$50,000 per QALY. CONCLUSION: It cannot be confidently concluded that either H. pylori screening was a cost-effective strategy compared to no screening in all Chinese at age of 40 years. Nevertheless, serology screening has demonstrated much more potentiality to be a cost-effective strategy, especially in the population with higher gastric cancer prevalence.

WITHDRAWN

DEVELOPMENT OF A CLAIMS-BASED MARKOV MODEL FOR CROHN’S DISEASE
Malone DC1, Thompson HC1, Van Den Bos J1, Popp J2, Draughtel K2, Rahman M1
1University of Arizona, Tucson, AZ, USA, 2Centocor, Inc, Horsham, PA, USA
OBJECTIVE: To develop a claims-based Markov model for Crohn’s disease (CD) based on the American College of Gastroenterology (ACG) criteria. METHODS: A Markov model was developed using disease states as defined by ACG CD practice guidelines. The study sample consisted of unique individuals ≥18 years old from the Medstat MarketScan databases (Medicare and Commercial) with ≥3 years of continuous enrollment from 2000–2005, and with an ICD-9 diagnosis code of 555.xx. Patients were classified as severe-fulminant, moderate-severe, mild-moderate, or remission based on the ACG criteria. Patient exposure was divided into six month intervals, starting on first day of exposure. For each interval, disease state was defined according to the most severe disease activity. Transition probabilities between disease states were calculated based on movement from one six month period to the next. Costs of disease states were calculated using mean per member per month (PMPM) medical claim costs, and the model was run separately for males and females due to differences in life expectancy, assuming 30 years old at start. Quality-adjusted life year (QALY) estimates were obtained from the literature. RESULTS: There were 23,419 unique individuals, with 198,497 eligible 6-month intervals. The distribution of disease states were: remission (99,584; 50.2%), mild-moderate (24,788; 12.5%), moderate-severe (56,686; 28.6%), severe-fulminant (17,439; 8.8%). Model results for both males and females showed that, as disease severity increased, cost per QALY also increased. Cost per QALY for mild-moderate disease in males was $4,311 whereas for severe-fulminant disease, it was $68,538. Results were similar for females ($4,311 vs. $68,643). CONCLUSION: Results of this model indicate that cost of CD increases as disease severity increases. In addition, although less time is spent in the severe disease state, the cost per QALY was high, suggesting that therapies that can keep patients in other disease states may prove to be beneficial.

DIRECT COST SIMILARITIES BY POINT OF SERVICE FOR PERSONS WITH CONSTIPATION OR IRRITABLE BOWEL SYNDROME PLUS CONSTIPATION IN THE SIX MONTHS BEFORE AND AFTER DIAGNOSIS: AN EMPLOYER PERSPECTIVE
Kleinman NL1, Brook RA2, Mellkonian AK1, Evans SD1, Talley NJ1, Baran RW4
1HCMS Group, Paso Robles, CA, USA, 2The JeSTARx Group, Newfoundland, NJ, USA, 3The HCMS Group, Cheyenne, WY, USA, 4Sierra Health Services, Las Vegas, NV, USA, 5Mayo Clinic College of Medicine Jacksonville, FL, Rochester, MN, USA, 6Takeda Global Research and Development Center Inc, Deerfield, IL, USA
OBJECTIVE: Both constipation (C) and irritable bowel syndrome plus C (IBS+C) are known to be very costly. However, it is unknown whether the costs of C are driven by the same factors that drive the costs of IBS+C. We aimed to assess the cost of illness (COI) for C without and with IBS (IBS+C) by point of service. METHODS: A retrospective analysis was conducted using multiple US-based employers’ health claims data from 2001–2005. Data included medical, pharmacy, payroll, and demographics. ICD-9 Codes were used to include employees in the C cohort: 564.0 (Constipation), 564.00 (Unspecified), 564.01 (Slow Transit), and 564.09 (Other). Employees with C and an ICD-9 for IBS (564.1x) at any time were included in the IBS cohort: 564.0 (Constipation), 564.00 (Unspecified), 564.01 (Slow Transit), and 564.09 (Other). Propensity-scores based on demographics, job-related variables, region, existence of medical claims, and Charlson Comorbidity Index Score were used to match five C to each IBS+C cohort employee. For both cohorts, the index date was the date of the first claim for the condition. RESULTS: Findings indicate that patients diagnosed with GERD who receive BID PPI therapy incur more and GERD-related health care resource utilization and plan payments relative to those on QD therapy.