VENTRAL, UMBILICAL, AND INGUINAL HERNIA: REVIEW OF THE CURRENT LITERATURE
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OBJECTIVES: To provide a comprehensive overview of existing literature on inguinal, ventral, and umbilical hernias in the UK, US, France, Germany, and Italy in four independent areas: 1) epidemiology; 2) treatment guidelines and management; 3) health-related quality of life; and 4) economic burden. METHODS: Systematic reviews and meta-analyses were reviewed ahead of any single studies. Studies included in the systematic reviews were not reviewed independently. Where systematic reviews were not available, the next highest level of evidence was identified. RESULTS: Seven studies examining incidence of inguinal (5), ventral (2), and umbilical hernia (0); 17 studies of HRQL in inguinal hernia repair (none in ventral or umbilical hernia repair); 4 systematic reviews and 22 costing studies of inguinal hernia repair (4 ventral hernia costing studies; none for umbilical); and 10 published guidelines on inguinal hernia repair only (none for France, Italy, or Germany) were identified. No prevalence studies were found and incidence data was limited to hernia repair procedures and recurrences versus true incidence of hernia. Open mesh repair appears most common due to safety, ease of technique, low recurrence rates and cost although laparoscopic repair has potential benefits over open mesh. Hernia repair generally leads to improved HRQL regardless of surgical technique. Mixed evidence supports LH patients having better HRQL, post-operative pain outcomes, return to work and usual daily activities profile following inguinal hernia surgery than OH patients. The inclusion of indirect costs such as absenteeism and presenteeism can significantly reduce or eliminate cost differences between laparoscopic and open repair as noted in TEP procedures. CONCLUSIONS: Although hernia repair is a common procedure, its epidemiology, treatment guidelines and management recommendations are not well referenced in the literature. Evidence based decision-making would be improved through reporting of real world, observational, longitudinal hernia repair data.

POSTER SESSION III
ALLERGY-ASTHMA

CLINICAL EFFECTIVENESS OF ADJUSTABLE DOSING SINGLE INHALER Budesonide/Formoterol FOR ASTHMA AND BUDGET IMPACT ANALYSIS
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OBJECTIVES: To compare budesonide/formoterol in single inhaler with budesonide + formoterol from separate inhalers and adjustable dosing of single inhaler budesonide/formoterol with fixed dosing in patients with moderate and severe persistent asthma. To assess national payers budget impact. METHODS: The clinical effectiveness analysis was performed according to Cochrane Collaboration Guidelines. Budget impact model consist of 3 refund settings scenarios for single inhaler, adjustable dosing budesonide/formoterol. RESULTS: Budesonide/formoterol in single inhaler vs budesonide + formoterol from separate inhalers Three RTC were included. No significant difference in quality of life and others parameters of disease symptoms control. Only dysphonia presence was statistically lower in single inhaler group (3 months follow-up), OR = 0.12 (0.02; 0.88). Fixed dosing versus adjustable dosing 7 RTC were included. No significant difference in quality of life and number of patients with at least one disease exacerbation (three months follow-up). Metaanalysis of trials with 5–6 months follow-up showed lower disease exacerbation risk with adjustable dosing, RR = 0.56 (0.40; 0.77). No significant difference in frequency of severe disease exacerbation, multiple exacerbation of disease, necessity of oral administration of corticosteroids and additional therapy. Lower risk of hospitalization/emergency treatment with adjustable dosing, RR = 0.65 (0.43; 0.98) was observed. Both treatments were well tolerated but the adverse event profile was statistically lower in adjustable dosing—less sever, asthma related adverse events, OR = 0.12 (0.02; 0.72) in three months follow-up was noticed. Budget impact model Single inhaler budesonide/formoterol refund consequences per year: 0.4 million sold drug units; 3248 avoided medical visits; 518 avoided hospital/emergency asthma exacerbations treatments; 27.7% reduction in drugs intake volume; 11–32 millions PLN national insurer budget savings. CONCLUSIONS: Single inhaler budesonide/formoterol therapy, especially adjustable dosing, is a clinically effective and well-tolerated treatment for patients with asthma. Refund of this therapy may generate savings for national insurer budget.