any of three evaluated antibiotic. The use of resources as estimated according to Mexican Social Security Institutions expenses and its use were simulated within a decision tree with Bayesian approach. The model considered clinical success as the best health state, reached in either short hospital stay or long hospital stay and a therapeutic failure. A first-line antibiotic therapy (DAP, VAN or LIN) which caused the use of a second-line antibiotic therapy (DAP or LIN depending on first-episode) Costs calculation considered hospital stay, concomitant medication and selected antibiotic treatment. Results were evaluated with incremental analysis and one-way sensitivity analysis of the most uncertain variables were also conducted. RESULTS: The use of i.v. Daptomycin as first-line therapy followed by i.v. Linezolid in case of therapeutic failure resulted in the lowest total cost per clinical success (DAP-LIN: $3255.00 USD/Cs; VAN-DAP: $3310.00 USD/Cs; VAN-LIN: $3310.00 USD/Cs; LIN-DAP: $1465.00 USD/Cs with a 98% of CS. The sensitivity analysis varying clinical success rates of every evaluated alternative showed robustness of base study. CONCLUSION: Daptomycin is the most cost-effective alternative in the treatment of CSSI when used as first-line antibiotic therapy since its use reduces the length of hospital stay reducing expenses of public health system budget in Mexico.

ECONOMIC BURDEN OF MODERATE TO SEVERE CHRONIC PLAQUE PSORIASIS IN CANADA

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Objective: To examine the economic burden of moderate to severe chronic plaque psoriasis in Canada.

METHODS: Data were collected on 90 patients diagnosed with moderate or severe chronic plaque psoriasis in three dermatology clinics (British Columbia, Ontario and Quebec). Data were obtained from three sources: clinic charts determining medical resources utilized for treatment; patient questionnaires eliciting information on non-medical resources utilized, lost productivity, and the impact on quality of life (QoL) using the Dermatology Quality of Life (DLQI); and unit costs (all in CND$2008) from published sources. RESULTS: The estimated mean annual costs of treating patients with moderate to severe chronic plaque psoriasis was $7966/patient, of which $4524 (95% confidence interval (CI): $2246 to $6802) was due to direct medical and non-medical costs, and $3442 (95% CI: $1293 to $5590) was due to lost productivity. The estimated mean DLQI of 6.7 is reflective of a moderate impact of psoriasis in moderate to severe psoriasis patients. CONCLUSIONS: Extrapolating these costs to the estimated number of affected Canadians means that moderate to severe psoriasis costs on the order of $961.3 million (95% CI: $477.3 million to $1.4 billion) in direct medical and medical costs annually. The total cost to society is approximately $1.7 billion (95% CI: $752.0 million to $2.6 billion). This economic burden coupled with the QoL effect indicates the need for more efficient and long-term control.

ECONOMIC BURDEN OF SEVERE CHRONIC HAND ECZEMA/DERMATITIS IN CANADIAN ADULTS

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Objective: To examine the economic burden of severe chronic Hand Eczema (CHE) or Chronic Hand Dermatitis (CHD), characterized by thick scaly skin causing painful fissures, erythema, itching, blistering and oedema. Severe CHE/CHD is often unresponsive to conventional topical corticosteroids and results in substantial occupational, personal, and psychological disability. There is currently a lack of information regarding the economic burden of CHE/CHD in Canada. METHODS: A dynamic Excel® model was developed to estimate the cost of treating adults with severe CHE in Canada. Epidemiological-calculational data were derived from systematic literature searches. A Delphi panel of dermatologists provided estimates of resource utilization and validated epidemiological-calclinal rates. Given the impact on lost productivity, a pseudo societal perspective was chosen; out of pocket expenses (travel and non-prescription pharmaceuticals) were excluded from the analysis. Costs were derived from Ontario and reported as 2008 Canadian dollars. RESULTS: In 2008 the estimated adult population was 26 million. From the literature it was determined that 10% of adults may be affected by CHE, of those 6.7% may have severe CHE/CHD. Assessing 10% of these patients doesn’t adequately respond to topical corticosteroids, an estimated 87,200 Canadians have severe CHE being refractory to topicals. Treatment costs, including lost productivity, was calculated to be $737 million per annum. Even assuming current second-line treatment options are 100% effective, the cost of severe CHE was estimated to be $1390 million per annum. CONCLUSIONS: This study estimated the cost of severe CHE/CHD unresponsive to topical corticosteroids in Canada ranges from $390-$737 million per annum. The majority of costs come from lost productivity due to disease and accessing treatment.

COSTUTILITY ANALYSIS OF POSTERIOR LAMELLAR KERATOPLASTY IN CANADA

Baugrand C, Beaune P, Fournier P

Objective: To perform a cost-utility analysis of posterior lamellar keratoplasty techniques, including deep lamellar endothelial keratoplasty (DLEK), Descemet stripping endothelial keratoplasty (DSEK) and Descemet stripping automated endothelial keratoplasty (DSAEK), in the treatment of corneal endothelial diseases.

METHODS: This cost-utility analysis was performed from a Canadian health system perspective over a lifetime time horizon. A Markov model was constructed to compare the cost per quality adjusted life year (QALY) associated to penetrating keratoplasty (PK) and lamellar keratoplasty techniques (DLEK, DSEK and DSAEK). The Markov model included all major health states relevant to patients scheduled for corneal transplantation: waiting for transplantation, surviving graft with or without