complications development was the main effectiveness criterion. Two types of surgical liners were compared: simple surgical sheet, as an example of reusable surgical liners, and a set of disposable gowns and drapes. RESULTS: It was established that the use of disposable surgical linen provides more effectiveness in comparison with reusable analogs. Calculation of total expenses for use of 2 compared alternatives showed that use of disposable surgical linen is economically more favorable ($85,4 $ for 1 operation) carrying out in comparison with the application of reusable surgical analogs ($603.6 $). Transition to this alternative scheme of medical care allows to buy additional number of surgical sets (1 673 sets during one year), on the money saved as a result of this transition. Unifactor statistical analysis was carried out, which showed that results of our pharmacoeconomic study were stable. CONCLUSIONS: Total costs of disposable surgical linen usage ($428 100 $ for 1 500 operation carrying out during 1 year) appeared to be much less, than those of reusable analogs application ($905 400 $). That is why disposable gowns and drapes can be recommended as economic.

**CONCLUSION**

**COMPARISON BETWEEN DIOGENES AND GONADOTROPIN-RELEASING HORMONE ANALOGS IN TURKEY**

**OBJECTIVES:** To evaluate the cost-effectiveness of 2mg dienogest versus gonadotropin-releasing hormone analog (GnRH-a) for endometriosis treatment. Some treatments only eliminate endometriotic symptoms while others shrink and reduce lesions in addition to symptom treatment. In this context, dienogest was compared to GnRH-a analogs, which are used in Turkey for both symptomatic treatment and as a contributor to shrinkage/reduction of the endometriotic lesions. RESULTS: Eligible for GnRH-a treatment. GnRH-a treatment included leuprolide acetate (3 mg 1 syringe/box). A Markov model was used to simulate three health endpoints for GnRH-a and 2mg dienogest. Cost differences were mainly from higher costs Di 2mg dienogest group versus the selected GnRH-a analogs

**CONCLUSIONS:** Women with menopause symptoms incur higher health care utilizations and costs during the follow-up period compared with women with and without symptoms. RESULTS: Among 80 matched patients, 84% had at least one symptom, with hot flashes being the most common. The average cost of patients with at least one symptom was much higher than of patients without symptoms ($13,570 [95% CI: $13,459-$13,680] vs. $3,391 [95% CI: $3,345-$3,436]). Yearly cost were mainly from higher costs increased $1,925-$2,070, p-value 0.001 vs. $247 [95% CI: $239-$254, p-value 0.001]. Physicians visit ($967 [95% CI: $961-$974], p-value 0.001 vs. $248 [95% CI: $246-$251], p-value 0.001), and pharmacy costs ($3,676 [95% CI: $3,648-$3,704], p-value 0.001 vs. $890 [95% CI: $880-$916], p-value 0.001). Women with symptoms were more likely to have inpatient (22.6% vs. 4.05%, P <0.001), outpatient emergency room (30.6% vs. 6.3%, p<0.001), and physician visits (79.86% vs. 18.71%, p<0.001).

**CONCLUSIONS:** Women with menopause symptoms incur higher health care utilizations and costs than those without. Results suggest that symptoms can be an important outcome of economic evaluations. Therefore it is crucial to control for them using probabilistic linkage to bridge the gap between registry and claims data.