UN MODELO DE COSTO-UTILIDAD DEL TRASPLANTE RENAL EN COLOMBIA

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OBJECTIVOS: El incremento progresivo de la prevalencia de enfermedad renal terminal obliga a los tomadores de decisiones a buscar información de costo-utility de diálisis y trasplante. Este modelo de Markov simula el curso de vida de pacientes sometidos a hemodiálisis (HD) o a trasplante renal con cuatro posibles esquemas de inmunosupresión, METODOLOGÍA: Se utilizaron las tablas de supervivencia de HD en Colombia y la información de la red internacional de trasplantes, que trae datos de complicaciones (incluyendo rechazo agudo y nefropatía crónica) para los esquemas de tacrolimus (TAC) (con mofetil micofenolato MMF o con azatioprina AZA) y ciclosporina (CSA) (con MMF o AZA). La calidad de vida en QALY se obtuvo del registro de utilidades de la universidad de Tufts, y los costos fueron de facturación de grupos de trasplante de Colombia y de pagadores locales. La perspectiva empleada fue la de un tercero pagador, el horizonte temporal toda la vida del paciente, y la tasa de descuento 3% anual. Tasa de cambio: US$1 = COL$2391. RESULTADOS: La intervención menos costosa (US$108K) es la HD, pero es también la que menos QALY proporciona (3.84, US$28.1K/QALY). En orden ascendente de costos, los esquemas de inmunosupresión reportan: TAC MMF (US$168K, 10.68 QALY, US$15.8K/QALY); CSA MMF (US$135K, 13.87 QALY; TAC MMF (US$121K, 14.85 QALY; US$4.94K/QALY). Las razones incrementales de costo-utility para el trasplante fue en promedio de US$8.9K por QAL adicional ganado, con respecto a la diálisis. CONCLUSIONES: Si se asume que la disponibilidad a pagar del sistema de salud es lo que cuenta la diálisis, cualquier esquema de inmunosupresión es más costo-útil que la diálisis. Se propone escoger, en este caso, el esquema que maximice la utilidad (TAC MMF).

THE COST AND HEALTH CONSEQUENCES OF SUBCUTANEOUS IMMUNOTHERAPY PLUS BECLOMETHASONE DIPROPIONATE IN COLOMBIAN CHILDREN WITH MILD TO MODERATE AND SEVERE ASTHMA

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OBJECTIVES: To estimate the cost and clinical implications of using subcutaneous immunotherapy (ST) plus beclomethasone dipropionate (BDP) for the treatment of moderate and severe asthma due to house dust mites in Colombian children versus conventional therapy with BDP. METHODS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed. RESULTS: The disease course over 3 years of treatment. Physician visits, hospitalization and emergency room visit rates were extracted from published data. Only direct medical costs were considered, costs are reported in 2007 Colombian Pesos (COP) and inflated using the Consumer Price Index (CPI) for current costs were not assessed.

CONCLUSIONS: ST plus BDP decreased the number of asthma attacks in 70% at a cost of COP 3,315,959 per patient. Frequency of physician visits, hospitalizations and emergency room visits were predicted to occur less frequently for patients treated with ST plus BDP than with BDP alone. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time. Sensitivity analyses around the horizon of 10 years, showed, significantly increased their utility with ST plus BDP over time.

CONCLUSION: ST plus BDP is expected to improve outcomes and save costs compared to BDP alone. Thus, it will bring better health to Colombian children suffering from moderate-severe asthma at a savings to the Health Authorities.

PODIUM SESSION I: PATIENT-REPORTED OUTCOMES STUDIES

LITERATURE REVIEW AND PRODUCT LABEL CLAIM REVIEW OF PRO MEASURES FOR BENIGN PROSTATIC HYPERPLASIA

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OBJECTIVES: The objective of this research was to review the published literature to identify what patient-reported outcome (PRO) measures have been used in evaluation of BPH medications. METHODS: The literature review was carried out in two phases: Phase I focused on BPH-specific treatments and BPH-specific PRO measures while phase II expanded its scope to include other urinary conditions, non-disease-specific quality of life (QoL) domains in the context of other urinary conditions and utility studies. Phase I included terms for BPH and terms for PRO measures. The 279 abstracts were narrowed by focusing on medical interventions and more widely read journals. The remaining 125 abstracts were reviewed. In Phase II, we expanded the search to include general quality of life (QoL) domains in the context of other urinary conditions and utility studies. The 273 abstracts identified were reviewed by 2 researchers to isolate the articles of interest, leaving 70 articles. RESULTS: We identified 64 articles from Phase I and 70 articles from Phase II. Among the Phase I articles, 52 reported using the International Prostate

A484 Rio Abstracts

quedó limitado al caso del CASMU, y el fondo de garantía previsto con recursos del FONASA, se sustituyó con un fondo de rentas generales, que supone un incremento potencial del gasto del Estado LECCIONES APRENDIDAS: Aunque no resulta novedoso, en primer lugar la experiencia pone de relieve de qué manera las decisiones políticas nacionales se toman en el mejor discurso ético para la solución del problema. Por otra parte, este caso en particular puso de manifiesto debilidades históricas del sistema, que la reforma aún no ha podido modificar, relacionadas con la calidad de las decisiones del regulador, y con su diseño institucional.