

£2460 to £3515 and from £0 to £1050 per hospitalization averted from NHS and societal perspectives respectively. **CONCLUSION:** This study suggests that a RV vaccination programme would have a substantial impact in reducing the important burden of RVGE and associated costs in the UK.

PGI9

FIBRIN-COATED COLLAGEN FLEECE PATCHES OR FIBRIN GLUE? CLINICAL OUTCOMES FOLLOWING LIVER RESECTION SHOW NO DIFFERENCES

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OBJECTIVES: Improved dissection techniques and sealing of the resection surface with fibrin glue are making a significant contribution to reduced blood loss in liver surgery. Fibrin glues are available in the form of fibrin-coated collagen fleece patches that are altered to suit the resected area, and also as a dual-component spray application liquid glue. In this study we compared both fibrin glues for their differences in efficacy, applicability and costs. **METHODS:** In the last two years 200 elective liver resections were performed. This study focuses on the outcomes for 50 patients on whom either Tachocomb (Nycomed, Unterschleißheim) a fibrin-coated collagen fleece patch (Group 1, n = 25), or the spray application of Quixil (Ethicon, Norderstedt) a fibrin glue (Group 2, n = 25) were used intra-operatively. Demographic, operative, clinical data and cost were analyzed. In order to ensure comparability in 2006 the calculation of the cost of the fibrin products was based on manufacturers currently valid price lists and did not include discounts or VAT. **RESULTS:** Differences in number and weight of resected segments, transfusion requirements, complications, ICU and hospital stay were not statistically different between groups. The average quantity of collagen fleece used for Group 1 was $76.6 \pm 28.3 \text{ cm}^2$. In Group 2, the average amount of fibrin glue used in the resected area was $2.4 \pm 1 \text{ ml}$. A higher average cost for haemostatic agents per patient was found in Group 1: 583.00 Euros versus 315.56 Euros in Group 2 ($p = 0.014$). **CONCLUSIONS:** No significant difference in the clinical outcome between groups was demonstrated. Application of liquid fibrin glue has a financial advantage over fibrin-coated collagen fleece patches, bearing in mind the important role here of price agreements reached between individual clinics and manufacturers.

PGI10

COST-EFFECTIVENESS OF ESOMEPRAZOLE VERSUS GENERIC OMEPRAZOLE IN THE ACUTE TREATMENT OF REFLUX ESOPHAGITIS IN GERMANY

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OBJECTIVES: To assess cost-effectiveness of esomeprazole 40 mg once daily (od) versus generic omeprazole 20 mg od in the acute treatment of reflux esophagitis (RE) in Germany. **METHODS:** A decision analysis model was used considering pooled effectiveness data on 8 weeks treatment of RE from three large, randomised, double-blind comparative clinical studies (n = 4877). Results were analysed using an 8-week time horizon and reported separately, including work productivity costs or direct medical costs (drugs, physician contacts, investigations) only. Utility values associated with having healed RE (0.84) or unhealed RE (0.69) were derived from a survey (n = 1011) using the rating scale method in patients with gastroesophageal reflux disease (GERD). Estimates of GERD-related work productivity loss (absence from work and reduced productivity while at work) were derived from observed differences in productivity before

and after treatment with esomeprazole in an open-label clinical study (n = 237). A probabilistic sensitivity analysis (PSA) on direct medical costs was used to assess robustness of results, along with additional analyses extending the time horizon beyond 8 weeks. An acceptable threshold of €50,000 per quality-adjusted life year (QALY) gained was used in the PSA. **RESULTS:** When including direct medical costs only, the analysis resulted in mean additional costs of around €13,000 per QALY gained by using the more effective esomeprazole treatment strategy. The PSA on the probability of esomeprazole treatment being below a threshold of €50,000 per QALY gained supported robustness of a conclusion that esomeprazole treatment is cost-effective (incremental cost-effectiveness ratio <€50,000 threshold in 90% of cases). When work productivity costs were included, results indicated that the esomeprazole strategy is cost-saving. Extending the time horizon resulted in further cost-effectiveness advantages for esomeprazole. **CONCLUSIONS:** Esomeprazole 40 mg od is cost-effective compared with generic omeprazole 20 mg od in the acute treatment of RE in Germany.

PGI11

ECONOMIC EVALUATION OF THE PHARMACOLOGICAL THERAPY OF BLEEDING ESOPHAGEAL VARICES IN MEXICO

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OBJECTIVE: To determine the most cost-effective drug in the treatment of bleeding esophageal varices within the formulary available in the Mexican Institute of Social Security. **METHODS:** Economic evaluation that used costs and quality of life information from a multicentric clinical study in Mexican population and an expert panel. Efficacy data were obtained from a meta-analysis. The alternatives included were terlipressin and octreotide. The study perspective was institutional, 5 years time horizon, 3% real discount rate for both effectiveness and costs. Costs were estimated from financial information from IMSS, and are reported in US 2006 dollars. A decision tree with a Bayesian approach, as well as a Markov model with four health states describing the natural disease course and correction in the middle of the cycle, were used in the analysis. Mean cost-utility rates, net economic benefits and net health benefits were calculated. The sensitivity analysis included threshold, one-way, scenarios and probabilistic Monte Carlo simulation. **RESULTS:** Terlipressin had the lowest cost per QALY, \$119,321 compared with octreotide, \$179,984. The number of QALYs was similar for both alternatives, with a lower cost per QALY for terlipressin; therefore, due its being the cheaper one, terlipressin was the dominant alternative. The expected mean cost per patient in five years of octreotide was \$83,650, and \$66,385 for terlipressin. Acceptability curves showed that independently of WTP, terlipressin had a larger proportion of cost-utility cases in more than 70% and larger net economic and health benefits compared with octreotide. **CONCLUSION:** Terlipressin was the option with the lower cost per QALY in the pharmacological treatment of bleeding esophageal varices. Sensitivity analysis showed that the conclusions of the base study were robust.