egorical regression model. First the estimation procedure was validated through estimation of the MAUF for the EQ-5D attributes based on the exiting Spanish tariff scores for the instrument. Secondly the MAUF for the SF-6D attributes was estimated regressed on the EQ-5D tariff scores. Weights were rescaled to yield scores ranging from worse possible state (0) to full health (1). **RESULTS:** All estimated attribute weights were significant and goodness of fit was reasonable (R2 = 0.799). Spanish utility values for the same health states are significantly different from those used in the UK; 0.7458 (0.208) vs. 0.7090 (0.143), p < 0.001. The shape of utility scores obtained with the Spanish MAUF exhibits a cubic pattern as compared to the British. Utilities obtained by the Spanish MAUF are higher for benign health states while severe states attain lower utilities. **CONCLUSION:** The proposed method allows for a valid and reliable estimation of a MAUF based on kwon utilities of a concurrent instrument, avoiding the need of incomplete designs to collect preferences. Evident differences between culture specific scoring systems encourage adapting instruments to the target culture in order to obtain valid measures. Spanish weights for SF-6D are now available to be used with existing or new SF-36v1 databases.

PGI28

IMPACT OF CERTOLIZUMAB PEGOL ON QUALITY-ADJUSTED LIFE-YEARS IN TWO INDUCTION AND MAINTENANCE TRIALS IN PATIENTS WITH ACTIVE CROHN'S DISEASE

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OBJECTIVES: The efficacy and safety of certolizumab pegol (CZP), a PEGylated anti-TNF, in patients with active Crohn's disease (CD) have been demonstrated in two 26-week induction and maintenance trials, PRECiSE 1 (Sandborn et al., 2005) and PRECiSE 2 (Schreiber et al., 2005). This analysis evaluated the effect of CZP versus placebo on quality-adjusted life-years (QALYs) for each subject in these trials. **METHODS:** In PRECiSE 1, patients with active CD received double-blind CZP 400 mg (n = 331) or placebo (n = 328) every 4 weeks after induction. PRECiSE 2 began with an open-label induction period (CZP 400 mg at Weeks 0, 2 and 4). Patients who demonstrated a clinical response at Week 6 were randomised to receive CZP 400 mg (n = 215) or placebo (n = 210) every 4 weeks from Weeks 8 to 24. The EQ-5D was administered at each visit and converted into utility scores using an established algorithm (Dolan et al., 1995). An estimate of QALYs was made for each patient from the area under the utility curve during the randomisation period of each trial. Mean QALYs and standard deviation (SD) were calculated by treatment group and compared using a Wilcoxon rank sum test. **RESULTS:** Over the 26-week PRECiSE 1 trial, the mean (SD) QALYs were 0.5456 (0.2993) for CZP and 0.4797 (0.3121) for placebo. Similarly, between Weeks 6 and 26 of PRECiSE 2, the mean (SD) QALYs were 0.4976 (0.2047) in the CZP group versus 0.4286 (0.2171) in the three injection followed by placebo group. A statistically significant gain in QALYs with CZP was observed in both trials: PRECiSE 1 0.0659 (p = 0.001); PRECiSE 2 0.0690 (p = 0.015). **CONCLUSION:** CZP improved both quality and quantity of remission and response period, as measured by QALYs, significantly more than placebo among patients with CD in two 26-week maintenance trials.

PGI29

UPPER GI SYMPTOMS IN GREEK PATIENTS RECEIVING ASPIRIN/NSAIDS

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OBJECTIVES: Non-steroidal anti-inflammatory drugs (NSAIDs) and Aspirin are among the most widely used drugs, particularly for long-term treatment of arthritic disorders in primary care. Aspirin/NSAIDs cause upper-gastrointestinal symptoms. This study aimed to assess the nature and frequency of Upper-GI symptoms (GERD and/or Dyspepsia) experienced by patients receiving Aspirin and/or NSAIDs and to depict the current clinical practice in the field of gastroprotection of patients receiving these drugs. **METHODS:** A total of 1604 individuals (M/F: 743/861, age 58.37±13.1 years, BMI 27.5 ± 3.7 Kg/m2) visiting 189 Primary Care Practitioners between June-July 2006 were included. A structured questionnaire was used to record demographic/medical history data including Aspirin/NSAIDs use, the antisecretory treatment received together with Aspirin/NSAIDs and the presence of GERD (heartburn, regurgitation) and Dyspepsia (epigastric pain, early satiety, postprandial fullness) symptoms, which were based on widely accepted epidemiological criteria. **RESULTS:** The main indications for patients receiving Aspirin/NSAIDs were backache (16.7%), osteoarthritis (14.5%), coronary artery disease (8.9%) and rheumatoid arthritis (5.6%). Upper-GI symptoms (GERD and/or Dyspepsia) for ≥2 days/week were reported by 71.7% of participants. GERD was reported by 57.3% and Dyspepsia by 54.8% of participants, while 40.3% of them experienced symptoms of both diseases. Antisecretory treatment was used by 78.8% of participants (PPIs 75.8%, H2-antagonists 20.2%, Antacids 8.2%). Upper-GI symptoms of ≥2 day's per/week were reported by 70.5% of patients who received antisecretory treatment compared to 76.8% of those who did not (P < 0.025). Patients receiving PPI experienced upper-GI symptoms by 66.2%, significantly less compared to 83.9% of H2-antagonists/Antacids users (P < 0.001). **CONCLUSION:** Upper-GI symptoms are present in approximately 3/4 of Aspirin/NSAIDs users. Antisecretory treatment reduces Upper-GI symptoms, with PPIs being significantly superior than H2–antagonists/Antacids. However, in primary care, a substantial proportion of Aspirin/NSAIDs users remain symptomatic despite the use of antisecratory agents and therefore other parameters such as adherence to antisecratory treatment should be further investigated.

HEALTH CARE USE & POLICY STUDIES

PHP1

ECONOMIC ANALYSIS OF THE BAVARIAN BLOOD AND PLASMA MARKET: LESSONS FOR THE FUTURE

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OBJECTIVES: To estimate demand and supply of blood products in Bavaria, as due to intransparency on prices and trade volumes reliable data are missing and to support optimal planning of blood supply and usage in Bavaria within the next two decades. **METHODS:** Data were collected through desk-top researches on demographics (e.g. Federal Statistical Office Germany, Bavarian State Office for Statistics and Data Processing), blood usage and donation behaviour in Germany (Robert Koch Institute, Paul-Ehrlich-Institute, Bavarian Red Cross) and

disease-related information, e.g. epidemiology, frequency of interventions (Federal Health Monitoring, German Foundation Organ Transplantation, German Index for Stem Cell Transplantation, Literature). **RESULTS:** Bavarian demand for blood products of approximately 2,850 units per workday (750,000 units per year) was estimated. Potential blood donators add up to approximately 8,474 million people. Assuming a donation rate of 3% an approx. number of 250,000 donators exist. Most active segment of donators is between 32–56 years. It will be affected by the demographic shift, means a declining population of approximatelt 425,000 people in this segment. Stem cell transplantations (+50% in the last 7 years) and organ transplantations (+15% in 2005) lead to an increasing demand of blood products. Statistical data show an increasing life expectancy of 5 years until 2050 (male 81.1/female 86.6 years) entailing higher cancer incidence rates (+50% until 2050) affecting blood consumption (20% of all blood products are used in cancer therapies). The German blood market volume for the year 2005 is estimated to be €500 mill. For the Bavarian sub-segment a value of €75 million can be deducted. **CONCLUSION:** Further research and survey will be necessary to derive strategic recommendations for the blood market participants. Then a dynamic population model will be developed to project future effects on blood demand and supply.

A DETERMINATION OF TOPICS FOR HEALTH TECHNOLOGY ASSESSMENT IN THAILAND

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OBJECTIVES: Health Intervention and Technology Assessment program (HITAP), a newly established Health Technology Assessment (HTA) agency in Thailand, has tried to develop the systematic, transparent, and participatory mechanisms for HTA topic selection. An overall aim of this study was to describe quantitatively and qualitatively progression and findings from HTA topic selection process recently developed by HITAP. **METHODS:** The process involved potential users of HTA information namely 1) public health insurers; 2) national health policy makers; and 3) HITAP public funding organizations. In December 2006, these key players were invited to submit the topics needed to be assessed based on their considerations. The submitted topics were reviewed and prioritised by HITAP researchers in January 2007 using several preset criteria. Furthermore, a consultation workshop was conducted and the representatives from those organisations submitted the HTA topics provide justifications and prioritize their own list of top ten HTA topics needed to be assessed in 2007. Results from each organisation were analysed and the final list made by workshop participants were compared with the list made by HITAP researchers. **RESULTS:** Fifty-one topics were submitted from ten organisations. However, only 29 distinct HTA topics were met inclusion criteria and then included in the priority setting process. Most topics were pharmaceuticals (51%), medical procedures (24%), medical devices (15%) and health policy (10%). At final, six out of ten topics selected by HITAP researchers were the same as those made by the representatives from public health authorities. **CONCLUSION:** Findings from this study illustrated the possibility to make HTA topic selection process to be systematic, transparent and participatory, which would eventually increase the usefulness and credibility of HTA.

BUDGET SILO MENTALITY BEHIND THE FORMER IRON CURTAIN: A CASE STUDY FROM HUNGARY

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OBJECTIVES: Between 1994–2006 the budget for pharmaceutical reimbursement of the Hungarian National Health Insurance Fund Administration (OEP), the only health care financing agency in Hungary, showed significant deficit. It means that the actual drug expenditures became much higher at the end of the year as it was originally planned at the beginning of the fiscal year. The aim of the study to analyse the drug budget of the OEP by identifying the pattern of this deficit. **METHODS:** Data derived from the financial database of the Hungarian National Health Insurance Fund Administration, covering the period 1994–2006. We analysed the planned and the actual drug budget focusing on the deficit. Deficit was calculated as follows: dividing the gap between the planned and the actual budget by the actual budget. **RESULTS:** In each year between 1994–2006 we found a deficit at the drug budget of the OEP. This deficit varied between 2.8% (lowest, 1996) and 36.6% (highest, 2006) of total actual expenditures. We found 4 peaks on the diagram showing the deficit in the following years: 1994 (21.5%), 1998 (32.1%), 2002 (36.6%) and 2006 (30.4%). In each of these years, both national governmental and local elections were held in Hungary. **CONCLUSION:** We found deficit in the drug budget of the Hungarian OEP in each year between 1994–2006, however the highest deficit occurred in those years with political elections. Such strong coincidence between political elections and drug budget should be omitted as soon as possible in order to provide a more transparent way of drug reimbursement policy.

CANADIAN COMPETION DURING A U.S. GENERIC DRUG'S 180-DAY EXCLUSIVITY PERIOD

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OBJECTIVES: To compare Canadian brand and generic drug prices and U.S. generic drug prices for ten months following U.S. brand patent expiration and to bring attention to a growing source of competition during a generic company's 180-day marketing exclusivity period. **METHODS:** The Canada/U.S. Internet Pharmacy Drug Price Database contains weekly prices since January 2005 of more than 50 prescription medications from eight Canadian and five U.S. on-line pharmacies. Ten months of pricing data ($US) were extracted and compared for the Canadian and U.S. brand and generic versions of sertraline and simvastatin following U.S. patent expiration in 2006. **RESULTS:** During the first six months after U.S. patent expiration, the average prices of brand and generic sertraline 100 mg from Canadian on-line pharmacies were 11.4 and 45.5 percent less, respectively, than the price of generic sertraline from U.S. on-line pharmacies. Canadian brand and generic simvastatin 20 mg were 32.2 and 60.4% less expensive, respectively, than U.S. generic simvastatin. At the tenth month post U.S. patent expiration, the average price of the Canadian brand product exceeded that of the U.S. generic product for both sertraline (by 15.8%) and simvastatin (by 35.2%). However, Canadian generic products were still less expensive than U.S. generic products (sertraline, 34.3% less; simvastatin, 41.6% less). Prices for U.S. generic sertraline and simvastatin dropped an average of five and 14 percent monthly, respectively, after the exclusivity period. **CONCLUSION:** U.S. generic drugs can be more expensive than both brand and generic