OBJECTIVES: Sensory Modulation (SNM) is a minimally-invasive technology indicated for overactive bladder (OAB). SNM efficacy has been widely demonstrated yet its cost-effectiveness in the UK is unknown. The cost-effectiveness of SNM in patients with refractory idiopathic OAB with urinary incontinence (OAB-wet) was compared to optimal medical therapy (OMT) in the Netherlands, using a decision analytic model. METHODS: A published Spanish Markov model was adapted to current UK practice based on existing data and clinical advice. Treatment success was defined as >50% improvement in OAB-wet symptoms. Health care resource use included pre- and post- and follow-up treatments. Both treatments were compared with traditional treatment. Both OMT and SNM were modeled within a lifetime horizon with a 3% discount rate. Clinical outcomes were modeled according to each treatment's evidence of clinical effectiveness. Incremental cost-effectiveness ratios (ICER; costs per quality-adjusted life-year) were calculated for SNM vs. OMT and vs. Botulinum A (10 yrs), and SNM vs. PTNS (5 yrs) with uni- and sensitivity analyses. RESULTS: At 10 years, the cumulative costs of SNM-tined-lead, SNM-PNE, Botulinum A, and PTNS were €17,915, €20,335, €31,052, €10,952, €21,284, €20,751, and €14,564, respectively. The cumulative costs were $22,568, $25,986, $36,703, $12,603, $23,924, $23,391, and $17,104. The ICERs were €7,608 and $7,356 for SNM-tined-lead vs. Botulinum A, and vs OMT (10yrs), respectively, SNM-tined-lead and SNM-PNE were dominant (less costly and more effective) compared to PTNS (5 yrs). SNM-tined-lead was cost-effective vs. SNM-PNE. ICERs were most sensitive to Botulinum A efficacy and costs, but results were generally robust. CONCLUSIONS: SNM in patients with OAB-wet provides additional quality of life improvement with higher initial costs for SNM that are offset by a reduction in follow-up costs over time. This produces ICERs that are clearly below the threshold generally considered for cost-effectiveness in the UK. SNM represents value for money compared to OMT, Botulinum A, and PTNS, and may be considered in the preferred treatment option in the UK.

PMD56
THE COSTS-EFFECTIVENESS ANALYSIS COMPARING THE APPLICABILITY OR NOT OF WHOLE BRAIN IRRADIATION BEFORE STEREOTACTIC RADIOTHERAPY FOR THE TREATMENT OF ONE TO FOUR BRAIN METASTASES, ACCORDING TO BRAZILIANS THIRD-PARTY PRIVATE PAYERS’ PERSPECTIVE
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OBJECTIVES: In patients with one to four brain metastasis, if diameter < 4 cm, the standard treatment is whole brain irradiation (WBI) followed by stereotactic radiotherapy (SRS). The secondary interest is the therapy of isolated metastases, aiming to reduce side effects of WBI, despite a higher risk of intra-cerebral recurrences. The objective of this study was to compare the cost-effectiveness of those two strategies, under Brazilians third-party payers’ perspective.

METHODS: A meta-analysis of summary data, including all phase III prospective trails that compared SRS to WBI, was performed. Data about recurrence management, dependent on on the lesion size, as well as of previous delivered treatment, were also extracted. Costs were estimated based on charges according to Brazilian Health Care reimbursement rates for the private system (CBHPM). Only direct costs were considered. SRS and WBI costs were converted to Brazilian Real (BRL) using the exchange rate. Univariate sensitivity analysis was used to evaluate uncertainties around the ICER.

RESULTS: The ICER for HCE was $142 per additional case detected at all contact levels and it was the most cost-effective method. At ICER of $194 per additional case detected, WBI and SRS were compared in 2010 exchange rate. Univariate sensitivity analysis showed that varying the proportion of shared costs and subsistent wage exchange rate. Univariate sensitivity analysis was used to evaluate uncertainties around the ICER.

CONCLUSIONS: The use of SRS versus WBI might be considered as a cost-effective strategy in patients with up to 4 brain metastases. Once no detrimental survival effect have been shown, SRS can be cost-savings for Brazilians third-party payers, but patients need to be aware of the risks involved in not delivering WBI.

PMD57
THE COSTS-EFFECTIVENESS OF COBAN 2 FOR THE TREATMENT OF VENOUS LEG ULCERS IN THE NETHERLANDS
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OBJECTIVES: To assess the cost-effectiveness of 3M™ Coban™2 Layer Compression System (Coban 2) for the treatment of venous leg ulcers in the Dutch health care setting. METHODS: The health economic evaluation consists of a cost-effective-nes evaluation. A decision analytic model was used to determine the cost-effectiveness of Coban 2. The entry point of the model was the decision to start treatment with compression bandages. The treatment of Coban 2 was compared with traditional treatment (Short Stretch Bandages). The primary perspective of the study is that of the Dutch insurer. RESULTS: The use of Coban 2 leads to a mean total cost of € 528 compared to € 630 for traditional care, which leads to a cost saving of € 102 per patient. The effectiveness for Coban 2 is higher because of a shorter treatment period, which leads to a reduction of the negative impact on quality of life by lymphoedema.

CONCLUSIONS: The use of Coban 2 versus traditional treatment is cost saving for each treatment period with a higher effectiveness, due to shorter treatment duration and improvement in Quality of Life. As a consequence the use of Coban 2 leads to a positive impact on the total health care budget.

PMD60
THE COSTS-EFFECTIVENESS OF 3M™ COBANTM 2 LAYER COMPRESSION SYSTEM (COBAN 2) FOR THE TREATMENT OF LYMPHOEDEMA IN THE NETHERLANDS
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OBJECTIVES: To assess the cost-effectiveness of 3M™ Cobantm2 Layer Compression System (Coban 2) for the treatment of lymphoedema in the Dutch health care setting. METHODS: The health economic evaluation consists of a cost-effective-nes evaluation. A decision analytic model was used to determine the cost-effectiveness of Coban 2. The entry point of the model was the decision to start treatment with compression bandages. The treatment of Coban 2 was compared with traditional treatment (Short Stretch Bandages). The primary perspective of the study is that of the Dutch insurer. RESULTS: The use of Coban 2 leads to a mean total cost of € 528 compared to € 630 for traditional care, which leads to a cost saving of € 102 per patient. The effectiveness for Coban 2 is higher because of a shorter treatment period, which leads to a reduction of the negative impact on quality of life by lymphoedema.

CONCLUSIONS: The use of Coban 2 versus traditional treatment is cost saving for each treatment period with a higher effectiveness, due to shorter treatment duration and improvement in Quality of Life. As a consequence the use of Coban 2 leads to a positive impact on the total health care budget.