

MAPPING THE SF-36 TO EQ-5D-3L IN RANDOMIZED TRIAL: THE EMOCAR STUDY (MAY 2011 - APRIL 2016)



Elise Cabout¹, MSc; Anastasiia Kabeshova¹, Ph.D.; Yann Le Teurnier², Md; Robert Launois¹, Ph.D.

1: Network for Evaluation in Health Economics, REES France, Paris, France; 2: CHU Nantes

Background

Cost-utility analyses need a measure to summarize the **quality of life** in a **single index**.

The *utility-preference approach* of the EQ-5D-3L offers an interval measurement instrument resulting in an overall utility score while the *psychometric approach* of the SF-36 is based on a decomposed ordinal tool allowing to explore the various dimensions of the quality of life.

Mapping technique can be used to obtain an utility score from the SF-36.

No specific regression method has been recommended for implementing such mapping.

Objective

To compare the different regression methods for mapping the SF-36 into EQ-5D-3L based on French data.

Results

Parameters	OLS		Logit	
	Specification 1 (score)	Specification 2 (all items)	Specification 1 (score)	Specification 2 (all items)
Validation set (n=652)			0,736 (0,246) -0,377/1	
Adjusted R ²	0,61	0,678	0,343-0,579	0,668-0,744
Mean (SD) EQ-5D-3L utility score	0,735 (0,185)	0,733 (0,20)	0,789 (0,193)	0,741 (0,241)
Min/Max EQ-5D-3L utility score	0,17/1,046	-0,078/1,075	-0,052/1	-0,199/1
MAE	0,113	0,116	0,116	0,126
MSE	0,024	0,026	0,032	0,038
<i>P</i> -value	0,9411	0,8193	<0,0001	0,7074

Table 1 : Performance of OLS and Logit models in predicting EQ-5D-3L scores

Distribution of errors

- The distribution of errors are quite similar between the four models
- OLS models estimated 66% of utility values with an absolute error > 0,05 but 44% with an absolute error > 0,1
- OLS model – specification 2 predicted almost 40% of utility values that are identical to the observed values
- Logit models estimated 60% of utility values with an absolute error > 0,05 and up to 47% with an absolute error > 0,1

Comparison by age

- OLS models predicted a better EQ-5D-3L score for the younger subgroups
- Logit models predicted a better EQ-5D-3L score for the older subgroups
- Specification 1 of the logit model predicted a significantly different EQ-5D-3L score for the older subgroups

Methods

EMOCAR Study design:

- French cohort of 904 patients with carotid endarterectomy followed from May 2011 to April 2016 with 3 visits (D0, D0+30, D0+120)
- EQ-5D-3L and SF-36 questionnaires collected for each patient at each visit

Steps:

- Split the observations into two sets using random sampling : training and validation sets
- Estimated regression in the training set
- Implemented in the validation set to obtain utility score

Econometric methods:

- OLS** : ordinary least square that relies on a quantitative variable to explain → EQ-5D-3L index score
- Logistic** : multinomial logit model that estimates a qualitative variable → each EQ-5D-3L dimension

Specification Two approaches concerning the explanatory variables: (1) *summary score-based* of the 8 dimensions of the SF-36 as quantitative variables; (2) *all SF-36 items* as dummy-independent categorical variables

Model performance (i) Predicted mean utility score; (ii) Mean absolute error (MAE) and mean squared errors (MSE); (iii) Distribution of errors

Performance

- OLS models predicted a mean EQ-5D-3L utility score quite similar to the observed value
- Logit models predicted a mean EQ-5D-3L utility score higher than the observed value
- Logit models had a higher MSE value than OLS models
- Logit model with specification 1 predicted a EQ-5D-3L score significantly different from the EQ-5D-3L observed.

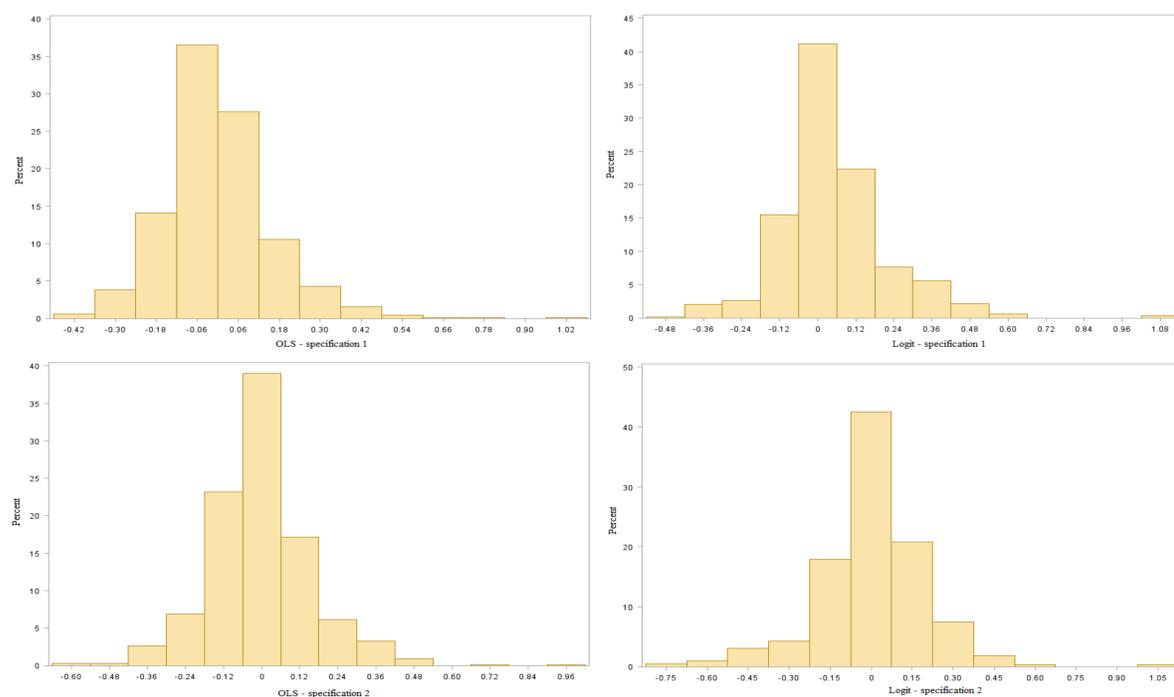


Figure 1 : Distribution of errors in EQ-5D-3L predicted scores

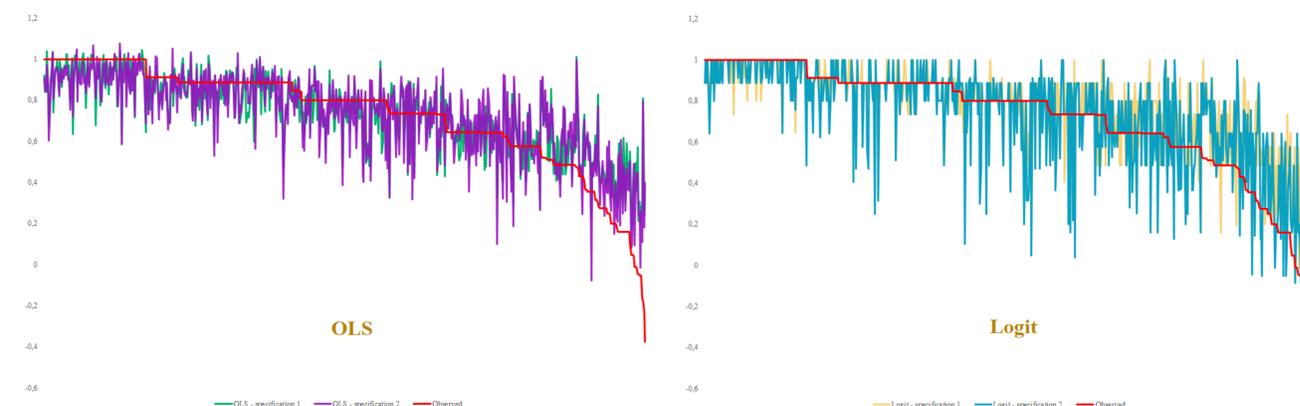


Figure 2 : Observed and predicted EQ-5D-3L scores : comparison to OLS and Logit models

Observed vs. predicted

OLS models predicted EQ-5D-3L score higher than 1 while logit models are limited to 1 (calculation of the utility score after regression with the French tariffs)

- OLS models predicted EQ-5D-3L scores closer to the observed score than logit models
- Low EQ-5D-3L scores are underestimated with all models

Conclusion

Our study suggests that models using OLS method produce the best results for mapping SF-36 into EQ-5D-3L utility scores. Specification 2, using all items of SF-36, has also better performance. Logit model with specification 1 give poor conclusions.

Low EQ-5D-3L utility scores are poorly predicted with all models but this phenomenon is always observed in the existing literature.

References

- Chevalier J. Mesure de l'utilité attachée aux états de santé. Valorisation de l'index d'utilité EQ-5D et évolution de l'échelle actuelle en France [Thèse pour le Doctorat en Sciences Economiques]. Université Paris IX Dauphine; 2010.
- Chuang L-H, Kind P. Converting the SF-12 into the EQ-5D: an empirical comparison of methodologies. *Pharmacoeconomics*. 2009;27(6):491-505.
- Gray AM, Rivero-Arias O, Clarke PM. Estimating the Association between SF-12 Responses and EQ-5D Utility Values by Response Mapping. *Medical Decision Making*. 1 janv 2006;26(1):18-29.
- Rowen D, Brazier J, Roberts J. Mapping SF-36 onto the EQ-5D index: how reliable is the relationship? *Health Qual Life Outcomes*. 31 mars 2009;7:27.