OBJECTIVES: The study objective was to assess costs and the cost effectiveness of early and late epoetin administration in chronic renal insufficiency during the predialysis period in Poland. METHODS: The analysis was based on clinical data from systematic literature review. Only direct medical costs were included into the study. The effectiveness was expressed as death or dialysis avoided. The cost-effectiveness analysis from the payer perspective was conducted. RESULTS: The mean individual treatment cost of early and late epoetin administration in chronic renal insufficiency during the predialysis period was estimated for €3597 (1 € = 4.035 PLN) and €2163, respectively. The cost of death or dialysis avoided in the early and late introduced epoetin treatment amounted to €5038 and €4429, respectively. However 14% increment of this equation in patients early treated with epoetin resulted in over 50% decrement of end point appearance (initiation of dialysis or death). CONCLUSIONS: For the majority of patients early treatment with epoetin translates into significant delay of renal replacement therapy. Early introduction of epoetin treatment in chronic renal insufficiency patients before dialysis is cost-effective.

ECONOMIC EVALUATION OF TRANSURETHRAL NEEDLE ABLATION (PROSTIVA®) VS TRANSURETHRAL RESECTION OF THE PROSTATE (TURP) IN BENIGN PROSTATIC HYPERPLASIA (BPH) IN THE SPANISH SETTING

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Benign prostatic hyperplasia (BPH) is common in older men affecting 40% of men in their fifties. If the enlarged gland begins to press upon the urethra and to interfere with urination, then treatment may be needed. Transurethral resection of the prostate (TURP) is a minimally invasive treatment that has become the gold standard for patients who are unwilling to remain on medication or in whom medical therapy failed. Recently a minimally invasive surgery treatment has shown similar results compared to TURP, transurethral needle ablation of the prostate (PROSTIVA®). OBJECTIVES: To carry out an economic evaluation of PROSTIVA® vs. TURP in non-drug respondent BPH patients in the Spanish setting. METHODS: A Markov model was developed in order to simulate the clinical and economical consequences of using PROSTIVA® or TURP in BPH. Four health states were considered: Intervention, therapeutic success, non-therapeutic success and permanent adverse events through a cost-effectiveness analysis. Clinical and economical data were retrieved from published clinical trials and validated by a clinician experienced in the BHP management. Perspective of the analysis was the National Health System perspective, so only direct costs were included. The time horizon was 15 years with 6 months cycles, so clinical and economical results were discounted at a 3% per year. A probabilistic sensitivity analysis (PSA) was performed in order to check the variability in the model results. All uncertain variables included were included in PSA. RESULTS: Mean cost per patient with PROSTIVA® was €1207 (p = 0.00) less than patients treated with TURP, but with a decrement 0.42 QALYs (p = 0.00), which leads us to an ICER of €2860/QALYs. Sensitivity analyses have shown consistent results across changes in all variables. CONCLUSION: PROSTIVA® compared to TURP has shown to be an efficient therapy for non-drug respondents BPH patients in Spain, with an ICER below accepted thresholds.