PSY11

AN ECONOMIC EVALUATION OF DIFFERENT PROCEDURES IN BARIATRIC SURGERY

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OBJECTIVES: The aim of this study was to examine the social cost of the three main bariatric surgery techniques used for the treatment of morbid obesity: gastric banding (GB), gastric by-pass (GBP), and sleeve gastrectomy (SG).

METHODS: The study was designed as longitudinal multicenter survey. Adult patients in charge to 6 Hospital Centers in Italy have been enrolled at the time of the intervention and followed up to 1 year. Direct medical costs have been estimated using tariffs for laboratory tests, diagnostic exams, visits, and prices for drugs. Inpatient cost data have been collected at the Center level, as well as the costs of inpatient stay. Non medical costs included costs for travel and accommodation, domestic help and informal care. The loss of productivity of patients have been estimated using the human capital approach. Costs are reported as mean (± standard deviation) in Euro 2013.

RESULTS: 301 patients have been enrolled and 1 year after the intervention a BMI reduction of 19%, 35% and 29% have been observed for GB, GBP and SG respectively. The social cost of the intervention amounted to € 6,853 (± 1,328), € 7,388 (± 9,384), and € 7,928 (± 12,863) for GB (of these 43% were direct non medical costs and 24% were indirect costs).

CONCLUSIONS: As compared to GB and SG, GBP was most effective with higher costs of intervention and follow up.

PSY20

COST ANALYSIS OF IMPLEMENTING EXPANDED UMBILICAL CORD BLOOD GRANT IN CANADA

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OBJECTIVES: The aim of this study was to examine the social cost of implementation for hematopoietic stem cell transplantation (HSCT) where bone marrow or peripheral stem-cell transplant (BM/PB) is not possible. A literature review of published CBG (ECBG) and CECB (ECGB) experiences in Europe and Canada was performed. Two new scenarios were developed for each option for matched-related donors.

METHODS: Total treatment (direct) costs comprised bone marrow and cord procurement (18-36%), donor search (16-19%), hospitalization (14-15%), laboratory tests (optimistic), and drug costs (10-14%). DUCB costs were the highest of the different scenarios: $376,000 and EUCB conservative $376,000; optimistic $343,000 (Canadian dollars). For matched related donors, EUCB costs were the highest of the different scenarios: $1,328,000 and EUCB conservative $1,328,000; optimistic $1,286,000 (Canadian dollars).

RESULTS: For patients with severe or life-threatening medical conditions, the costs are not considered in the total cost and are considered only as a benefit of the intervention. When the society costs are accounted for, EUCB is an economically dominant treatment compared to all other options.

CONCLUSIONS: The absolute neutrophil count engraftment, chronic and acute graft-versus-host disease (GvHD) and relapse rate. We assessed the costs and cost-effectiveness from the societal perspective of implementing ECBG in Canada. Despite its low prevalence of hemophilia in Mexico. Most (57%) of all patients received medical care at ISSM. Direct medical costs (79.3 USD millions) and indirect costs (370,398 USD) accounted for 99.5% and 0.5% of total costs (79.7 USD millions), respectively. Among direct medical costs, acquisition of coagulation factors represented the most important component (59.9%). Costs were $11,175,229.8 per QALY. Societal costs are accounted for, EUCB is an economically dominant treatment.

PSY23

MEDICAL AND ECONOMIC IMPACT OF INFANTILE HEMANGIOMA IN FRANCE

PSY12

THE NATIONAL COST OF HEMOPHILIA TYPE A AND B IN MEXICO

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OBJECTIVES: Hemophilia is a hereditary, lifelong bleeding disorder. Patients are deficient in either coagulation factor VIII (hemophilia A) or IX (hemophilia B). This study is aimed to assess the economic impact of these conditions in Mexico.

METHODS: In this cost of illness study, both direct medical costs (diagnosis, follow-up, prophylaxis and on-demand coagulation factor replacement therapy, inpatient and outpatient care of hemorrhages and complications) and indirect costs related with loss of productivity in either adult patients or in patients of affected children along one year were assessed. Local demographic and epidemiological data (last update 2011), as well as annual bleeding rates in both prophylaxis and on-demand approaches were extracted from published sources. Resource use patterns were derived mainly from the health database Clinical Practice. Costs are reported (in Mexican pesos) and the social costs of medical resources were gathered mainly from Instituto Mexicano del Seguro Social (IMSS) sources. It is assumed that productivity losses of adult patients/parents of hemophiliac children are proportional to the number of days in hospital, average per hour wage and worked hours per week were extracted from National Statistics Office database. All costs are expressed in 2013 USD. RESULTS: A total of 3,906 (87%) type A and 597 (13%) type B patients comprised the 2011 documented prevalence of hemophilia in Mexico. Most (57%) of all patients received medical care at IMSS. Direct medical costs (79.3 USD millions) and indirect costs (370,398 USD) accounted for 99.5% and 0.5% of total costs (79.7 USD millions), respectively. Among direct medical costs, acquisition of coagulation factors represented the most important component (59.9%). Costs were $11,175,229.8 per QALY. Societal costs are accounted for, EUCB is an economically dominant treatment.

CONCLUSIONS: Despite its low prevalence, hemophilia imposes a considerably high economic burden in Mexico’s health care system.