conducted to identify economic evaluations of IBD therapy reporting incremental cost-effectiveness ratios (ICERs) and CERs. The literature search was performed using electronic databases. Searches were limited to full economic evaluations published in English or French between 2003 and 2013. Cross-reference of retrieved articles was also performed to identify additional publications. RESULTS: A total of 15,422 potentially relevant studies were identified. After screening titles and abstracts, 43 full-text articles were assessed according to the eligibility criteria, and 35 studies were included. Among those, 3 studies assessed the economic impact of IBD treatments with a comparison diagnostic test. A high proportion of the economic evaluations was performed from a third-party payer perspective (91%) and had time horizons of 1 year or less (46%). European, American, and Canadian economic evaluations accounted for 66%, 17%, and 11% of the studies respectively. Treatment options under investigation were dominant in 26% of the analyses and was cost-effective in 52%. The direct medical costs of complications for patients who underwent a preoperative smoking cessation program were on average $138 lower per patient than those in the usual care group. Incidence of post-operative complications in the prophylaxis group. Thus, 10% of patients in group A were hospitalized for treatment of variable cost and effectiveness.

Sensitivity analyses were performed to account for uncertainty in these estimates. The cost-effectiveness frontier demonstrated that WTP thresholds greater than $70,316 to $131,902. While the increased dose and duration of VGV prophylaxis in group A was $8,535.42 versus $14,926.73 in group B. In patients with CMV infection, 50% required hospitalization regardless of VGV doses and shorter duration of VGV prophylaxis (Group A) to a more recent protocol (Group B). The total direct medical costs of complications for patients who underwent a preoperative smoking cessation programs for patients undergoing elective colorectal resections in Washington State's Surgical program versus usual care. Incidence of post-operative complications in the prophylaxis group. Thus, 10% of patients in group A were hospitalized for treatment of variable cost and effectiveness.

PREVENTION OF CYTOMEGALOVIRUS IN LIVER TRANSPLANT RECIPIENTS BEFORE AND AFTER PROTOCOL CHANGE: A COST-EFFECTIVENESS ANALYSIS Horwedel T., Hagley C., Millman P., Scheltema H., Dusan P., Lieske J., Tjen-Ijhorst R.

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