cant difference in inpatient costs (p<0.01) between the 2 groups. CONCLUSIONS: The economic burden of patients using new bio-surgical hemostatic materials was considerable. While a number of factors affected inpatient costs, patients using ORC were associated with lower total inpatient expenditure.

PCN48 SYSTEMATIC REVIEW OF ECONOMIC EVALUATIONS IN ALLOGENIC HEMATOPOIETIC STEM CELL TRANSPLANTATION

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OBJECTIVES: The objective of this literature review was to explore the existing evidence regarding cost-effectiveness of allogeneic hematopoietic stem cell transplantation (AH SCT) in hematologic cancers (HCs). METHODS: A systematic literature review was performed using the PICO method. Population consisted of patients suffering from HC intervention and Comparators were AH SCT compared to different types of AH SCT or standard therapies and Outcomes were incremental cost-utility ratios (ICERs) and/or incremental cost-effectiveness ratios (ICERs). The literature search was performed with the NHS EED filters using electronic databases from 1990 to 2011. The literature screening process is described in Table 1, studies of which 13 fulfilled the eligibility criteria. Three studies included economic analyses on acute myeloid leukemia (AML), two on acute lymphoid leukemia (ALL), five on acute leukemias, three on chronic myeloid leukemia (CML) and one on myelodysplastic syndromes. Nine were cost-effectiveness analyses and four were cost-utility analyses. Five studies used a Markov model. The largest proportion of the studies compared AH SCT to standard chemotherapy (SC) = (5), followed by imatinib (n=2) and various other drugs (n=4). The time horizon varied from 1 year to lifetime. All studies used a health care system perspective. In AML and ALL, ICERs ranged from dominant to (2014US)$154,597/LYG compared to SC. In Philadelphia-positive (Ph+) CML, intervention compared to standard care (SC) = (1) was CD34+ selected and one like imatinib, have replaced AH SCT for first-line therapy. Despite the high level of heterogeneity among selected studies, this review provides a comprehensive overview of the cost-effectiveness of AH SCT in HCs and could serve in the realization of future economic evaluations.

PCN49 ESTIMATION OF DIRECT HEALTHCARE COSTS OF GYNECOLOGIC CANCER IN THE U.S.: AN ANALYSIS OF 2007-2011 MEDICAL EXPENDITURE PANEL SURVEY (MEPS) DATA

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OBJECTIVES: The study objective was to estimate the direct healthcare costs of gynecologic cancers among community-dwelling U.S. residents from an all-payer perspective. METHODS: Generalized linear models with a gamma distribution and a log link were used with gynecologic cancers. Direct healthcare costs in the U.S. were estimated using data for inpatient (IP) and outpatient (OP) visits between January 2009 and December 2011. An average annual total healthcare cost per patient was estimated using the Medical Expenditure Panel Survey (MEPS) data. The annual predicted costs (SE) per patient were $5,887 ($1,269). The economic burden of patients using new bio-surgical hemostatic materials was considerable. While a number of factors affected inpatient costs, patients using ORC were associated with lower total inpatient expenditure.

CONCLUSIONS: The estimated average annual direct healthcare cost per patient was $6,794 (standard error $1,269).