The initial step involved undertaking a review of published literature detailing HIV patients and the effectiveness of receiving ART therapy. These findings formed the basis of a meeting of leading European HIV clinical experts, prominent HIV organization representatives and patients themselves. **RESULTS:** The literature revealed numerous factors such as convenience, tolerability, relationship with physician, and other characteristics which influence patients’ satisfaction with treatment. Discussion between the clinicians, representative from patient organizations emphasised the importance of patient preferences as they relate to adherence with ART therapy. This additional insight emphasized the under-recognised role played by individual differences and therapeutic knowledge in defining attitudes to treatments. **CONCLUSIONS:** Treatment satisfaction is a complex issue. The work undertaken so far has highlighted that despite the advances in ARTs there are still concerns for PLWH. The next stage of research involves undertaking a series of in-depth qualitative interviews with patients across Europe and examining attributes of HIV treatment using the discrete choice experiment methodology.

PIN119  
**PARENTAL PREFERENCES FOR ROTAVIRUS VACCINATION AND POTENTIAL VACCINATION COVERAGE: YOUNG CHILDREN: A DISCRETE CHOICE EXPERIMENT**  
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**OBJECTIVES:** To determine parental preferences concerning rotavirus vaccination for their newborn baby, and to calculate the potential vaccination coverage for different vaccine scenarios. **METHODS:** A Discrete Choice Experiment (DCE) questionnaire was sent to the parents of 1,250 newborns. The DCE included nine D-efficient designed choice tasks. Panel-mixed-logit models were used to estimate the relative importance of the five included rotavirus vaccine attributes: vaccination effectiveness, reliability of efficacy assurance, protection duration, location of vaccination administration, out-of-pocket costs. The potential uptake or vaccine coverage was calculated for different vaccine scenarios. **RESULTS:** All attributes showed a significant effect (p<0.05). Parents were more likely to get their child vaccinated if the vaccine effectiveness increased, parents preferred a frequency of 1 in 1,000,000 children that suffer from severe side effects over a frequency of 1 in 10,000. Protection duration of 3 years was preferred over 1 year and parents preferred the inactivated childhood vaccine at the GPs office over the out-of-pocket costs were associated with decreased willingness to vaccinate. With respect to the relative importance of these attributes, vaccine effectiveness was most decisive for parents, followed by out-of-pocket costs, protection duration and frequency of severe side effects. Differences in vaccine scenarios resulted in a large range in expected vaccination coverage. Therefore, the context and content of the implementation strategy of the vaccine will strongly affect the vaccination rate. Parents that are requesting an out-of-pocket payment of parents should be considered carefully if a high vaccine coverage is desired.

PIN120  
**PATIENTS WITH CHRONIC HEPATITIS C VIRUS TREATED WITH SIMPREVIR ADDON TO Peg-IFN/RBV: THROMBOCYTOPENIA AND RIBAVIRIN REDUCTION**  
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**OBJECTIVES:** To examine the value of adding simeprevir (SMV) to peginterferon and ribavirin (PR) for treatment of chronic hepatitis C virus infection using patient-reported outcomes (PRO) and their concordance with virology endpoints and adverse events (AEs). **METHODS:** Patients rated severity of fatigue (FSS), depressive symptoms (CES-D), and impairment in functioning (WPAI:HPc) Productivity, Activity, Abstinence) at baseline and throughout treatment/follow-up in three randomized, double-blind trials comparing addition of SMV or Placebo (PBO) dur- ing initial 12 weeks of PR treatment. PR was administered for 48 weeks (PBO group) and either 24 or 48 weeks (SMV group) (response-guided therapy [RGT]). Analysis was undertaken using a series of in-depth qualitative interviews with patients across Europe and examining attributes of HIV treatment using the discrete choice experiment methodology.

PIN121  
**ELECTRONIC PATIENT REPORTED OUTCOMES (PRO): PROVIDE QUICK AND RELIABLE ASSESSMENT OF PATIENTS’ HEALTH-RELATED QUALITY OF LIFE (HRQL).**  
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**OBJECTIVES:** Electronic Patient Reported Outcomes (PRO) provide quick and reliable assessment of patients’ health-related quality of life (HRQL). An electronic version of the PROQOL-HIV questionnaire was developed, and its face validity and reliability were assessed using standard psychometric methods. **METHODS:** A total of 70 French outpatients (63% males, mean age 47 years) were recruited. Hard copy and electronic questionnaires were completed in a randomized cross-over design (on 7 day interval). Biomedical data were collected. **RESULTS:** In patient version and order effects were tested on full scale scores in a two-way ANOVA with patients as random effects. Test-retest reliability was evaluated using Pearson and intra-class correlation coefficients (with 95% confidence interval) for each dimension. Usability testing was carried out from patients’ survey reports, specifically general satisfaction, ease of completion, quality and clarity of user interface (UI) and self motivation for electronic measuring to monitor HRQL in clinical follow-up. **RESULTS:** Questionnaire version and administration order effects (N=58 complete cases) were not significant at the 5% level, nor interacting together (p=0.940). Reliability indices were acceptable, with Pearson correlations above 0.7 and intra-class correlations ranging from 0.696 to 0.926, and scores were not statistically different between the two versions. On 76% of complete surveys, 57% of patients reported being satisfied and interested in electronic assessment of their HRQL, in clinical follow up. Individual ratings of PROQOL-HIV user interface (UI) (5=very satisfied) confirmed UI clarity and usability. **CONCLUSIONS:** The electronic PROQOL-HIV introduces minor modifications compared to the original paper-based version, following ISPOR ePRO Task Force guidelines, and is shown to be feasible. Patients identified the computerized PROQOL-HIV questionnaire as intended and scores delivered from paper or electronic version share comparable accuracy and interpretation.

PIN122  
**ATTITUDE OF PARENTS TOWARDS OBLIGATORY AND RECOMMENDED CHILDHOOD VACCINATION**  
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**OBJECTIVES:** The immunization is currently one of the most discussed topics in the population and the interest in this topic is increasing. **METHODS:** Awareness, opinions and knowledge among parents on the role of childhood immunization through a self-reported questionnaire was conducted, with respect of gender, age, education and profession of parents in regard of their professional connection with health care in case of obligatory and recommended childhood vaccination. **RESULTS:** In case of obligatory childhood vaccination all evaluated parameters influence and change opinion, awareness and knowledge of parents. Age (p<0.01), Degree of freedom (df=10), Chi-squared distance (df=8,1,08, table value of Chi-squared distribution (X²=21,21), gender (p=0.01), df=2, X²=12,87, P=0,21; education (p<0.01), df=10, X²=79,11, P=0,23), health care profession (p=0,01), df=2, X²=13,75, P=0,21. In case of recommended childhood vaccination all analyzed parameters (age, gender, education, profession of parents’ opinion, awareness and knowledge, except for those working in health care) age (p<0.01, df=5, X²=13,29, P=0,05), gender (p=0.01, df=1, X²=79,82, P=0,23) and education (p<0.01, df=4, X²=49,10, P=0,01) are significant. **CONCLUSIONS:** Analysis confirms that age, gender, education and profession connected with health care influence and change parents’ opinion, awareness and knowledge about obligatory childhood vaccination. Regarding the recommended childhood vaccination, age, gender and education influence awareness and change parents opinion, awareness and knowledge, although a profession connected with health care neither influences, nor changes opinion, awareness and knowledge of the parents.

PIN123  
**MINIMAL IMPORTANT DIFFERENCE (MID) OF RESPONSE TO THE HEPATITIS-C VIRUS PATIENT REPORTED OUTCOMES (HCV-PRO) INSTRUMENT: A COMPARISON OF PEGYLATED INTERFERON/RIBAVIRIN (PEGIFN/RBV) AND DIRECT-ACTING ANTI-VIRALS (DAAs)**  
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**OBJECTIVES:** Both chronic HCV infection and current treatments negatively impact patient reported outcomes. PegIFN/RBV-based therapies decrease general HRQoL scores 10%-30% (on SF-36). Psychometric analyses of validity, responsiveness, and MID for the HCV-specific HF-C-PRO instrument were performed. **METHODS:** Response to the HCV-PRO was compared in the pegIFN/RBV (Peg-IFN-SD (EQ-SD)-vAS) and DAA-predicted treatment arms in the M11-602 trial of pegIFN/RBV with placebo (n=1) or DAA: ABT-450/ ritonavir (n=24), ABT-072 (n=23), or ABT-333 (n=16). **RESULTS:** Patients were administered for 48 weeks. EFV was administered at baseline, week 8, end of DAA treatment (EODT), end of pegIFN/RBV treatment (EOT), and posttreatment week 24 (PT24). Convergent validity of HCV-FRO total score (range 0-100) was assessed through correlation (Pearson’s R). Differences of patients’ scores were assessed by dichotomizing HCV-PRO responses on EQ-SD Anxiety/Depression dimension severity (none vs. some) and treatment emergent depression/fatigue adverse events (MedDRA terms). Responsiveness was assessed through analyses of effect size (ES). MID was assessed by standard error of the mean (SEM) and