minor bleeds is taken into account, and the subsequent cost consequences over time offset the surgical costs.

THE COST EFFECTIVENESS OF AN EXTRA-CORPOREAL LIVER ASSIST DEVICE FOR PATIENTS WITH FULMINANT HEPATIC FAILURE
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OBJECTIVES: Emergency liver transplantation represents the only effective and recognized therapy for fulminant hepatic failure (FHF). However, many patients die while waiting for a donor liver. Bioartificial liver devices such as the Extracorporeal Liver Assist Device (ELAD) could allow for sufficient support until a donor liver becomes available or until the patient’s own liver can recover. The objective of this study was to assess the cost-effectiveness of ELAD in FHF patients.

METHODS: We performed a cost-effectiveness analysis from a payer perspective using clinical data from 19 patients who received either ELAD or usual care in a Phase II randomized clinical trial. A statistically significant improvement in bridging to transplant with the use of ELAD was found, with 67% ELAD patients surviving 30 days, compared to 43% of patients in the usual care group. A decision-analytic model was used to determine the incremental cost per additional year of life gained with ELAD versus usual care. Costs were derived from liver transplant literature.

RESULTS: The incremental cost per additional year of life gained for ELAD compared with usual care ranged from $49,200 to $71,500. Among those patients requiring liver transplant, the cost per additional year of life gained was $52,600 compared to individuals not receiving a transplant. The model was sensitive to assumptions regarding the cost of ELAD and the proportion of patients successfully bridged to transplant.

CONCLUSIONS: ELAD bioartificial liver device may offer both survival and economic benefits to FHF patients. ELAD appears to be a reasonable and cost-effective alternative to usual care in the treatment of FHF. In addition to its value as a bridge to transplant, ELAD may offer even more health and cost benefits as a bridge to recovery. Future studies will continue to examine this effect across larger populations.

THE EF-VAS: A PREFERENCE-BASED SELF-ADMINISTRATION INSTRUMENT FOR ASSESSING THE IMPACT OF ERECTILE DYSFUNCTION (ED) AND ED TREATMENT
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OBJECTIVE: To develop a generalizable, responsive and sensitive self-administered instrument by combining disease-specific and preference-based approaches in an ED-specific HRQL instrument.

METHODS: Literature review provided structure for expert panel discussion. Consensus regarding content produced eight domains and five levels within each domain describing a continuum of dysfunction-function. This content formed the foundation for a preference-based self-administration HRQL instrument, consisting of two visual analog scales (VAS). Scale 1 allows the rating of the patient’s self-state along with three ‘marker’ health