total hip replacement (THR) separately. Efficacy data were extracted from published randomised controlled trials. Cost data were derived from the literature and other published sources and natural history data after VTE from observational studies. Costs were expressed in 2003 Swiss Francs (CHF) and effects as life-years gained (LYG). Deterministic sensitivity analysis was used to assess the robustness of the model. RESULTS: In patients undergoing HFS, the incremental cost-effectiveness ratio (ICER) of extended fondaparinux prophylaxis versus a one-week regimen was CHF 2920/LYG after 30 days, with cost-savings reached after 5 years. In patients undergoing THR, the ICER of extended fondaparinux prophylaxis versus a 1-week regimen was CHF 21183/LYG after 30 days, with cost-savings reached after 5 years. CONCLUSIONS: Within the limitations of the model, extended prophylaxis with fondaparinux is cost-effective for the prevention VTE in major orthopaedic surgery in Switzerland.

PBR6

ISAM: INTERNATIONAL STUDY OF ANTICOAGULATION MANAGEMENT. THE ITALIAN EXPERIENCE

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OBJECTIVES: ISAM, a multicenter, observational, retrospective, cross-sectional study, aimed at describing the anticoagulation treatment monitoring on patients with chronic non-valvular atrial fibrillation (CNVAF), receiving Oral Anticoagulation Therapy (OAT) for stroke prophylaxis, (follow-up Jan-Dec 2002); and estimating direct and indirect costs in the Italian National Health System perspective. METHODS: Seven out of 8 Anti-Coagulation Clinics (ACC's), selected to represent the whole Italian territory, enrolled 23 randomized patients with CNVAF. RESULTS: The total number of patients was 177: 102 males and 75 females (mean age 72 years); 90% with chronic Atrial Fibrillation and 10% with paroxysmal, 77% subjects received warfarin and 23%acenocumarol. Forty percent of all tests required dosage changes and the mean interval between two consecutive tests was 20 days. The quality of OAT monitoring, according to Rosendaal's analysis, was: 67.9% of time spent in the range 2.0–3.0, 21% below and 10% above this range. Unit costs, using National tariffs were: 5.16€/mg; acenocumarol: 0.0095€/mg; and appropriate DRG tariffs for INR tests and visits respectively, retail price for drugs (warfarin: 0.0145€/mg) and appropriate DRG tariffs for admissions. Total cost per patient per year was 943€; 745 direct costs and 198 indirect ones. Medical costs, 525€, included OAT drug (5%), INR tests (18%), monitoring visits (44%) and admissions (33%); non-medical costs (transportation) amounted to 220€. CONCLUSIONS: Patients in ACC management could obtain good level of INR control: Time in Target Range (TTR) 67.9%. ISAM is a first attempt to assess cost of OAT monitoring in Italy, confirming that AF is a growing health problem, as well as a cause of health costs that includes drugs, INR tests and monitoring visits, which are the most determinant in the total costs. In addition, indirect costs (productivity loss by patients or their caregivers) were 21% of total costs.

BLOOD RELATED DISEASES/DISORDERS

PBR7

BLOOD RELATED DISEASES/DISORDERS—Quality of Life/Utility/Preference Studies

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OBJECTIVES: To evaluate the preferences of physicians and pharmacists toward products used for replacement therapy. METHODS: This study investigates preferences on hemophilia care in 69 physicians and 58 pharmacists using conjoint analysis, a technique for establishing the relative importance of different characteristics in the provision of a good or service. Attributes and levels were: perceived viral safety (as that provided by highly purified double inactivation plasma derived versus recombinant concentrates), risk of inhibitor development (1/4, 1/6, 1/10 PUP’s), factor infusion frequency on prophylaxis (thrice, twice, once a week), pharmaceutical dosage form (lyophilized material or a ready-to-use solution), way of distribution (home, office pharmacy, hospital) and price. RESULTS: Excluding pharmaceutical dosage form for physicians and office pharmacy delivery for pharmacists, all attributes considered tested important to respondents. Physicians showed a strong preference toward both outcome variables (viral safety, risk of development of inhibitors) and process variables (distribution, infusion frequency) while pharmacists showed a strong preference only for outcome variables and unexpectedly not toward way of distribution. CONCLUSIONS: Our study is the first to apply conjoint analysis to establish preferences of physicians and pharmacists in hemophilia replacement therapy. This study provided evidence of the usefulness of conjoint analysis in plan
optimal health care through the elicitation of physicians’ and pharmacists’ preferences to health care, even in the particular context of hemophilia management.

**PBR9**

**ASSESSING HEALTH-RELATED QUALITY OF LIFE IN ROMANIAN HAEMOPHILIACS**

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**OBJECTIVES:** Inadequate treatment of haemophiliacs leads to high rate of chronic arthropathy, high number of transfusion-transmitted diseases and poor social integration. The objectives of our study were to measure HRQOL and utilities in haemophilia patients and to evaluate the influence of haemophilia severity, patient’s age and socio-professional status on HRQOL and utilities. **METHODS:** We used SF-36 and EQ-5D questionnaires in 100 haemophilia patients with severe (66), moderate (18) and mild form (16 cases), registered and treated in Haemophilia Center Timisoara. Mean age of the patients was 23.14 years. We considered two age groups: 16–24 years (60 patients) and 25–34 years (40 patients). Seventeen of the haemophiliacs were schoolboys, 13-university students, 19-employees and 51 were handicapped with social support. **RESULTS:** Compared with Romanian general population norms (available only for SF-36 questionnaire) HRQOL is affected in haemophilia patients in both age groups, although age was not a strong predictor of HRQOL or utilities. Haemophilia severity was found to have a strong influence on HRQOL and utilities. Regarding the socio-professional status, handicapped with social support had the lowest HRQOL scores and utilities values. **CONCLUSIONS:** Our results confirm the need to develop special long-term national programs in order to improve haemophilia treatment, to reduce the number and the severity of complications, to offer a better social integration of the patients and to improve their quality of life.

**PBR10**

**ESTABLISHING HEMOPHILIA PATIENTS’ PREFERENCES IN PROPHYLAXIS: A CONJOINT ANALYSIS PILOT STUDY**

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**OBJECTIVES:** To establish which characteristics patients consider important in prophylaxis, and if cost of treatment could influence their preferences. **METHODS:** A focus group identified five characteristics: type of product (plasma-derived vs. recombinant), infusions frequency, hemorrhages frequency, possibility to do vigorous physical activities, possibility to do usual activities. Patients gave their opinion rating each characteristic from zero (not important) to 100 (very important). Scenarios describing hypothetical treatment modalities were administered, with a median value of 66 (30–95). The SF-Mental Component Summary (MCS) had a median value of 52.8 (15.5–68.1), while the SF-Physical Component Summary (PCS) had a median value of 35.2 (15.2–55.0). A strong association was found between orthopedic status and global HR-QoL (EQ-VAS, Pearson’s r = 0.56, p < 0.01). In particular, the physical component of HR-QoL was the most influenced by the patients’ orthopedic status (Physical Component Summary, Pearson’s r = −0.359, p < 0.01). Other clinical parameters, in particular inhibitor titers and bleeding frequency, were not associated with patients’ HR-QoL. **CONCLUSIONS:** Modern health care strategies aimed at treating or, better, at preventing hemophilic arthropathy should be considered to improve quality of life in inhibitor patients.

**PBR11**

**QUALITY OF LIFE IS ASSOCIATED TO ORTHOPEDIC STATUS IN HEMOPHILIACS WITH INHIBITORS**

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**OBJECTIVES:** We evaluated Health-Related Quality of Life (HR-QoL) in hemophilia people with inhibitors and investigated if QoL is associated to patients’ clinical status. **METHODS:** The COCIS (Cost Of Care of Inhibitors) study was a longitudinal study involving 52 hemophiliacs (median age 35, 15–64) with inhibitors, 98% high responders, sequentially enrolled at 11 Italian Hemophilia Care Centers. Information on demographics, clinical status, health-care resources consumption was prospectively collected. QoL was investigated by means of the generic instruments EQ-5D and SF-36. **RESULTS:** With the EQ-profile the majority of patients reported some/moderate problems in domains “pain/discomfort” (72%), “mobility” (66%) and “usual activities” (54%). Around one third declared some/moderate problems with “anxiety/depression” (34%) and “self-care” (32%). No more than 6% of patients reported severe problems in any of the domains. The EQ-Visual Analogue Scale (VAS), measuring the global health state perception, was normally distributed, with a median value of 66 (30–95). The SF-Mental Component Summary (MCS) had a median value of 52.8 (15.5–68.1), while the SF-Physical Component Summary (PCS) had a median value of 35.2 (15.2–55.0). A strong association was found between orthopedic status and global HR-QoL (EQ-VAS, Pearson’s r = 0.56, p < 0.01). In particular, the physical component of HR-QoL was the most influenced by the patients’ orthopedic status (Physical Component Summary, Pearson’s r = −0.359, p < 0.01). Other clinical parameters, in particular inhibitor titers and bleeding frequency, were not associated with patients’ HR-QoL. **CONCLUSIONS:** Modern health care strategies aimed at treating or, better, at preventing hemophilic arthropathy should be considered to improve quality of life in inhibitor patients.

**PBR12**

**CLINICAL AND SOCIO-DEMOGRAPHIC CHARACTERISTICS INFLUENCE PATIENTS’ PREFERENCES TOWARDS HEMOPHILIA TREATMENT**

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**OBJECTIVES:** The aim of this work is to evaluate influence of clinical and socio-demographic characteristics on the strength of preferences towards each characteristic. **METHODS:** We analyzed data originated by CONAN database from 178 patients. Patients were asked to make choices between variables of replacement therapy such as perceived viral safety, risk of inhibitor development, infusion frequency on prophylaxis, pharmaceutical dosage form, way of distribution and price. **RESULTS:** The value of each characteristic was indicated by its monetary value: the monetary value for perceived viral safety was greater for moderate (2547€) compared to severe hemo-