RESULTS: Varying the compliance rates between 95% and 70% resulted in the average annual drug costs per patient ranging between €609 and €911 (49.6% difference). Sensitivity analyses of published drug-cost ranges between $400 and $821 for NVF and $800 and $1642 for VF caused average annual drug costs to vary by 51.8%. Reexamining the 94% compliance assumptions of a recently published report found that the $1.1 billion estimate for treating HIV/AIDS in Africa may underestimate costs by more than 28%.

CONCLUSION: Given that studies have demonstrated a high degree of variability in HIV/AIDS drug compliance in Africa, future cost studies should examine the impact of varying compliance rates on their results.

PIN4

A RETROSPECTIVE ANALYSIS OF TREATMENT PATTERNS AND COSTS IN EXTERNAL GENITAL WARTS FOR THE NETHERLANDS
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OBJECTIVE: To outline results of a retrospective analysis of patient charts at three dermatology clinics in the Netherlands for treatment of external genital warts (EGWs).

METHODS: Patient records with a principal treatment of EGW were identified. A total of 530 completed episodes of care for EGWs were analyzed. A (completed) episode of care was defined as a sequence of visits resulting in either wart clearance or patient referral to additional care, typically surgery.

RESULTS: Over 80% of the patients were initially treated with monotherapy, and podophyllin and cryotherapy were the principal initial therapy choices. Only 61.7% of males and 68.4% of females completed an episode of care with their initial choice of monotherapy. The average total cost of an episode of care was DFL487.76 and DFL644.13 for males and females respectively. The cost of achieving a successful outcome or episode of care (taking into account the proportion of patients with complete and incomplete episode of care) was DFL872.50 for males and DFL1,068.91 for females. The cost of completing an episode of care for those who initiated on podophyllin, taking into account therapy switching, was DFL451.40 for males (DFL851.48 for females) compared with DFL426.63 for males initiated on cryotherapy (DFL372.94 for females) and DFL780.56 for males initiated on podophyllotoxin (DFL518.57 for females).

CONCLUSIONS: Podophyllin, although no longer recommended in treatment guidelines, is one of the most frequently used therapies. Costs of treating EGWs are significantly impacted by the need to switch.

PIN5

COST-UTILITY ANALYSIS OF A PNEUMOCOCCAL/MENINGOCOCCAL COMBINATION VACCINE FOR INFANTS
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OBJECTIVE: To estimate the cost-utility of universal vaccination of infants with four doses of a combined 9-valent conjugated pneumococcal/6-valent outer membrane vesicle meningococcal B/C vaccine in the Netherlands, from a societal perspective.

METHODS: A decision analysis model is employed to estimate the health outcomes and costs of the vaccination program. Data were derived from the Netherlands Reference Laboratory for Bacterial Meningitis, PRISMANT Healthcare, national and international literature, and an expert panel. Direct costs and productivity costs (friction cost method) are considered. Future costs and QALYs are discounted at 4%. Cost-utility is expressed as net costs (in 1998 €) per QALY gained. For the baseline, a vaccine dose price of €20 and vaccine dose administration cost of €5 are assumed. The study fully corresponds with the Dutch guidelines for pharmacoeconomic research.

RESULTS: The vaccination program is estimated to cost €18,741,600, to prevent 27 deaths and 16 severe sequelae (e.g. seizures, spasticity, and mental retardation), and to avoid €7,546,600 in expenses per year. It would render 735 QALYs per year at a cost-utility of €15,200 per QALY. The break-even price of the vaccine is €5.7. These results are sensitive to the vaccine price, the vaccine effectiveness, and the vaccine coverage against other meningococcal serotypes and pneumococcal serotypes. Excluding the productivity costs has a limited influence.

CONCLUSIONS: The combination vaccine has not only a favourable cost-utility ratio when compared to other vaccines, but also averts a significant number of deaths and severe sequelae. Therefore it would be a promising candidate for national immunization programs.

PIN6

ESTIMATED COSTS TO CONDUCT A PHASE III CLINICAL TRIAL OF A NEW PULMONARY TUBERCULOSIS DRUG
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Clinical trial cost modeling is rarely done, but early protocol development and cost identification may reduce the uncertainty surrounding return on investment for therapies such as a new pulmonary TB drug.

OBJECTIVE: To develop a Phase III trial protocol for a potential new pulmonary TB drug and estimate the trial costs.

METHODS: We developed a trial protocol based on the study design submitted to the Food and Drug Administra-