study (65, 57 in G1 and G5 groups, respectively). The means±SD age of the patients was 52.9±7.8 years and 55.1±7.5 years, respectively. The mean±SD monthly cost for the patients on LLA/T during the first post-transplant year was INR 7882±945 ($127) and INR 13882±1687 ($224), respectively. The mean±SD monthly COI for the patients on INR 3217±950 ($19). Of total expenditure 55.4% were spent directly for treating illness (out of pocket expenditure) and 44.6% were spent on various other expenses such as hospitalization, medicines, travel, transportation, and personal care. The mean±SD monthly cost for the patients on LLA/T during the second post-transplant year was INR 7882±945 ($127) and INR 13882±1687 ($224). The study is in progress.

PUK11
LACK OF ADHERENCE TO IMMUNOSUPPRESSIVE TREATMENT IN KIDNEY TRANSPLANT PATIENTS: ESTIMATION OF ASSOCIATED DIRECT MEDICAL COSTS
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OBJECTIVES: The Lack of Adherence to Immunosuppressive Treatment (LAIT) has been associated with Chronic Humoral Rejection (CHR) and decreased graft survival. The objective of the present study was to estimate the direct healthcare costs associated with LAIT. Methods: The inclusion criteria were 1) patients undergoing Kidney Transplantation, 2) with evidence of graft failure with Belatacept as compared to CNIs: 90324US$ versus 138280US$, whereas the shift in hospitalization costs over five years on the first cohort remained significantly higher with belatacept: Group 1: 69478US$ vs 14900US$, 11±10 vs 17±15 days Group 2: 40% decrease of post-transplant management costs. Heterogeneity of the drug effect was also performed.

According to the prevalence approach, out of 25,600 KT patients in Spain (2013), LAIT sofar has been observed in 27% of the treated patients. According to the incidence approach, the annual cost associated with LAIT due to the number of kidney transplanted patients was estimated at €6291. Through analysis of sub-groups of patients, it was found that fund- eding from employer/ Insurance, dialysis, lower socioeconomic status, lower educa- tion, and a history of pre-existing chronic disease were significant predictors of LAIT. The shift in hospitalization costs over five years on the second cohort remained significantly lower with belatacept: Group 1: 69478US$ vs 14900US$, 11±10 vs 17±15 days Group 2: 40% decrease of post-transplant management costs. Heterogeneity of the drug effect was also performed.

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