Ganfort is more cost effective than Duotrav and Xalacom in UK, Denmark, Sweden, Norway, Finland, France, Italy and Spain. Thus, the cost per percentage reduction in IOP is lower for Ganfort compared to Duotrav and Xalacom.

**PEY5**

**COST-EFFECTIVENESS MODELING OF LUCENTIS VERSUS USUAL CARE IN AGE RELATED MACULAR DEGENERESCEANCE**

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**OBJECTIVES:** To assess effectiveness, cost and cost-effectiveness of Lucentis versus current medical practices in age related macular degeneration in France. **METHODS:** A simulation decision framework over 1-year time horizon compares a new specific agent “Lucentis” versus usual care using two effectiveness endpoints: “vision acuity improvement rate” (greater than 15 letters at the ETDRS scale) and “rate of legal blindness avoided”. The two decision trees include various sequences of current therapies and laser treatment, including or not Lucentis. Data sources come from clinical data, literature and expert opinions for variability and uncertainty assumptions. Probabilistic sensitivity analyses were conducted taking into account specific distribution laws for each cost and effectiveness parameters. French costing data include direct medical costs, adaptative costs and social allowance in case of blindness. **RESULTS:** Rate of visual acuity improvement: Lucentis as first line agent is significantly more effective (p < 0.001), providing greater treatment success rate of visual acuity improvement than usual care (48.8% versus 33.9.1%). Direct medical costs is 9123 Euros over 1 year for Lucentis compared to 7604 Euros for usual care. Mean cost-effectiveness is 18721 Euros /success for Lucentis versus 22543 Euros/success for usual care (p < 0.001). Rate of legal blindness avoided: Lucentis as first line agent is significantly more effective (p < 0.001), providing greater treatment success rate of legal blindness avoided than usual care (99.6% versus 93.1%). Direct medical costs is 10493 Euros over 1 year for Lucentis compared to 8016 Euros for usual care. Mean cost-effectiveness is 10526 Euros /legal blindness avoided for Lucentis versus 8607 Euros/legal blindness avoided for usual care. **CONCLUSION:** Lucentis significantly improve the rate of visual acuity improvement and reduces the rate of legal blindness. Lucentis is significantly more cost-effective than usual care in term of visual acuity improvement.

**PEY6**

**COST OF CATARACT SURGERY AFTER IMPLANTATION OF THREE INTRAOCULAR LENSES WITH SQUARE EDGES**

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**OBJECTIVES:** To compare the lifetime costs of complications due to posterior capsule opacification after cataract surgery in three types of IOLs, namely two hydrophobic lenses SA60AT, AR40E and one hydrophilic lens the XL-Stabi. **METHODS:** Costs were estimated from the results of a retrospective study of patients who underwent cataract surgery in 2001 and 2002 as well as from data in the literature. Data were analysed after a minimum of 3 years post-surgery using Kaplan-Meier survival curve analysis with the end event being time to Nd:Yag laser capsulotomy. Costs were calculated using two methods of extrapolation. The economic perspective was that of the French Sickness Fund. **RESULTS:** After 3 years of follow-up, the percentage of patients who had undergone Nd:Yag laser capsulotomy was 12.0% with the SA60AT, 25.2% with the AR40E and 51.0% with the XL-Stabi lenses (p < 0.001). The total cost of capsulotomy and management of complications per patient lifetime was estimated to be 142.6 Euros for SA60AT, 273.4 Euros for AR40E ad 347.1 Euros for XL-Stabi using the first method of extrapolation, while using the second method of extrapolation, the costs were 242.8, 317.6 and 347.2 Euros, respectively. **CONCLUSION:** Lower costs for cataract surgery and management of related complications were observed with the SA60AT and AR40E IOL’s with the lowest overall costs being observed in the SA60AT lens.

**PEY7**

**COST-EFFECTIVENESS OF FIRST EYE CATARACT SURGERY IN ELDERLY WOMEN: A RANDOMISED CONTROLLED TRIAL**

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**OBJECTIVES:** Whilst the sight-restoring effects of surgery in patients with severe bilateral cataract are obvious, there has been a significant trend over the last two decades of performing cataract surgery at an increasingly earlier stage with a rising proportion having 6/12 vision or better at the time of listing. In these circumstances, the cost-effectiveness of surgery is open to question. Therefore, this study evaluated the cost-effectiveness of first-eye cataract surgery compared to no surgery from a Health Service and Personal Social Services perspective. **METHODS:** An economic evaluation was undertaken alongside a randomised controlled trial of first-eye cataract surgery in secondary care ophthalmology clinics. A total of 306 women over 70 years old with bilateral cataracts were randomised to cataract surgery (expedited, approximately 4 weeks) or control (routine, 12 months wait). Seventy-five percent of participants had baseline acuity of 6/12 or better. Health and social service contacts were collected at individual patient level from diaries ascertained at 3 and 9 months via telephone interviews, and at 6 and 12 months via face-to-face interviews. Outcomes included falls and Quality Adjusted Life Years (QALYs). **RESULTS:** The mean difference in cost between the operated and control group was £204 (bootstrapped/95% CI £1363 to £2833, p < 0.001) over one year (UK £2004). However, those in the operated group experienced, on average, 0.456 fewer falls, representing an incremental cost per fall prevented of £4390. The bootstrapped mean gain in QALYs per patient was 0.056 (95% CI 0.006 to 0.108, p < 0.001). The incremental cost utility ratio was £3,704, above the currently accepted UK threshold level of willingness to pay per QALY of £30,000. However, in a model of the costs and benefits over patients’ expected lifetime, the incremental cost per QALY was £13,172, under conservative assumptions. **CONCLUSION:** First-eye cataract surgery, whilst cost-ineffective over the trial period, appeared cost-effective over participants’ remaining lifetime.

**PEY8**

**A EUROPEAN SURVEY OF PATIENT SATISFACTION WITH SPECTACLES AND THE ASSOCIATED COSTS IN FIVE EUROPEAN COUNTRIES**

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**OBJECTIVES:** After 45–50 years of age, the vast majority of people have presbyopia, a loss of the ability to focus on near