Absenteeism is a major cause of indirect costs of illness. In Poland, Medical University of Warsaw, Warsaw, Poland

OBJECTIVES: The inclusion of indirect costs of illness in pharmacoeconomics studies is still a subject of considerable debate. The aim of the systematic literature review was to present the Polish economic practice concerning indirect costs evaluation of health care interventions. Study was conducted as a first stage of a research project aimed at developing recommendations for methodologists calculating indirect cost in Poland. The MEDLINE, EMBASE, Cochrane Library and Polish National Bibliography (PBL) were searched. Cut-off dates were set to February and March 2009. The main specific keywords were ‘indirect costs’ or ‘costs and cost analysis’. Extracted data covered: type of study, disease under study, methods for evaluating indirect cost, measures of productivity loss value and share in total costs. RESULTS: Nineteen studies fulfilled the inclusion criteria for this review, of a total of 2300 references. Seventeen out of 19 studies were cost of illness studies, 2 were economic analyses. Methods of evaluating indirect costs were all based on human capital approach. The mean time measure used to value productivity loss was average monthly gross wages and salaries (9/19), Gross Domestic Product (GDP) per capita (7/19), Gross National Product per capita (1/19), GDP per active worker (1/19), sold production of industry per active worker (1/19). Mean indirect costs amounted to 58% of total costs, with a range of 15-65%. Methods used in 5 studies transferred pay-as-you-go to productivity loss category. CONCLUSIONS: Indirect cost is rarely included in the economic analyses in Poland. Different methods calculating indirect cost limit comparison between studies and call for development of robust and widely accepted methodology.

THE COST OF ABSENTEEISM IN POLAND IN 2007—DIFFERENCES WITHIN THE PROVINCES

Macioch T, Jakubczyk M, Wrona W, Golicki D, Hermanowski T, Niewada M

Medical University of Warsaw, Warsaw, Poland

OBJECTIVES: Absenteeism is a major cause of indirect costs of illness. In Poland, Medical University of Warsaw, Warsaw, Poland

In Poland, the annual gross wages were approximately twice as high as in the year 2000 and amounted to 18.2 (95% CI: 4.19; 84.84) and 146.14 (95% CI: 69.3; 323.75) respectively at 12 and 6 weeks after treatment. The incidence of adverse events during the treatment period such as application site reaction including itching, pain and tenderness at the target tumor site and local skin reaction such as erythema, scabbing, were more frequent recorded in the group of subjects who received imiquimod 5% cream in comparison with the vehicle group. CONCLUSIONS: Imiquimod 5% cream appears to be effective in the treatment of superficial basal cell carcinoma. A 3 times a week dosing demonstrates high efficacy results with acceptable safety profile, during the 6 as well as 12-week period.

A STANDARD COST TOOLKIT FOR ECONOMIC EVALUATIONS OF CANCER CARE IN FRANCE

Baffert S, Alfonsi A, Florentin V, Livartowski A

Paris Abstracts

A STANDARD COST TOOLKIT FOR ECONOMIC EVALUATIONS OF CANCER CARE IN FRANCE

Baffert S1, Alfonsi A1, Florentin V1, Livartowski A1

INSTITUT CURIE, PARIS, FRANCE; ROCHE, ROCHE SUR SEINE, FRANCE

Economic evaluation requires identification and measurement of resources from various viewpoints (patient, hospital, health insurance, society). Although the hospital resources are easily identified, resources such as travel expenses or loss of productivity are often imputed 5% cream or value (value). OBJECTIVES: To identify these various costs or cost determinants and specify for whom, for what and where they can be found in order to construct a standard costs toolkit including source data and costs per patient. METHODS: A check-list of costs items from various viewpoints has been established. Two approaches were combined: 1) The first consisted of detailed examination of freely available databases, data derived from national institute or ministry websites, this first step has been realized, and 2) The second consisted of analyzing costs or parameters usually difficult to estimate. We tried to quantify these costs items. RESULTS: The various items and the various possible types of measures were listed. In the example of loss of productivity related to sick leave of a cancer patient, several parameters are required in order to perform the calculation by type of cancer. Gross domestic product is the starting point to determine the added value generated by an actively employed individual. We then calculated the mean added value of an actively employed individual (€380) per month) and took the mean duration of sick leave of 120 days into account. Losses of productivity are estimated by company and are about €1 900 per incident patient and per year. According to national health insurance and survey on national thirty long-term diseases, travel expenses are about €500 on average per cancer patient and per year. CONCLUSIONS: Making a standard cost toolkit available could improve and foster the economic assessment processes in France.

QUALITY ASSESSMENT OF PUBLISHED HEALTH ECONOMIC ANALYSES FROM CHINA

Xiao C1, Jing L2, Bao Y3, Hemelso T1

COPENHAGEN UNIVERSITY, COPENHAGEN, DENMARK; NOVO NORDISK (CHINA) PHARMACEUTICALS CO. LTD, BEIJING, CHINA; NOVO NORDISK A/S, BAGSVAERD, DENMARK

OBJECTIVES: Good quality health economic (HE) analysis could be an important tool in guiding (cost) efficiency in health care development in China. To review HE analyses from China and assessing their quality using a standardised questionnaire. METHODS: Search of MEDLINE and EMBASE (1964-2008) using key words: China, cost-utility analysis (CUA), cost-effectiveness analysis (CEA), cost-minimisation analysis (CMA), cost-benefit analysis (CBA), and cost analysis (CA). Included were original HE evaluations examining a (medical) treatment programme in a Chinese setting (including Hong Kong and Taiwan) describing costs and/or consequences in Chinese. Each independent evaluation was assessed by 4 raters using a 13 items checklist derived from previously published HE assessments. Obtainable scores were 0 (“Incorrect”), 1 (“Not Reported”), 2 (“Doubtful”), 3 (“Acceptable”), 4 (“Correct”) or N/A if not applicable. Post-hoc analyses were carried out to determine a time trend in quality or whether the observed differences in quality scores between languages existed. RESULTS: 36 articles were included (17 CEA, 7 CBA, 7 CUA, and 5 CAs). No article used CMA. Majority of the evaluations was conducted in mainland China (64%), 31% in Hong Kong, and 5% in Taiwan. Mean quality score of all articles was “Acceptable” (mean = 3.1; SD = 0.58) ranging from 2.0-4.0. Post hoc analyses demonstrated that English publications had a significant higher (p < 0.0005, Mann-Whitney U test) quality (mean = 3.5; SD = 0.45) compared to Chinese (mean = 2.8; SD = 0.46). No significant time trend existed. CONCLUSIONS: HE analyses from China were considered ‘Acceptable’ and their quality was similar to previous assessments. Post-hoc analyses suggested a significant difference between analyses published in English compared to Chinese. This study’s major limitation is that low quality scores may be caused by poor reporting rather than poor research. Further research is needed to determine the underlying reasons of the quality and examine the impact of analyses on decision-making.