enough and open ended multi-country questionnaire was designed to collect data from surgery bars and 52 clinical sites). Blood samples were withdrawn after obtaining an informed consent and were tested for HBV and HCV markers by Chromatography, enzyme-labeled immunosorbent assay (ELISA) and polymerase chain reaction (PCR). RESULTS: The mean age was 28.4±9.7 years in both groups of males and females age <65. About 30% of both groups suffered from alcoholism. About 25% of the sample was from older patients, with 45% of the patients age ≥65. In these patients, the rate of patients who need hepatitis C treatment (regardless of eligibility was twice as common among younger patients (38.0% vs. 66.8%, p<0.01). Younger patients had a higher prevalence of alcoholism (36.5% vs. 30.6%, p<0.01) and drug abuse (43.3% vs. 12.2%, p<0.01), comorbidities that are also risk factors for HCV. Yet overall health, as measured by CCI, was higher for younger patients (1.82 vs. 2.51, p<0.01). Younger patients had more hospitalizations (0.48 vs 0.33, p<0.01) and emergency department visits (2.04 vs. 1.77, p<0.01). 6-month medical costs for patients age<65 were $1,285 higher than those 65+ (p=0.01). After adjusting for ORC, HCV-related comorbidities, CCI, demographics and Medicaid status, age was a significant but associated with the study. RESULTS: A total 202 patients (83% males) were included in the study. Most prevalent disorder includes alcoholic liver disease (32.5%) and most prevalent class of drug prescribed was proton pump inhibitor (94%). Majority of the patients (53%) with these diseases has hospital stay of 1 to 7 days. The total direct and indirect cost of disease for study patients were PPP$235,185 and FPP$30,187 respectively. Total cost for direct and indirect cost for all patients in Medicare and Medicaid was PPP$285 and FPP$277 respectively. The cost of medication (17%) and cost of travelling cost (43%) contributes major component of direct and indirect cost respectively. The cost for males (PPP$23,616.46) was significantly lower (p<0.05) than the cost for females (PPP$23,616.46). Mean direct and indirect costs incurred by females was significantly less than that of male patients. CONCLUSIONS: Cost of medication and loss of wages of patients contributes major component of COI. Increasing the number of day of hospital stay leads to higher cost of burden.

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ESTIMATION OF HEPATITIS C COSTS IN TURKEY VIA EXPERT OPINION: DELPHI PANEL

1Ankara University, School of Medicine, Ankara, Turkey, 2Yagis University, School of Medicine, Izmır, Turkey, 3Yozgat University, School of Medicine, Ankara, Türkiye, 4Ankara University School of Medicine, Ankara, Türkiye, 5Gaziantep University, School of Medicine, Gaziantep, Türkiye, 6Hacettepe University Hospital, Ankara, Turkey, 7Hacettepe University, School of Medicine, Ankara, Turkey, 8Karaköy Technical University, School of Medicine, İstanbul, Turkey, 9Merck Sharp Dohme, İstanbul, Turkey

OBJECTIVES: The aim of the study is to estimate the cost of Hepatitis C in Turkey through reviewing consensus on the current clinical practice, resource use and the course of treatment. METHODS: This study uses the Delphi method to reach experts’ consensus on the clinical practices currently being used in Turkey. Delphi method is a type of written communication that is widely used in health care settings. The survey developed for this study includes questions to understand the clinical resource use in order to calculate the associated costs. According to the literature, the methods used to calculate cost of care are: Time Weighted Cost, Indirect Cost and Direct Cost. The Delphi panel included hepatologists, infectious diseases specialists and a gastroenterologist with transplantation experience. According to panel consensus, among all of the experts that an expert follow, the rate of patients who need hepatitis C treatment (regardless of diagnosis) is 10% for gastroenterologists and 20% for infectious diseases specialists.