long-term health outcomes for patients with T2DM. Compared with exenatide, the cumulative incidence of adverse drug reactions (ADRs) and other costs arising from medical intervention among the sole surgical treatment group (35 cases), the group of preoperative treatment with lanreotide (36 cases), and the group of preoperative treatment with octreotide (18 cases).

Results: Based on the good compatibility of tumor size, postoperative aver-
geage HbA1c decreased by 0.120% (95% CI, -0.257 to -0.084) and 0.187% (95% CI, -0.326 to -0.049) in the lanreotide and octreotide groups, respectively. In the pilot study, there was no statistical difference in the clinical effectiveness (k = 2.81, P = 0.250). As to the total medical costs per case, both octreotide group and lanreotide group were higher than the sole operation group with a statistical significant (P = 21.05, P = 0.000), and the lanreotide group (70521 ± 5677 Yuan) was lower than the octreotide group (80283 ± 21486 Yuan) with the Median non-parametric test (P = 0.037). The sensitivity analysis showed that the cost advantage of lanreotide relected in preoperative treatment of the longer-term follow-up.

Conclusion: To the data of direct medical costs from the sampling hospital in Shanghai, lanreotide has more cost advantage comparing with octreotide.

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COST MINIMIZATION ANALYSIS OF CLINICAL OPTION SCENARIOS FOR METFORMIN AND ACARBOSE IN TREATMENT OF TYPE 2 DIABETES: BASED ON DIABETES COMPARISON RESULTS

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OBJECTIVES: Metformin is the first-line oral hypoglycemic agent for type 2 diabetes mellitus (T2DM) per international guideline with proven efficacy, safety and cost-effectiveness in many countries. However, clinical practice in China is very different. This study aims to ascertain both the effectiveness and cost-effectiveness of these two extensively-adopted agents in treatment of T2DM. METHODS: Randomized Controlled Trials (RCTs) and systematic reviews in China and foreign were systematically reviewed from Chinese (CNKI) and English (PubMed) literatures. Meta-analysis and Buccher-based indirect comparisons were conducted in order to evaluate the effects of metformin and acarbose and indirectly by using common comparators. The weighted-mean-difference and 95%CI were calculated. Cost-minimization analysis was performed from the perspective of medical insurance. Common clinical scenarios were set according to clinical practice and drug behaviors in China and foreign. RESULTS: Cost-minimization analysis was conducted on the assumption that the two agents had same hypoglycemic effects. In the first two scenarios, acarbose was assumed to titrate from 50mg/day up to 150 mg/day (weight<60kg) or 300mg/day (weight≥60kg) as usual max-dose, and the annual-costs were ¥5,208.84 and ¥5,208.84 in the last two scenarios, metformin was assumed to titrate from 500mg/day up to 1500mg/day or 2000mg/day, while the annual-costs were ¥1,568.04 and ¥2,070.28. Metformin would achieve cost savings by 22.06% to 69.90% than acarbose, and sensitive analysis demonstrated its robustness. CONCLUSIONS: From this study are consistent with previous studies in foreign countries. Metformin has significant hypoglycemic-effects and low costs in China.