PMD41
THE COST-EFFECTIVENESS OF DRUG-ELUTING STENTS VERSUS BARE METAL STENTS IN TAIWAN
Fang Y.1, Yao M.2, Tseng T.1
1Fanghui University, Taichung city, Taiwan, 2National Chiao Tung University, Hsinchu county, Taiwan
OBJECTIVES: Drug-eluting stents (DES) have been shown to reduce in-stent restenosis and target vessel revascularization (TVR) in several large clinical trials. We conducted a systematic review to explore the differences in cost and effectiveness among the following clinical categories of DESs and bare metal stents (BMSs): METHODS: We retrospectively analyzed the clinical data and costs of patients with stable angina treated with coronary stents in 2012 at a medical center in Taiwan. RESULTS: We enrolled 245 patients treated with DESs vs. 194 patients treated with BMSs. The use of DESs is a lower rate of TVR compared with that with BMSs (11% vs. 20%, p < 0.05). Compared with the DES group, the overall costs were significantly higher in the BMS group (NT$13,772.7 ± 19,731.5, p < 0.003). CONCLUSIONS: The use of DESs significantly decreased the rate of TVR at 2 years after intervention, but is probably not cost-effective compared with BMSs in patient populations.

PMD42
ECONOMIC EVALUATION OF PACLITAXEL-ELUTING BALLOON CATHETER FOR PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY (PTA) IN MEXICAN POPULATION WITH PERIPHERAL ARTERIAL OBSTRUCTIVE DISEASE
Ceballos R.1, Orozco J.J.2, Soto H.3, Carmona M.1, Escobar Juárez Y.4
1Medtronic, Mexico, Mexico, 2Medtronic, Medellin, Colombia, 3Universidad Autónoma Metropolitana, México D.F., Mexico, 4Medtronic, Mexico, Mexico
OBJECTIVES: To perform a full economic evaluation through a cost-effectiveness analysis of the use of paclitaxel-eluting balloon catheter (IN.PACT™ Admiral) in comparison with balloon catheter, for PTA in the treatment of peripheral obstructive arterial disease in Mexico, from the perspective of the health system. METHODS: We conducted a literature review of the efficacy and of various pathological conditions, the avoidance of unnecessary visits to patients for augmentation cystoplasty, the cost was $205,049.02 with 3.19 continence years and 3.27 QALY’s with a cost of $279,538.11- The ICER over balloon-tomax A was 69,917.92, less than one time the Mexican GDP per capita, for the balloon-tomax the cost was 191,343.86 with 2.39 continence years and 2.13 QALY’s; for augmentation cystoplasty the cost was $205,049.02 with 3.19 continence years and 2.37 QALY’s. The probabilistic sensitivity analysis demonstrated that sacral neurostimulation is a cost-effective alternative, despite the modification of all the model's variables. CONCLUSIONS: Sacral neurostimulation is a very cost-effective alternative for patients in the the public health care system in Mexico, being ICU and ICER less than one time the Mexican GDP per capita.

PMD45
CAROTID-OVER-DERIBRILLATOR: THE CHOICE BETWEEN THE NEED AND LIMITED RESOURCES
Gurkaeva G., Kulikhan T., Sanykova A., Issaytseva N
National Center for Health Development, Astana, Kazakhstan
OBJECTIVES: The severity of the effect in reducing the risk of sudden cardiac death has a significant positive impact on the forecast as a whole and significantly affects the anticipated mortality rates. The authors evaluated the cost-effectiveness of using sacral neurostimulation versus botulinum toxin type A and augmentation cystoplasty in the treatment of overactive bladder in Mexico, from the perspective of the public health sector. METHODS: A systematic literature review conducted to extract data on safety and efficacy of sacral neurostimulation, botulinum toxin type A, and augmentation cystoplasty. A cost-effectiveness analysis was performed using a Markov model with a time horizon of 5 years, with 3-month cycles. The model compared initial and recurrent costs of sacral neurostimulation, botulinum toxin type A, and augmentation cystoplasty for overactive bladder. We evaluated the robustness, probabilistic sensitivity analysis was performed, using Monte Carlo simulations. RESULTS: Sacral neurostimulation showed better efficacy with 3.65 continence years and 2.37 QALY’s with a cost of $279,538.11- The ICER over balloon-tomax A was 69,917.92, less than one time the Mexican GDP per capita, for the balloon-tomax the cost was 191,343.86 with 2.39 continence years and 2.13 QALY’s; for augmentation cystoplasty the cost was $205,049.02 with 3.19 continence years and 2.37 QALY’s. The probabilistic sensitivity analysis demonstrated that sacral neurostimulation is a cost-effective alternative, despite the modification of all the model’s variables. CONCLUSIONS: Sacral neurostimulation is a very cost-effective alternative for patients in the the public health care system in Mexico, being ICU and ICER less than one time the Mexican GDP per capita.