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 €5058 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.

PUK6

COST-EFFECTIVENESS OF TREATMENT WITH EPOIETIN ALPHA FOR PATIENTS WITH ANAEMIA DUE TO RENAL FAILURE—THE CASE OF SWEDEN

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Anaemia is a common complication of renal failure. Anaemia can be treated with erythropoietin (EPO) administration, RBC transfusion, or a combination of both. EPO has been registered for treatment of renal anaemia in Sweden since the beginning of the 1990s, and is the primary treatment regimen for anaemia related to renal failure. **OBJECTIVE:** The objective of this study was to carry out a cost-effectiveness analysis of treatment with epoietin alpha compared to treatment with RBC transfusion for patients with anaemia associated with renal failure in Sweden. **METHOD:** Incremental costs associated with EPO treatment compared with the traditional treatment therapy of blood transfusion (costs of EPO, iron supplementation, administration and surveillance, EPO complications and costs of blood transfusion) are estimated. Swedish treatment guidelines, patient characteristics and unit costs (provider perspective) are used throughout the study. Information about QALY gains is collected from the literature. **RESULTS:** The estimated cost per QALY gained from administration of EPO to renal patients in Sweden was found to be SEK 403,921 (EUR 43,201) on average. The cost of treatment with EPO differs widely between haemodialysis (HD) and peritonealdialysis (PD) patients due to different dosages of EPO and iron supplementation. The results were found to be sensitive regarding assumptions on QALY gains but not regarding the cost of blood transfusion. **CONCLUSION:** The estimated cost per QALY falls within the range acceptable of the value of a QALY in Sweden for both HD and PD patients. EPO administration to renal patients is much more costly in Sweden than in the UK, primarily due to higher dosage of EPO and iron supplementation in Sweden. Swedish patients, on the other hand reach higher Hb-levels than patients in the UK.

PUK7

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 became 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 BHP 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 BHP. 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 BHP patients in Spain, with an ICER below accepted thresholds.

PUK8

COST-EFFICACY OF FINASTERIDE, DOXAZOSIN AND THE COMBINATION OF BOTH IN THE TREATMENT OF BENIGN PROSTATIC HYPERPLASIA (BPH) IN FRANCE BASED ON THE MTOPS STUDY

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BPH and associated lower urinary tract symptoms affect quality of life of older men and could require surgery. The MTOPS study demonstrated that the risk of overall clinical progression (including worsening of symptoms, acute urinary retention, urinary incontinence, renal insufficiency, or recurrent urinary infection) was significantly reduced by finasteride (–34%, $p = 0.002$), doxazosin (–39%, $p < 0.001$) and by the combination of both (–66%, $p < 0.001$), as compared with placebo. The clinical benefit of the combination was significantly higher than the one of each individual component. MTOPS study showed also that only finasteride, alone or in combination with doxazosin reduced significantly ($p < 0.001$) the risk of invasive therapy by respectively 64% and 67% compared with placebo. **OBJECTIVE:** To estimate the cost-efficacy of finasteride, doxazosin, and the combination of both in the treatment of BPH in the perspective of