P17 Developing a Dutch PROPr value set: Study design and lessons learned

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Objective: Preference-based quality of life instruments are used to estimate Quality-Adjusted Life-Years. The PROMIS®-Preference measure (PROPr) is a preference-based summary score developed in the US. We aim to develop a Dutch PROPr value set reflecting the Dutch population. We present our study design and insights gained from adopting the US blueprint to the Netherlands.

Methods: We plan to replicate US-based PROPr value set development. We reviewed the literature, PROPr technical reports, and PROMIS item properties. We consulted with US-based PROPr developers to clarify and optimize the procedures. We conducted a pre-pilot with three independent research groups from Amsterdam UMC to assess the comprehension of the standard gamble valuation method (SG).

Results: We adopted the seven PROPr health domains based on US research and assumed their relevance for the Dutch population. The SG uses two PROMIS items per domain; we found that one item ("I felt unhappy") exhibited English-Dutch differential item functioning (DIF) in a previous study. We replaced it with "I felt sad", which has similar IRT parameters. We plan to administer SG online, as conducted in the US. We obtained pre-pilot feedback on our SG from researchers in Risk Communication (n=1), Epidemiology & Data Science (n=11) and Pediatric Psychology & PROMs (n=15), resulting in adaptations to the instructions. We considered a visual presentation (vs numeric presentation) of the "gamble", but rejected it due to equivocal findings in the literature, and the risk of incomparability with US-based PROPr. Given the potential for participants to misunderstand SG, we will conduct a pilot study (n=20–30) using think-aloud methods to refine the presentation and instructions. Pilot study results will be presented.

Conclusions: Adaptations from the US blueprint include addressing DIF, integrating a pilot study, and modifying instructions. Following pilot testing, we will conduct the SG valuation study using a representative sample of the Dutch general population (n=1300) recruited via an internet panel. Additionally, we will assess the construct validity of PROPr utilities in geriatric long-term home healthcare and compare PROPr scores with the EQ-5D-5L. The Dutch PROPr value set will enhance cost-effectiveness analyses across diverse medical fields using a single PROMIS PROFILE measure.