ASSOCIATED WITH IATROGENIC PNEUMOTHORAX

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COST OF COPD IN POLAND

BURDEN OF BRONCHIAL ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN RUSSIA

LONG-TERM EFFECTIVENESS AND COST-EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS IN PATIENTS WITH COPD

CONCLUSIONS: According to the results of the analysis Bronchial asthma and Chronic Obstructive Pulmonary Disease proved to be an important medical and social problem in Russian Federation.
ous abstinence rate and intervention costs were estimated. A dynamic population model for COPD was used to project the long-term (cost-)effectiveness of one year implementation of minimal counseling, intensive counseling and intensive counseling plus pharmacotherapy for 30% of the smoking COPD patients compared to usual care in Italy. Uncertainty analyses were performed for variations in (the calculation of) the abstinence rates, the type of projection, intervention costs and discount rates. RESULTS: Nine studies were selected. The average 12 months continuous abstinence rates were estimated to be 1.4% for usual care, 2.6% for minimal counseling, 6.0% for intensive counseling and 12.3% for pharmacotherapy. Compared to usual care, the costs per QALY gained for minimal counseling, intensive counseling and intensive counseling plus pharmacotherapy were €16,900, €8,200 and €2,400, respectively. Results were most sensitive to variations in abstinence rates and cost of intervention. CONCLUSIONS: Compared to usual care, intensive counseling plus pharmacotherapy resulted in lower costs per QALY gained with ratios comparable to results presented for smoking cessation in the general population. Compared to intensive counseling alone, intensive counseling plus pharmacotherapy was cost saving and dominated the other interventions.

A cost-utility analysis for tiotropium bromide in the long term treatment of specific subgroups of Italian COPD patients

PR25

OBJECTIVES: The UPLIFT trial demonstrated in 5,993 patients with moderate to very-severe chronic obstructive pulmonary disease (COPD) that 4 years of tiotropium bromide was associated with improvements in exacerbations compared with placebo. The aim of this study is the economic assessment of tiotropium when included in COPD routine care (RC) for specific groups of Italian COPD patients. METHODS: A probabilistic patient-level simulation Markov model was used for this analysis. One lifetime cycle was modeled with a 2-year cycle. Costs, utilities, and discount rates were estimated. a Monte Carlo simulation with 1,000 runs was performed for variations in (the calculation of) the abstinence rates, the type of projection, intervention costs and discount rates. RESULTS: Nine studies were selected. The average 12 months continuous abstinence rates were estimated to be 1.4% for usual care, 2.6% for minimal counseling, 6.0% for intensive counseling and 12.3% for pharmacotherapy. Compared to usual care, the costs per QALY gained for minimal counseling, intensive counseling and intensive counseling plus pharmacotherapy were €16,900, €8,200 and €2,400, respectively. Results were most sensitive to variations in abstinence rates and cost of intervention. CONCLUSIONS: Compared to usual care, intensive counseling plus pharmacotherapy was cost saving and dominated the other interventions.

A decision-analytic model to estimate the incremental cost-effectiveness of SFC versus montelukast in adult patients with persistent asthma. METHODS: A decision-analytic model was developed from a randomized, double-blind, double-dummy, 12-week clinical trial were analyzed. Efficacy end points included, symptom-free days (SFDs) during the 12-week period. The study assumed the Mexican health care perspective with costs in 2010 US dollars, and hence only direct costs were included in the analysis. Direct costs included those related to study drugs, emergency room department visits, unscheduled physician visits, and rescue medication. The incremental cost-effectiveness ratio (ICER) was calculated with a three-year time horizon. Sensitivity analyses were conducted to assess the impact of different assumptions on the results. RESULTS: Treatment with FSC resulted in a significantly greater improvement in the mean percentage of symptom-free days compared with MON (48.9 and 21.7 respectively (p < 0.001). In the base case, patients initiated on SFC displayed a 45% reduction in overall cost as compared with patients initiated on MON US $186 versus $US258, respectively, respectively). SFC dominated the use of MON because of previously demonstrated lower incidence of Asthma exacerbations and rescue free days. Sensitivity analyses determined that univariate changes in all model variables, including medication cost, and cost of treating exacerbation, did not impact overall results. A Monte Carlo simulation analysis found that use of SFC remains the best overall treatment strategy when taking into consideration the potential variations in costs and outcomes. Compared with MON, SFC is estimated to be both more effective and more economically favourable, with a probability of almost 92%. CONCLUSIONS: The decision model indicated that use of SFC as treatment in patients with asthma should result in lower overall treatment costs relative to the cost of MON.

Cost-effectiveness of mometasone furoate as maintenance treatment in patients with mild to moderate asthma from the public payer perspective in Brazil

PR26

OBJECTIVES: In the Brazilian public health care system, mometasone furoate (MF), the most used anti-asthma medication in the Brazilian public setting. Further research to directly compare both medications and to measure finalistic outcomes alongside clinical trials is needed.

Economic evaluation of fluticasone propionate/salmeterol combination therapy and montelukast in adult patients who are symptomatic on short-acting beta 2-agonist alone

PR28

OBJECTIVES: To estimate the incremental cost-effectiveness of SFC versus montelukast in adult patients with persistent asthma. METHODS: A decision-analytic model was developed from a randomized, double-blind, double-dummy, 12-week clinical trial were analyzed. Efficacy end points included, symptom-free days (SFDs) during the 12-week period. The study assumed the Mexican health care perspective with costs in 2010 US dollars, and hence only direct costs were included in the analysis. Direct costs included those related to study drugs, emergency room department visits, unscheduled physician visits, and rescue medication. The incremental cost-effectiveness ratio (ICER) was calculated with a three-year time horizon. Sensitivity analyses were conducted to assess the impact of different assumptions on the results. RESULTS: Treatment with FSC resulted in a significantly greater improvement in the mean percentage of symptom-free days compared with MON (48.9 and 21.7 respectively (p < 0.001). In the base case, patients initiated on SFC displayed a 45% reduction in overall cost as compared with patients initiated on MON US $186 versus $US258, respectively, respectively). SFC dominated the use of MON because of previously demonstrated lower incidence of Asthma exacerbations and rescue free days. Sensitivity analyses determined that univariate changes in all model variables, including medication cost, and cost of treating exacerbation, did not impact overall results. A Monte Carlo simulation analysis found that use of SFC remains the best overall treatment strategy when taking into consideration the potential variations in costs and outcomes. Compared with MON, SFC is estimated to be both more effective and more economically favourable, with a probability of almost 92%. CONCLUSIONS: The decision model indicated that use of SFC as treatment in patients with asthma should result in lower overall treatment costs relative to the cost of MON.

Cost-effectiveness of salmeterol/fluticasone propionate combination versus leukotriene montelukast for the control of persistent asthma in children

PR29

OBJECTIVES: To assess the incremental cost-effectiveness of SFC compared with MON for the control of persistent asthma in children. METHODS: We conducted an economic evaluation on a 12-week prospective randomized open-label parallel group

Economic evaluation of fluticasone propionate/salmeterol combination therapy and montelukast in adult patients who are symptomatic on short-acting beta 2-agonist alone

PR28

ECONOMIC EVALUATION OF FLUTICASONE PROPIONATE/ SALMETEROL COMBINATION THERAPY AND MONTELUKAST IN ADULT PATIENTS WHO ARE SYMPTOMATIC ON SHORT-ACTING BETA 2-AGONIST ALONE

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