th, 2012. To assess the impact of biologics use, time series analyses were performed. Time series analyses evaluate changes in the slope of a trend pre- and post-intervention, herein defined as biologics initiation. Trends in depression and anxiety frequency and medical visits frequency were compared for each year for a 5-year period before and after biologics initiation to assess the differences in slopes. **RESULTS:** A total of 43,400 patients with psoriasis were included in the study (mean age=54.6 [SD=21.9] years, 53.7% females), of which 1,108 (2.6%) used a biologic agent. For patients who needed to be treated with biologics, the rates of change in the depression and anxiety prevalence increased by 3.4% and by 4.2% per year prior to biologics initiation respectively. After biologics initiation, the trends were still increasing, but at a statistically lower rate of 2.5% (p=0.028) and of 2.4% (p=0.012) per year. Medical visits per patient increased during the 5-year period before biologics initiation. Visits frequency has reduced during the 5-year period after biologics initiation with a trend decreasing annually (p=0.002). **CONCLUSIONS:** The present analysis illustrates that biologics use reduces the increase in depression and anxiety frequency and decreases the number of medical visits.

PSY4

A REAL-WORLD CHARACTERIZATION OF PATIENTS WITH "MODERATE-TO-SEVERE" SYSTEMIC LUPUS ERYTHEMATOSUS

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OBJECTIVES: To characterize the patient (pt) group classified by physicians as having "moderate-to-severe" systemic lupus erythematosus (SLE) disease severity, and assess disease burden. **METHODS:** Data were extracted from the Adelphi 2013 Lupus Disease-Specific Program, a multinational survey of clinical practice. Physicians completed Patient Record Forms (PRFs); pts self-reported data including EQ-5D and the Work Productivity and Activity Impairment Index for SLE (WPAI-Lupus) in Patient Self-Completion Records (PSCs). Pt eligibility was determined by physicians; disease activity and severity were based on physician assessment. Data across countries were pooled. **RESULTS:** Data were collected from rheumatologists in the USA (n=97), France (n=37) and Germany (n=35), including PRFs (550/200/207, respectively) and PSCs (303/109/149, respectively). Physician assessment of disease severity was predominantly based on affected organs and symptoms (45% and 35% of rheumatologists, respectively); 15% based severity on test results/clinical assessments. No disease activity index was widely used, 58% used their own assessment. Physician assessment of severity was imperfectly correlated with control of disease activity (activity controlled in 56.1% of "moderate-to-severe" pts, uncontrolled in 6.1% of "mild" pts). Pts with "moderate-to-severe" severity presented with greater severity and organ involvement, and a higher proportion experienced flares per 12-month period than "mild" pts (78.4% vs 52.6%). "Moderate-to-severe" severity was associated with a greater impact on HRQoL (EQ-5D: 0.72 vs 0.86; WPAI: 35.0 vs 16.3) than "mild" disease. Fewer "moderate-to-severe" pts were employed (full-time employment: 35.8% vs 48.8%), and a higher proportion required a care provider (6.6% vs 3.3%). **CONCLUSIONS:** SLE severity is not consistently assessed or defined in clinical practice: measures used in clinical trials are not routinely adopted in daily practice, whilst organ involvement and symptoms are central to physician assessment of severity. Correlation between severity and control of disease activity is imperfect. "Moderate-to-severe" severity is associated with a greater burden than "mild" disease.

PSY5

EFFECTIVENESS OF HEAVY-LIGHT CHAIN QUANTITATIVE TEST: A SYSTEMATIC REVIEW

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OBJECTIVES: Heavy-light chain (HLC) quantitative test can identity and quantify the heavy and light chain of each immunoglobulin class. The purpose of this study was to evaluate the effectiveness of HLC quantitative test. **METHODS:** To evaluate the effectiveness of HLC quantitative test, systemic literature review using Ovid-MEDLINE, EMBASE, Cochrane library and eight domestic databases including KoreaMED had performed until October 10th, 2013. We included five cohort studies and one diagnostic evaluation study in the final evaluation. Two reviewers independently assessed the quality of included studies and extracted data on study. The qualities of these studies were assessed according to Scottish Intercollegiate Guidelines Network (SIGN) tool. **RESULTS:** The correlation between HLC quantitative test with previous tests was evaluated in one study which patients with increased monoclonal IgA were enrolled, and the correlation coefficient with comparator tests was reported as 0.94 in that study. Clinical significance of quantitative HLC test for predicting prognosis was also reported in five cohort studies. Survival rate in patients with higher HLC ratio was significantly lower, and the increased IgA κ/λ ratio or IgM κ/λ ratio was significantly correlated with higher survival rate in patients with monoclonal gammaglobulinemia. The body of evidence as a whole suggests a Grade C for HLC quantitative test. **CONCLUSIONS:** HLC quantitative test is safe and effective test that can quantitatively measure the identified immunoglobulin type and predict the prognosis of patients with monoclonal gammopathy.

PSY6

DISAPPEARANCE OF B-SYMPTOMS IN COMORBID PATIENTS RECEIVING FIRST-LINE OBINUTUZUMAB (GA101) -CHLORAMBUCIL (G-CLB) OR RITUXIMAB-CHLORAMBUCIL (R-CLB) FOR CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)

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OBJECTIVES: The CLL11 study (stage 2, NCT02053610; sponsored by F. Hoffmann-La Roche, Basel, Switzerland), compared G-Clb with R-Clb in 663 patients with previously untreated CLL and comorbidities. We compared the presence, disappearance and duration of absence of B-symptoms (fever, night sweats and weight loss) for G-Clb with R-Clb in CLL11. **METHODS:** Patients were randomised to receive six 28-day (D) cycles (C) of G-Clb (N=333) or R-Clb (N=330; G: 1000 mg D1, 8 and 15 C1, D1C2–6; R: 375 mg/m^2 D1C1, 500 mg/m^2 D1C2–6; Clb: 0.5 mg/kg D1 and 15 each cycle). B-symptoms were assessed by a physician at baseline, D1C1, D8C1, D1 of each subsequent cycle, 28 days after last study drug and every 3–6 months during follow-up for progression-free survival. The data cut-off for this analysis was 9thMay 2013. **RESULTS:** At baseline, 260 patients had B-symptoms (n=126, G-Clb; n=134, R-Clb). During the treatment period, B-symptoms disappeared in 107 (85%) and 124 (93%) patients who received G-Clb and R-Clb, respectively (relative risk [RR]: 0.92, 95% confidence interval [CI]: 0.84–1.00; p=0.0554). Median time to first disappearance of all B-symptoms was 32.0 days for G-Clb and 35.0 days for R-Clb (hazard ratio [HR]: 1.24,95% CI: 0.96–1.61; p=0.103). At end of treatment, 96 (76%) and 108 (81%) patients who received G-Clb and R-Clb, respectively, were B-symptom free (RR: 0.95, 95% CI: 0.83–1.07; p=0.3899). In patients whose B-symptoms disappeared, the 25% quartile for duration of absence of B-symptoms (median not reached) was 16.4 months for G-Clb and 10.4 months for R-Clb (HR: 0.59, 95% CI: 0.36–0.97; p=0.0387). **CONCLUSIONS:** There was no clinically meaningful difference in B-symptom freeness at end of treatment, however the absence of B-symptoms was prolonged by 6 months for G-Clb versus R-Clb.

PSY7

COMPARISON OF DISEASE STATUS AND OUTCOMES OF PATIENTS WITH ANKYLOSING SPONDYLITIS (AS) RECEIVING ADALIMUMAB OR ETANERCEPT MONOTHERAPY IN EUROPE

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OBJECTIVES: To compare the disease status and outcomes of patients with AS receiving adalimumab and etanercept monotherapy in Europe. **METHODS:** A multi-