This economic analysis shows that beyond potential therapeutic advantages and response and the low number of patients prevented these differences to be statistically significant. Taking into account treatment and hospitalization costs for patients on G1-G4 and G5 stages were INR 7882±945 ($127) and INR 13882±1687 ($224), respectively. A188

PFK12   COST MINIMIZATION ANALYSIS OF IMMUNOSUPPRESSIVE TREATMENT ON KIDNEY TRANSPLANT PATIENTS

Petitjeau Morand1, Desbois C2, Hadjadj C3, Klett A4, Hauville C4, Lucas L5, Merville P6, Etienne F4, Tilleul F7

1University Hospital of Bordeaux, PESSAC, France, 2University Hospital of Bordeaux, Bordeaux, France, 3Paris Descartes University, Paris, France

OBJECTIVES: Kidney transplantation remains limited by toxicities of calcineurin inhibitors (CNIs) and is a less toxic therapeutic alternative, but its cost limits its use. Whether the reduction of renal transplant hospitalization balance at this higher cost has been addressed in two situations: 1- in first line therapy 2- as a second line immunosuppressant for CNIs intolerant patients. METHODS: Cost-effectiveness studies. Evaluated strategies were surveillance, ablation, and partial nephrectomy with/without pre-treatment biopsy. Two studies determined that pre-treatment biopsy was dominant while two studies found that laparoscopic partial nephrectomy was the optimal strategy. The remaining two studies concluded that ablation was preferred. CONCLUSIONS: The evidence of cost-effectiveness of management options for SRMs is limited. The findings of the available studies are inconclusive. Large, prospective, randomized clinical trials assessing different combinations of strategies in the management of SRMs are needed to inform better decision-making for physicians and patients.

URINARY/KIDNEY DISORDERS - Patient Reported Outcomes & Patient Preference Studies

PFK14   SELF-EFFICACY, HEALTH LITERACY AND ADHERENCE TO SELF-CARE BEHAVIORS IN KIDNEY TRANSPLANT RECIPIENTS

Campos A1, Beasley R2, Shlipak MG3

1U.S. Food and Drug Administration, Silver Spring, MD, USA, 2University of Maryland School of Pharmacy, Baltimore, MD, USA

OBJECTIVES: Kidney transplant recipients (KTRs) must manage several self-care behaviors. They have to take multiple daily medications, look for signs of acute rejection, have frequent blood draws and often manage additional chronic conditions. There is limited understanding of underlying behavioral factors that may influence KTRs’ adherence behaviors. The purpose of this study is to explore the association between self-efficacy, health literacy and adherence to self-care behaviors and to describe variations of self-efficacy based on individual KTRs’ characteristics. METHODS: KTRs who were 1 to 5 years post-transplant, over the age of 18 at the time of transplants and had a single organ transplant were eligible. Four hundred and thirty-five eligible KTRs received a mailed survey inquiring about self-efficacy, health literacy, medication adherence, and self-care behaviors. Self-efficacy was tested as a mediator or as a moderator of health literacy on adherence to self-care behaviors. Linear regression analyzed variations of self-efficacy in KTRs. RESULTS: One hundred and eighty-two KTRs completed the survey (67% participation rate). Mean age of participants was 52.2 (±9.1) years, 61.0% were male and 38.1% were African American. The mean time since transplant was 38.0 (±11.3) months. African Americans had lower self-efficacy compared to other patient groups (p = 0.01, p = 0.04). The increment in functional health literacy was associated with an increase in self-efficacy (β = 0.2, p < 0.05). Self-efficacy was a partial mediator of functional and communicative health literacy on adherence to self-care behaviors (functional: α = 0.32, CI: 0.11-0.53, CCI: 0.11-0.37). CONCLUSIONS: The findings provided new insights into the factors influencing KTRs’ adherence to self-care behaviors. Clinicians need to monitor patients with low self-efficacy and low health literacy. The teach-back method and frequent communication can help increase self-efficacy. Use of larger font, photos and visual cues will help patients with limited health literacy. These methods may optimize KTRs’ adherence to self-care behaviors.