treatment regimens. The impact of patient profile (defined in terms of historical and pre-ITI titre levels, age at ITI, age at diagnosis of inhibitors) and FVIII dosage regimen on success rates and duration of ITI were estimated via simulation and competing risk survival models using data from 113 patients enrolled in two large ITI registries. **RESULTS:** A typical patient initiating ITI with a FVIII dosage of 50–199 IU/Kg/day has an estimated 70% success rate. The median time to ITI completion was estimated at 15 months. The FVIII-related costs (discounted at 3%) were $1,101,250. The main cost driver was the FVIII dosage. For instance, ITI costs ranged from $227,650 for a 58% success probability with a low-dose (<50 IU/kg/day) FVIII dosage regimen to $3,281,000 for a 78% success probability on a high-dose (≥200 IU/kg/day) regimen. Inhibitor titre levels at ITI initiation and historical peak inhibitor levels also impact ITI costs, but to a lesser degree than ITI dosage. For instance, patients with historical peak titres 50% higher than average incur 10% to 18% higher ITI costs, depending on dosage. However, titre levels were predicted to impact success rates to a degree comparable to that of dosage. **CONCLUSIONS:** ITI costs and success rates are driven in part by the FVIII dosage and the patient's risk profile. Ensuring that patients initiate ITI with the best possible profile and on the most appropriate regimen has important implications in terms of costs and clinical outcomes.

PSY21

COST STUDY OF HAEMOPHILIA IN MOROCCO

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OBJECTIVES: To estimate the cost of treating patients with haemophilia and inhibitors in Morocco. **METHODS:** A systematic literature research was performed to identify data on the epidemiology and cost of haemophilia. In order to collect information about the characteristics of patients, treatment options available and prescribed, and the use of health care resources, a structured questionnaire was developed and sent to Moroccan key opinion leaders in haemophilia. Data were collected from the completed questionnaires and validated in a consensus meeting. A decision analytic model was developed to estimate the average direct medical costs per patient per year from the Moroccan NHS perspective. A sensitivity analysis was conducted, also considering values from the literature about other countries. **RESULTS:** Information about the characteristics and the management of Moroccan patients with haemophilia and inhibitors is scarce in the literature. Parameters from international literature and also values reported by the experts show a wide range in key variables, like patients' weight, number of bleeding episodes, distribution of mild/moderate or severe patients and number of severe episodes. Estimated annual total costs were on average 1,754,635MAD (€159,145) per patient. After completing the sensitivity analysis, it was estimated that the average cost per patient could vary from 438,658 DHM (€39,786) to 2,485,734 (€225,456). **CONCLUSIONS:** It is challenging to complete a cost study in a country where there are limited sources of local medical information, and especially in a low prevalence disease such as haemophilia. As experts see limited number of patients with inhibitors, there is a high level of uncertainty about the patients' characteristics, their management and therefore the key variables that drive costs. Despite the wide range in the cost estimates, this type of cost studies contribute to the better understanding of the disease and provide useful information for decisions related to the allocation of resources.

PSY22

COST OF OBESITY TREATMENT IN POLAND

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OBJECTIVES: More than 12% of adult population in Poland (4 million people) are obese (BMI > 30), with approximately 400 thousand being extremely obese (BMI > 40). In Western Europe up to 4% of total expenditures on health are spent on managing obesity and obesity dependent chronic diseases including diabetes, cardiovascular diseases and cancer. The aim of this study was to estimate direct cost of managing obesity in Poland. **METHODS:** Direct costs of obesity treatment were measured from both public payer's (National Health Fund, NHF) and patients perspective. Data regarding standard obesity care were prospectively collected in a population of 72 obese patients, treated in National Food and Nutrition Institute in Warsaw. Data regarding bariatric surgery were provided by experts. Cost data were calculated based either on NHF data (public payer perspective) or current market prices (patients perspective). Values are presented in Euro (exchange rate: 1 Euro = 4,50 PLN). **RESULTS:** We estimate annual cost of obesity care at 325 Euro per patient. with more than 63% representing direct medical costs. Based on number and sort of bariatric surgery performed in 2008 in Poland we estimate total cost of surgical treatment for more than €2.2 mln (all covered by public payer). Based on NHF data, we estimate less than 30 thousand obese patients being covered with specialized medical care. Given that, total annual cost of obesity treatment in Poland would be as low as €12 mln, representing about 0,07% of total expenditures on health in 2008. Direct medical cost covered by public payer were estimated at 4 mln Euro representing less than 0,05% of NHF expenditures in 2008. Approximately two-thirds of obesity therapy costs are covered by patients. **CONCLUSIONS:** Regarding annual cost of managing obesity dependent diseases estimated at €550 mln, obesity therapy expenditures seems to be rather low in Poland.

PSY23

COST OF FIRST LINE TREATMENT OF NON-HODGKIN'S LYMPHOMA AT PRIVATE HOSPITAL EN MEXICO

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OBJECTIVES: To carry on a costing of the processes involved in first line of Non-Hodgkin's Lymphoma (NHL) at private hospital en Mexico. **METHODS:** In order to define resources and procedures to set the direct medical costs of treatment of NHL included treatment, following and medical support; a retrospective review of medical histories of a private hospital en Mexico. The revision of the clinical files include patients treated between the fourth quarterly of 2000 and the fourth quarterly of 2006. A total of 106 patients were selected but only in 44 cases treatment's response were reported and therefore considered for costing the disease. **RESULTS:** A total of 44 patients full fill the inclusion criteria, with a mean age of 55 years (12 to 85); Male 57% (25) and Female 43% (19); and a Karnofsky of 100% 8 cases, of 90% 6 cases, of 80% 7 cases, 40% 1 case and Unknown 22 cases; the initial symptomatology (numbers of cases) were Fever: 20; Diaphoreses: 13; weight lost >10% body weight in the last 3 months: 25; The Treatment received as a first line treatment: Chemotherapy 41 and chemotherapy plus radiotherapy 3 with a mean of 2.7 (1–12) cycles. The response to the first line of treatment (numbers of cases) was: Partial response: 3, Progression: 19, Death: 15 and Unknown: 7. Costs of Chemotherapy drugs and its application US$4,057.07 ($2,337.04–$5,777.09), hematological support US$990.97 ($333.83–$1,648.12), studies and laboratories US$1,383.38 ($712.23–$2,054.52), adverse events US$5,125.59 ($1,980.12–$8,271.06), radiotherapy US$84.74 ($0.00–$183.27). Total cost US$11,641.76 ($6,539.30–$16,744.21). **CONCLUSIONS:** The Costs related to Chemotherapy drugs, its application and the presence of adverse events do the chemotherapy represents almost 79% of the total cost of first line treatment of Non-Hodgkin's Lymphoma, which diminishes the importance of having alternatives that offer a security profile in order to achieve a more efficient use of the available resources.

PSY24

A COST CONSEQUENCE EVALUATION OF TWO MODELS OF CARE OF OUTPATIENTS WITH CHRONIC NEUROPATHIC PAIN IN NEUROLOGY SETTINGS IN SPAIN: GENERAL CLINICS VERSUS SPECIALIZED PAIN CLINICS

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OBJECTIVES: To assess the cost-consequences of chronic Neuropathic Pain (NeP) outpatients care comparing management in General Clinics (GC) versus Specialized Pain Clinics (SPC) in Neurology settings in Spain. **METHODS:** A 6-month retrospective observational non interventional study was designed. Adults, both genders patients with chronic NeP were included in the analysis. Patients were allocated to two type of health care model according to usual administrative procedures in each participant centre without investigator participation, consecutively and independently of the diagnosis and clinical status of patients. Sociodemographics and clinical characteristics of subjects along with pain-related health care and non health care resources utilization were recorded. Work-days missed as a consequence of pain were also collected. Costs were calculated in Euros year 2008 from the societal perspective, while severity and interference of pain (BPI scale, range 0–10) were used for effectiveness. Patient's satisfaction with health care was also assessed. **RESULTS:** A total of 234 patients (56.8% women, 59.3 ± 14.7 years) were included (53.0% in SPCs). Yearly indirect cost was €1299 ± 2804 in SPC compared to €1483 ± 3452 in GC ($p = 0.660$), while annual direct costs were, respectively, €2911 ± 3335 and €3563 ± 4,797 ($p = 0.239$), with total costs of €4210 ± 4654 and €5060 ± 6250, respectively ($p = 0,249$). Mean pain severity at the time of evaluation was 3.8 ± 2.3 in subjects at SPC versus 5.2 ± 2.0 in GC ($p < 0.0001$), while the average interference of pain on daily activities were, respectively, 3.3 ± 2.0 and 4.7 ± 2.5 ($p < 0.0001$). Patients managed at SPC were statistically more satisfied in all domains of health care satisfaction assessment. **CONCLUSIONS:** . In Neurology settings in Spain, the outpatient clinical management of chronic NeP in Specialized Pain Clinics was a dominant alternative compared with General Clinics health care, since it was shown better patients health care outcomes and satisfaction while maintaining a similar level of costs to the Society.

PSY25

RENAL ANEMIA (RA) TREATMENT IN MEXICAN PUBLIC HEALTH CARE INSTITUTIONS: AN EVALUATION OF THE COSTS AND CONSEQUENCES

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OBJECTIVES: The aim of this study is to evaluate the effectiveness of RA treatment and the economic impact of the use of methoxypolyethylengycol-epoietin beta (a continuous erythropoietin receptor activator, C.E.R.A.) compared with recombinant human erythropoietin (EPO-alpha). **METHODS:** A cost-effectiveness analysis was done on the base of a decision tree model that simulates the treatment costs. A