At 5.5 years, initial SNM therapy was less costly ($232,504 vs. $27,720) and more effective than initial BTX ($408 vs. 4.04 QALY’s). Probabilistic sensitivity analyses that varied SNM and BTX success and repeat BTX injection probabilities and utilities, confirmed these results. Repeat injections and differences in AEs were responsible for 10% of the one period of time differences. A strength is evident by the achievement of complete saturation after 25% of the FGs. Other concepts identified by patients include effect on diet, concern over body image, and anxiety. Agreement of concepts between genders across all countries is evident. Agreement of concepts between genders across all countries is evident. Agreement of concepts between genders across all countries is evident.

OBJECTIVES: The rate and extent of utilization of IV iron in anemic CKD patients was quantified. Predictors of IV iron and ESA use were determined. The impact of IV iron and ESA use was examined separately for total hospital costs and length of stay (LOS).

METHODS: This is a retrospective cohort analysis within the UHC data warehouse in the period from January 1, 2006, to December 31, 2008. Inclusion criteria were age ≥ 18 years with a primary/secondary diagnosis of CKD. The exposure of interest was IV iron and ESA therapy, and the outcome was the difference in total hospital costs and length of stay. A binomial logistic regression using the GEE method was used to identify predictors of IV iron and ESA use with statistical significance.

RESULTS: The overall mean LOS for all patients was 9.75 days. For those using IV iron, the LOS was 10.71 days, and for those only using ESA, the LOS was 9.66 days. CONCLUSIONS: Our investigation showed significant reduction in ESA doses with the use of IV iron supplementation, however, the overall prevalence of IV iron use was low. Intravenous iron users were associated with a higher total hospital cost and longer length of stay than ESA users.

Urinary/Kidney Disorders – Patient-Reported Outcomes & Preference Studies

PUK18

THE IMPACT OF AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (ADPKD) ON PATIENTS’ HEALTH RELATED QUALITY OF LIFE (HRQOL): DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

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OBJECTIVES: Hyperphosphatemia leads to increased hospitalizations and mortality in End-Stage Renal Disease (ESRD). First-line therapy in Canada consists primarily of calcium carbonate (CC). We determined the incremental cost-effectiveness ratio (ICER) of the non-calcium phosphate binder lanthanum carbonate (LC) as second-line therapy, from a Canadian healthcare perspective. METHODS: A Markov model was developed to determine the cost-effectiveness of second-line LC vs. CC in calcium-satiated CC users, compared with continued treatment with CC or alternatively with second-line Sevelamer (SH). Patient-level data (n = 380) from a prospective randomized trial were used for LC and CC drug efficacy. For SH efficacy, an indirect comparison of eight clinical trials was used to calculate a dose-relativity factor. Clinical data from a non-interventional, multicenter, medical chart review of patients undergoing kidney transplantation were used for LC and CC drug efficacy. For SH efficacy, an indirect comparison of eight clinical trials was used to calculate a dose-relativity factor.

RESULTS: Modelling 1,000 dialysis patients, 378 (37.8%) did not achieve target serum phosphate (SP) levels (>1.8 mmol/L) with first-line CC therapy and were eligible for LC. Of these, 168 (44.4%) responded to LC therapy, resulting in 49 life years and 29 Quality-adjusted life years (QALYs) gained. The ICER of second-line LC treatment compared with continued CC treatment was CAN$13,200 ($4,600–$22,800) per QALY gained. Results were robust to plausible variations in model parameters. One-year drug costs per additional responder to second-line LC therapy were $2,600, compared to $4,300 for first-line LC. The model evaluating second-line use of LC vs second-use line of SH estimated that LC had similar efficacy but was 16% less expensive than SH.

CONCLUSIONS: Second-line treatment with LC is cost-effective compared to continued treatment with CC, and is less expensive compared to first-line LC. LC had lower costs compared with SH, due to lower dose requirements for similar efficacy. These results reinforce current treatment guidelines to treat patients not achieving target SP levels on CC with second-line LC.

PUNK19

KTT13: PRELIMINARY REPORTS OF IMMUNOSUPPRESSANT THERAPY PATTERNS IN A COHORT OF POST KIDNEY TRANSPLANT PATIENTS IN BRAZIL

Carvalho DDM1, Garcia V2, Abud-Filho M3, Nishikawa AM2, Asano ES4, Nito ME2, Szabo SM2, Levy AR5

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OBJECTIVES: The aim of our study was to characterize Brazilian-specific immunosuppressor (IS) treatment patterns among kidney transplant patients. METHODS: Non-interventional, multicenter, medical chart review of patients undergoing kidney transplantation in Brazil. RESULTS: From the MoH perspective, there is limited data on IS treatment patterns in Brazil. The rate and extent of utilization of IV iron in anemic CKD patients was quantified. Predictors of IV iron and ESA use were determined. The impact of IV iron and ESA use was examined separately for total hospital costs and length of stay (LOS).

METHODS: This is a retrospective cohort analysis within the UHC data warehouse in the period from January 1, 2006, to December 31, 2008. Inclusion criteria were age ≥ 18 years with a primary/secondary diagnosis of CKD. The exposure of interest was IV iron and ESA therapy, and the outcome was the difference in total hospital costs and length of stay (LOS). METHODS: This is a retrospective cohort analysis within the UHC data warehouse in the period from January 1, 2006, to December 31, 2008.

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Urinary/Kidney Disorders – Patient-Reported Outcomes & Preference Studies

PUK18

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OBJECTIVES: The aim of our study was to construct the conceptual framework of the impact of ADPKD on patients to support the use or development of a HRQoL instrument in ADPKD. METHODS: Based on concepts identified from the literature and ADPKD physicians/researchers from North America, Europe, and Japan, patients were asked how ADPKD impacts their physical and social functioning, emotions, and urinary symptoms according to a pre-defined moderator guide. Twenty focus groups (FGs) were conducted across 11 sites: three cities in North America (n=42), six cities in Europe (n=64), and two cities in Japan (n=11). FGs were moderated by native speakers and overseen onsite by a US-based scientist. A saturation table was developed to summarize concepts discussed in the FGs; saturation was achieved once no new concepts were identified. Concepts were identified based on themes mentioned by ≥2 participants within a FG. RESULTS: Concepts generated from the literature and ADPKD physicians/researchers discussions were endorsed by ADPKD patients. Agreement of concepts between genders across all countries was observed. Twenty-eight concepts were identified and categorized into: Physical Impact (impact on work/housework, limited functioning with mild/moderate exercise, self-care, dimish sex/intimacy, pain/discomfort in extremities/core, pain affecting work/housework, pain occurring with activity, modifications in lifestyle), Emotional Impact (fatigue, depression, anxiety, guilt of passing it to children, acceptance/self-education), Urinary Concerns (urgency, frequency, nocturia). Others included effects on quality of ADPKD patients, effects on body image, time, and disruption of social/leisure activities. Fifty-seven percent of these concepts were identified in the first FG; 100% saturation was achieved in the fifth FG. CONCLUSIONS: Identified concepts were universally applicable and their strength is evident by the achievement of complete saturation after 25% of the FGs. The completion of this conceptual framework using an iterative process provides a strong basis to develop an ADPKD-specific HRQoL instrument.

Urinary/Kidney Disorders – Health Care Use & Policy Studies

PUK19

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Carvalho DDM1, Garcia V2, Abud-Filho M3, Nishikawa AM2, Asano ES4, Nito ME2, Szabo SM2, Levy AR5

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