PARTIAL-THICKNESS SCALDS FROM THE PUBLIC PAYER PERSPECTIVE

HPV vaccination and HPV testing, require further pharmacoeco-coverage that has been observed appeared as the most serious obstacle to the threshold.

CONCLUSIONS:

treatment of atrial fibrillation, prevention of stroke, and treatment of stroke. Costs were expressed in 2011 Canadian dollars. One-way, multi-way and probabilistic analyses of uncertainty were conducted. Model inputs were from the same sources including primary data, published literature and expert opinion. RESULTS: Average cost was estimated at €490 for Holter, and €612 for loop recorder. Average cases of atrial fibrillation correctly detected were 0.032 for Holter, and 0.058 for loop recorder. Ternary plot of probabilistic model cost-effectiveness showed, for loop recorder versus Holter was €2430 per additional case correctly detected and €698 per additional stroke avoided. At a $20,000 willingness-to-pay threshold the probability of the loop recorder being cost effective for cases detected and strokes averted were 95.5% and 96% respectively. Cases detected and strokes avoided were 99.3% and 92% respectively for a willingness-to-pay of $50,000. CONCLUSIONS: Cost-effectiveness analysis favours the new loop recorder compared to Holter.

COST-EFFECTIVENESS ANALYSIS OF THE CORAIL HIP SYSTEM FOR PRIMARY TOTAL HIP ARTHROPLASTY IN SPAIN

Gregg ML1, Guo N1, Schwenger S2, Goeree R1

ANOVA - Knowledge Translation, Rio de Janeiro, Brazil

Ribeiro ACP, Fernandes RRA, Santos PML, Moretti AIP

Tolentino ACM, Takemoto MLS, Fernandes RA, Cukier FN, Takemoto MMS, Cruz RB, Groningen, The Netherlands

OBJECTIVES: The Corail™ Hip System, a hydroxyapatite coated cementless implant, has demonstrated its high efficacy and safety for primary total hip arthroplasty (THA) for over 20 years. The objective of this work was to evaluate the cost-effectiveness of the Corail™ Hip System in comparison with other cementless hip designs (standard) in Spain. METHODS: An analytical decision-making model was constructed as a Markov model for patients who were candidates to THA. The study perspective was from the viewpoint of the Spanish National Health System (NHS). Time horizons included in the model were 10 or 20 years and lifetime. Health outcomes included in the model were: death, additional stroke, hip revision surgery, and dislocation. Results were expressed in euro 2011. Data came from a review of the literature and was validated by local clinical experts. A discount rate of 3% was applied on costs and efficacy data. RESULTS: The use of the Corail™ Hip System for THA compared with the standard resulted in €4317 per revision avoided and €5812 per QALY gained considering a time horizon of 10 years. The result was dominant in favour of Corail™ when a time horizon of 20 years or lifetime was considered for all the scores. Corail™ provided a gain of 0.075 QALY and saved €279 versus the standard (lifetime). There were no significant differences between sexes. In the sensitivity analysis was built the best scenario for Corail™ including the worse efficacy data available for the standard and Corail™ resulted in a gain of 0.388 QALY and saved €2226 (lifetime). The probabilistic sensitivity analysis showed that Corail™ was cost-effective in 97% of cases (threshold of 30,000/QALY). Preliminary results showed that the Corail™ Hip System is a cost-effective option in THA compared with the rest of cementless hip trademarks available in Spain.

COST-EFFECTIVENESS OF THE EX-PRESS GLAUCOMA FILTRATION DEVICE IN THE NETHERLANDS

De Jong L1, Lafaune A2, Agudelo A3, Clermont O4, Berdeaux G5

1Amsterdam Medical Center, Amsterdam, The Netherlands, 2CEMKA-EVAL, Bourg la Reine, France, 3Cemka Eval, Bourg la Reine, France, 4Alcon France, Rueil-Malmaison, France

OBJECTIVES: To compare the costs and effectiveness of the EX-PRESS glaucoma filtration implant (Alcon Inc, TX) versus trabeculectomy. METHODS: A Markov model of 5 years duration was constructed as a Markov model for patients who were candidates to trabeculectomy. The 5-year failure rate was 41% for EX-PRESS versus 65% for trabeculectomy (P = 0.005) using an 18 mmHg IOP target and 46% versus 77% (P = 0.001) for 15 mmHg. EX-PRESS patients were less likely to use medications, and among the medically treated patients, required fewer drugs. EX-PRESS eyes required less needling (2 vs 5) and less cataract surgery (5 vs. 8). Without discounting, drug savings with EX-PRESS equaled €333.86 and €107.79 for eye surgery flaser, a total of €443.65. With a 4% discount rate, the figures became €310.45, €132.78 and €443.23, respectively. CONCLUSIONS: At 5 years after surgery, EX-PRESS demonstrated that it better controls IOP than trabeculectomy, resulting in savings in both IOP lowering drugs and eye surgeries. Economic benefits of the better IOP control (less dosing frequency, i.e. a better self-experience) and saving according to a lifetime time horizon will be estimated in future modelling exercises.

COST-EFFECTIVENESS OF THE EX-PRESS GLAUCOMA FILTRATION DEVICE IN FRANCE

De Jong L1, Lafaune A2, Clermont O3, Agudelo A3, Berdeaux G5

1Amsterdam Medical Center, Amsterdam, The Netherlands, 2CEMKA-EVAL, Bourg la Reine, France, 3Cemka Eval, Bourg la Reine, France, 4Alcon France, Rueil-Malmaison, France

OBJECTIVES: EX-PRESS glaucoma filtration device (Alcon Inc, TX) is an alternative treatment to trabeculectomy, a surgery realized in advanced primary open angle glaucoma (POAG). This analysis reports the incremental cost and benefits of EX-PRESS. METHODS: Patients with POAG uncontrolled by maximally-tolerated