had a higher willingness to pay to be free of spectacles. Over four years. MD scores were used to estimate resource utilization for the cohort using regression equations from an analysis of the relationship between resources and MD score in the worst eye from a European chart review of glaucoma patients (N = 194 from UK, Italy, France, Germany and Austria). Both medical (number of office visits, visual field exams, trabeculoplasties and trabeculectomies) and pharmacy resources (number of glaucoma medications) were included in the model. UK NHS reference costs were applied to the medical resource utilization estimates; medication costs from the British National Formulary were applied to the pharmacy utilization estimates. MD scores were also used to predict utility scores based on a regression analysis of utility scores among glaucoma patients in Sweden; the quality-adjusted-life years (QALYs) over four years was modeled. A probabilistic sensitivity analysis was also performed. RESULTS: The four-year cost for the cohort was £932 per patient (£196 in pharmacy costs and £736 in medical costs) with 2.96 QALYs accumulated over four years. CONCLUSION: Glaucoma progression as evidenced by worsening MD scores is associated with a loss in quality of life and substantial costs over four years of follow-up. Managing the disease and delaying progression has the potential to improve quality of life and reduce costs among patients with progression.

EYE—Health Care Use & Policy Studies

PEY10

OXIDATIVE STRESS IN ADVANCED PRIMARY OPEN-ANGLE GLAUCOMA

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OBJECTIVES: Study the oxidative status in patients with primary open-angle glaucoma (POAG) in order to evaluate if antioxidant supplementation may benefit these patients.

METHODS: Enzimatic-colorimetric biochemical assays for determining peroxidative (malondialdehyde, MDA), antioxidant (total antioxidant statust TAS) and nitrosative (nitric oxide, NO) activities were carried out in the aqueous humour from one hundred and twenty patients operated alternatively for primary open angle glaucoma (POAG-G) or cataracts (CAT-G). A comparison between groups was done by using the Student ‘t’ test by means of the SPSS statistical package.

RESULTS: The MDA levels were significantly higher (p < 0.001) in the aqueous humour from the POAG-G than in the CAT-G. The TAS levels were significantly lower (p < 0.01) in the POAG-G samples than in the comparative ones. NO levels were significantly higher (p < 0.05) in the POAG-G samples than in the CAT-C.

CONCLUSION: The relationship between pro-oxidant and antioxidative activities in the aqueous humour was strongly unbalanced towards oxidative capacity in the glaucoma patients. All data suggest that oxidative stress has to be considered among the etiopathogenetical mechanisms of advanced glaucoma. The possibility remains that antioxidant supplementation may benefit the glaucoma cases displaying lower antioxidant capacity in the described laboratory tests.

EYE—Methods and Concepts

PEY11

ESTIMATING NET HEALTH BENEFITS OF VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION (NV-AMD)

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OBJECTIVES: To estimate the net health benefits of intravitreal VEGF inhibitors indicated for patients with NV-AMD with differing baseline risks for cardiovascular events. METHODS: A decision-analytic risk-benefit model with a 10-year horizon was developed to jointly assess the intended and unintended effects of pegaptanib and of ranibizumab. Input data were abstracted from the results of published randomized controlled trials comparing active comparator to usual care (UC). Intended effects of treatment were quantified using the relative risk (RR) of progression to legal blindness (<20/200 visual acuity [VA]) in the better seeing-eye. Unintended effects included key Anti-Platelet Trialists’ Collaborative events (APTC: fatal or non-fatal myocardial infarction, cerebrovascular accident, or death from unknown or vascular cause) or severe non-ocular hemorrhages (NOH). Ranibizumab treatment was associated with RRs of 0.27 (progression to legal blindness; 95% confidence interval: 0.21–0.36), 2.2 (APTC events; 0.78–6.30) and 5.5 (severe NOH; 0.7–46.3). Pegaptanib was associated with RRs of 0.65 (progression to legal blindness; 0.54–0.79), 1.5 (APTC events; 0.4–5.3) and 0.8