4VP se incrementaron con la escolaridad de las mujeres. **CONCLUSIONES:** Pese a los resultados favorables en salud materna atribuibles al SP; es importante redoblar el esfuerzo del sistema mexicano de salud por lograr la cobertura efectiva en salud de la población más vulnerable de México. El uso eficiente y equitativo de los recursos será indispensable para consolidar el acceso universal a la salud en México.

RF2
EPIDEMIOLOGICAL AND ECONOMIC IMPACT OF CHRONIC KIDNEY DISEASE IN PATIENTS WITH HYPERTENSION AND DIABETES IN COLOMBIA

Carrasquilla-Sotomayor M, Santos-Ochoa JJ, Alvis-Zakzuk J, Alvis-Zakzuk N, Paternina-Caicedo A, Alvis-Guzmán N
Universidad de Cartagena, Cartagena de Indias, Colombia

OBJECTIVES: Epidemiologic transition from infectious to noncommunicable diseases (NCDs) in most countries may increase disease and economic burden. Chronic kidney disease (CKD) is a public health problem worldwide. In Colombia, CKD is related to catastrophic health expenses in the overall health care system. The aim of this study is to assess epidemiological and economic impact of CKD in people with risk factors for CKD in Colombia. **METHODS:** A Markov decision model was carried out to estimate the burden of disease of CKD in Colombia. The Markov model have seven states, which followed people with diabetes mellitus (DM) and hypertension from disease onset to 90 years old (in 50 annual cycles). Five states went from CKD stage-1 to CKD stage-5, one transplant state and one absorbing state (death). Parameters were drawn from a literature review. Direct costs were drawn from a sample of patients with end-stage CKD from a large insurer in Colombia between 2009 and 2011. Outcome measures were: cases of CKD, deaths, disability-adjusted life-years (DALYs), and treatment costs. **RESULTS:** In Colombia, of 1,899,572 patients with hypertension and DM (62.9% were women), 1,083,735 (57.1%) developed CKD. Of all cohort deaths, 55% were caused by CKD. 4,413 transplants occurred in the cohort. 6.3 millions DALYs are associated to CKD in women, and 10.9 in men, for a total of 17.3 millions. The mean cost per patient with end-stage CKD is around I\$20.6 dollars (PPP adjusted). This burden would represent I\$45.8 billions dollars (14.1% of estimated Gross Domestic Product of Colombia) if all cases were attended. **CONCLUSIONS:** Despite limitations, this study shows the increasing economical and disease burden of NCDs in developing countries. This study also highlights the challenge on health systems of increasing aging population and risk factors for NCDs in developing countries such as Colombia.

RF3
FACTORES PREDICTORES DE OBSTRUCCIONES CORONARIAS SIGNIFICATIVAS EN PACIENTES ADULTOS CON CINEANGIOCORONARIOGRAFÍAS REALIZADAS EN URUGUAY FINANCIADAS POR EL FONDO NACIONAL DE RECURSOS

Fernandez G, Morales M, Lombide I, Perna A
Fondo Nacional de Recursos, Montevideo, Uruguay

OBJETIVOS: La realización de una cineangiocoronariografía (CACG) es el gold Standard para definir la anatomía coronaria. El porcentaje de lesiones coronarias no significativas varía según la magnitud de obstrucción definida; siendo del 9 al 25 % cuando consideramos lesiones menores al 50 %. Existen factores predictores como sexo masculino, edad avanzada, diabetes, dislipemia y tabaquismo. El Fondo Nacional de Recursos (FNR), financia según normativas de cobertura institucionales, prestaciones médicas altamente especializadas en Uruguay, entre ellas las CACG de las cuales reúne un registro único nacional. Objetivos: 1) Conocer el porcentaje de CACG con lesiones coronarias significativas (mayores al 50 %) realizados entre 1/07/2011 y 30/06/2012; 2) Identificar el tratamiento elegido luego de su realización; 3) Describir los factores predictores que permitan identificar pacientes con alto riesgo de tener lesiones coronarias significativas. **METODOLOGÍAS:** Estudio retrospectivo de una cohorte histórica de pacientes consecutivos mayores de 18 años, con CACG realizada en el período establecido . Se excluyeron las solicitadas por enfermedad cardíaca no coronaria. **RESULTADOS:** Se incluyen 6.737 CACG, de los cuales son de sexo masculino 67,2% , con una media de edad de 64,7 años. El total de CACG realizadas con lesiones mayores al 50 % fue 5.737 (85,1%). En 1549 (23 %) se optó por el tratamiento médico. Los factores de riesgo retenidos en el modelo de regresión logística fueron: edad > 50 años, sexo masculino, procedencia geográfica, diabetes, dislipemia, tabaquismo, ausencia de obesidad, oportunidad del procedimiento, y tener un infarto trasmural. **CONCLUSIONES:** El porcentaje de CACG con lesiones significativas se encuentra dentro de lo reportado en la bibliografía internacional lo que traduce un adecuado proceso de toma de decisiones. La identificación de factores de riesgo es de utilidad para este proceso de financiamiento de CACG en aquellos pacientes con mayor riesgo de presentar lesiones coronarias significativas.

RF4
COST-EFFECTIVENESS OF VARIOUS COMBINATIONS OF HUMAN PAPILLOMAVIRUS (HPV)-BASED PRIMARY SCREENING TESTING, INCLUDING GENOTYPING FOR HPV 16/18, FOR CERVICAL CANCER SCREENING IN MEXICO

Corro A[1], Ramirez A[1], Williams E[2], Huang J[3], Souza FH[4]
[1]Roche Diagnostics, Mexico, Mexico, [2]Xcenda, Palm Harbor, FL, USA, [3]Roche Molecular Diagnostics, Pleasanton, CA, USA, [4]Roche Diagnostics, Sao Paulo, Brazil

OBJECTIVES: To determine the cost-effectiveness of various cervical cancer (CxCa) screening algorithms including the cobas HPV Test in Mexico, which identifies HPV genotypes 16/18 individually while simultaneously detecting the other high-risk HPV types. **METHODS:** A cohort Markov model was developed to compare five CxCa screening strategies: (S1) cytology only, (S2) cytology with reflex HPV; (S3) HPV with reflex cytology, and (S4) cytology and HPV co-testing; (S5) cobas HPV with genotyping and reflex cytology. Screening began at age 30 with a routine screening interval of every 3 years, and was modeled over a time horizon of 40 years. Performance of the overall screening strategies was derived from the ATHENA (Addressing THE Need for Advanced HPV Diagnostics) trial. Trial baseline data were used for the base case, and 1-year follow-up outcomes were estimated for the alternative scenario, assuming all persistent disease is detected in the subsequent visit. The direct costs for screening and treatment of CxCa were estimated using the perspective of Mexican Institute of Social Security (IMSS). Costs were in 2010 US dollars. Costs

and quality-adjusted life years (QALYs) were discounted at 3% annually. One-way sensitivity analyses were conducted. **RESULTS:** Using a \$20,000/QALY threshold, baseline screening with S5 dominated S3 and S4 by reducing overall cost, annual cancer incidence, and improving QALYs; and was cost-effective compared to S1 and S2. In the 1-year follow-up scenario, S5 was cost-effective compared to all other strategies. Detection of HPV 16/18 with S5 resulted in earlier diagnosis of clinically relevant CIN 2/3 at the initial visit as well as more efficient use of screening tests during follow-up. Sensitivity analyses showed that test sensitivities were the most impactful on model results. **CONCLUSIONS:** Incorporating the cobas HPV test with HPV 16/18 genotyping was cost-effective compared to various CxCa screening strategies, and resulted in improved protection against CxCa.

TRENDS IN HEALTH CARE STUDIES

TR1
SELF-REPORTED HEALTH STATUS AND EQ-5D-3L VALUES OF THE ARGENTINE POPULATION: COMPARING 2005 VERSUS 2009 NATIONAL RISK FACTOR SURVEYS

Augustovski F[1], Rey Ares L[2], Gibbons L[2]
[1]IECS - Instituto de Efectividad Clinica y Sanitaria, Buenos Aires, Argentina, [2]Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina

OBJECTIVES: To describe and compare general population self-reported health and EuroQol EQ-5D-3L values in 2005 and 2009 Argentina national risk factors survey. **METHODS:** The 2005 and 2009 waves included 41,392 and 34,732 adults, randomly selected from all Argentine provinces with a probabilistic multi-stage sample design. We report general population summary data on health status (EQ-5D-3L and the general health question of SF-36) as well as of different sociodemographics subgroups. Argentine time-trade off (TTO) and visual analog scale (VAS) values (V) weights were used. A descriptive analysis was done. 2005 results were compared to 2009 using Rao-Scott chi-square or regression analysis. **RESULTS:** Good or better self reported health was similar in 2005 and 2009 (80.1 vs. 80.7%). More people reported no limitations in all EQ-5D domains in 2009 vs. 2009 (61 vs. 57%; p<0.001). Mean values in 2005 versus 2009 were: VAS 75.3 vs. 75.9; p=<0.001; TTO 0.89 vs. 0.91; p==<0.001; VAS-V 0.86 vs. 0.88; p=<.001. 63 vs. 66% of males and 52 vs. 56% of females; 71 versuss 77% of 18-24y; and 37 versus 36% of 65+y; 63 versus 69% in the higher education category reported no limitations. VAS; TTO; and VAS-V 2005 versus 2009 in subjects without limitations: 82.4; 1; 1 versus 82.4; 1; 1; while in subjects with any limitation figures were 66.5; 0.76; 0.69 versus 66.2; 0.76; 0.69. **CONCLUSIONS:** In this analysis of the first two waves of Argentina National Risk Factors Survey, we found a small secular trend between 2005 and 2009, showing slightly better self reported health in 2009. There are few population surveys in our region that incorporated health status measures and did it in a periodic basis. These results can serve as a benchmark for future population studies and also as inputs for cost-utility analysis of health technologies in Argentina and Latin America.

TR2
ANÁLISIS BIBLIOMÉTRICO DE LA PRODUCCIÓN CIENTÍFICA EN ECONOMÍA DE LA SALUD EN LATINOAMÉRICA

Simbaqueba E, Romero M
Fundacion Salutia, Bogotá, Colombia

OBJETIVO: Analizar el nivel de producción científica en economía de la salud en Latinoamérica aplicando métodos de valoración cuantitativos de recuento y de análisis bibliométrico. **MÉTODO:** La revisión fue hecha a partir de la base de datos Scopus, dada su mayor cobertura de acuerdo a Academic Database Assesment Tool. Los resultados se analizaron a través de indicadores de producción, difusión, colaboración y bibliométricos, en los que se contemplaron tendencias de publicación, tipo de documento, área de trabajo, revistas, país (Latinoamericanos), número de citaciones, factor de impacto, el índice h, y red de difusión. **RESULTADOS:** Se encontraron 860 artículos científicos con autores de afiliación institucional en países latinoamericanos. La función de crecimiento anual presentó una tendencia exponencial en los últimos veinte años. Brasil, México, Argentina, y Chile son los países con mayor impacto y desarrollo en el campo de economía de la salud aportando el 80,6% del total de referencias encontradas. La producción se encuentra vinculada especialmente a instituciones universitarias y grupos de investigación, principalmente la Universidad de Sao Paulo, la Fundación Oswaldo Cruz, Universidad de Chile. Las áreas de mayor presencia son: medicina (64%); ciencias sociales (7,5%); y ciencias biológicas (5,4%). La economía de la salud cuenta con un índice h: 22. **CONCLUSIÓN:** La producción en economía de la salud en Latinoamérica muestra un creciente desarrollo y arraigo institucional. Se espera que el entendimiento y posicionamiento de esta materia cuente como herramienta de soporte en la toma de decisiones para los gobiernos de la región y en la asignación de recursos para la salud.

TR3
A MULTI-NATIONAL SURVEY ASSESSING THE RELATIONSHIP BETWEEN PROPHYLAXIS TREATMENT AND HEALTH-RELATED QUALITY OF LIFE AMONG SEVERE HEMOPHILIA A PATIENTS IN LATIN AMERICA

Perez Bianco PR[1], Berges A[2], Linares A[3], Moreno B[4], Arvizu J[5], Brabata C[5], Xiong Y[6], Ito D[6]
[1]Instituto de Investigaciones Hematologicas - Academia Nacional de Medicina, Buenos Aires, Argentina, [2]Instituto Mexicano del Seguro Social. Centro Medico Nacional La Raza Hospital General, Azcapotzalco, Mexico, [3]Clinica Infantil Colsubsidio, Bogotá, Colombia, [4]Fundacion Panamena de Hemofilia/Hospital del Nino, Panama City, Panama, [5]Baxter Healthcare Corporation, Miami, FL, USA, [6]Baxter Healthcare Corporation, Westlake Village, CA, USA

OBJECTIVES: Research has shown that Hemophilia A patients report lower health-related quality of life (HRQOL) compared to the general healthy population. While a primary prophylaxis (PP) treatment regimen reduces bleed rates, it remains unclear if it is associated with improved HRQOL. The objective of this analysis was to determine if treatment regimen was associated with better HRQOL among hemophilia A patients in Latin America based on patient self-report. **METHODS:** This cross-sec-