€1335.30, the largest difference was due to the length of hospital stay (€1468.50). The surgical procedure was the only item that resulted in more resource consumption in the TVT procedure (differential cost per patient of €158.29). Sensitivity analyses showed that even in the case where the TVT patients are hospitalized for 3 days, the TVT procedure remains the least resource consuming and the least costly option (differential cost per patient of €513.80). CONCLUSIONS: The TVT procedure proved to be more efficient than the OBC option in the surgical treatment of female SUI.

SEVELAMER USE IN HYPERPHOSPHATEMIA: HEALTH AND ECONOMIC CONSEQUENCES

OBJECTIVES: The safety and efficacy of Renagel® (sevelamer hydrochloride) in binding phosphate in patients with end stage renal disease and its ability to attenuate the progression of cardiac calcification has been well documented but not the longer-term health and economic consequences. Thus, a model of the predicted long-term consequences of Renagel® compared to calcium-based binders (acetate and carbonate) was developed.

METHODS: Long-term cardiovascular implications of one year of treatment with phosphate binders in patients on hemodialysis are estimated based on the patient's demographics, co-morbidities, and physiologic and renal parameters. The initial calcification score and expected changes over one year are derived using regression equations developed from the Treat-to-Goal study and translated to cardiovascular disease risk based on equations developed from a long-term cohort study (London). The implications of cardiovascular disease for life expectancy and medical costs are accounted for from a US payer perspective. RESULTS: In a population of 100 patients, the cardio-protective effect of Renagel® over 1 year is estimated to prevent 9 future cardiovascular events and to save 18 life years compared with calcium acetate; and 10 events and 18 life years compared to carbonate. These events would cost $205,600 and $226,700 to manage. These benefits are obtained at a net cost of about $37,900 and $19,500, respectively. The incremental cost-effectiveness ratios amount to $2200 and $1100 per (discounted) life year gained; and $4400 and $2300 per cardiovascular event prevented. CONCLUSIONS: Widespread use of Renagel® for treatment of hyperphosphatemia in patients on hemodialysis may seem like just another burden on already strained health care resources. In the context of dialysis, at a median cost-effectiveness ratio of $46,000 per life year gained, the results of this study provide evidence that such intervention would be economically sound.

ECONOMICAL IMPACT OF SACRAL NERVE STIMULATION THERAPY IN 62 PATIENTS WITH LOWER URINARY TRACT DYSFUNCTION

OBJECTIVE: This analysis addresses the cost-effectiveness of the new extended release formulation (XL) of Ditropan (oxybutynin) for the treatment of overactive bladder relative to immediate release Detrol (tolterodine), if the drugs are priced equivalently.

METHODS: A state-transition model was developed to compare health economic outcomes over the course of one year. Effectiveness and treatment persistence data were derived from the OBJECT trial, a 3-month randomized, double-blind study comparing Ditropan XL 10 mg with Detrol 4mg and used, together with data from the literature to project outcomes beyond the trial time. Severity-specific cost profiles for incontinence were developed for the province of Ontario, and are reported in 2002 Canadian dollars. In the principal analyses, only direct costs were included and were limited to drug price, physician visits, and pad or protection usage. RESULTS: Ditropan XL is predicted to be the dominant therapeutic option, with higher effectiveness and lower overall costs than Detrol. After 1 year, total costs are expected to be an average of $32 lower per patient with Ditropan XL, while 3.15 more patients per 100 treated attain complete continence (20.4% versus 17.2%). As well, more patients treated with Ditropan XL have less than 7 incontinent episodes per week. Over the course of the year, patients on Ditropan XL are expected to have an average of 16 additional incontinence-free days. Results are most sensitive to relative drug prices, with a price differential of only $0.11 per day required for savings with Ditropan XL to be eliminated. In other sensitivity analyses, however, Ditropan XL maintained its advantage over wide ranges of inputs. CONCLUSION: These analyses suggest that, at price parity, Ditropan XL provides better results than Detrol over 1 year and reduces costs.
OBJECTIVES: Lower urinary tract symptoms (LUTS) such as detrusor instability or urinary retention strongly impacts quality of life, involving economical aspects and social living. The aim of our investigation is to record changes in hospitalizations, Urological, and general practitioner visits before and after sacral nerve stimulation therapy. Expenses for pads, catheters, and drugs are also investigated. METHODS: From February 2000 to September 2002 we enrolled 62 patients in the economic session of the Italian Sacral Nerve Modulation Registry (mean age 50 years old, from 22 to 70). Economic data was recorded in order to compare costs with clinical results of sacral nerve modulation therapy in patients with LUTS. In this group 41 were incontinent patients (61% female) mean age 53; 21 patients (71% female) mean age 46 had urinary retention. RESULTS: We performed a quarterly analysis, comparing the baseline data to the last follow up available (12 month). Visits to the general practitioner decreased from 1.1 to 0.05 (p < 0.01), visits to the urologist did not change significantly from baseline (1.5 to 1.2). Diagnostic tests decreased from 2 to 0.8 (p < 0.01). In the use of pads we observed a major change from 2.1/day (3 months expenses per patient of €120.96) to 0.5 (3 months expenses per patient of €28.8) (p = 0.08); For urinary retention the use of catheters decreased from 1.1 baseline (3 months expenses per patient of €178.2) to 0.1 at 12 months (3 months expenses per patient of €16.2) (p = 0.09). Drug consumption decreased significantly (p < 0.05) from €47.24 to €10.53. CONCLUSIONS: The reduction in daily consumption of pads and catheters (which is the major cost-driver of urinary disorders), but also the reduction of costs due to general practitioner visits, diagnostic tests, and drug consumption are significantly changed.

SURVIVAL IN END-STAGE RENAL DISEASE (ESRD) PATIENTS: ECONOMIC CONSEQUENCES OF THE LACK OF AUTOLOGOUS ARTERIOVENOUS FISTULAE (AVF) AT THE START OF HEMODIALYSIS

Ortega T1, Moreno D1, Rebollo P1, Díaz C2, Valdés C1, Ortega F1
1Hospital Central Universitario de Asturias and Institute “Reina Sofia” for Nephrological Research, Oviedo, Asturias, Spain; 2Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

AVF are recommended over catheters because they have lower morbidity and costs. OBJECTIVES: The aim was to evaluate the cost effectiveness according to patient’s survival and the difference caused by the delay of an adequate AVF implementation when starting periodical haemodialysis PHD. Pts included: all pts but 19pts starting PHD during 1996–2000 (n = 133). One defined three groups of pts according to the time in having definitive AVF: Group 1 (G1) having an adequate functioning AVF before initiating PHD and it lasting at least three months (53%); G2 not having a AVF at the beginning of PHD, but in the first 3 months of the entrance in PHD (25%) and G3 being using catheters for more than 3 months (22%). Studied resources cost: the AVF execution and patient’s medical care, the mean hospital admissions (HA) and their mean length stay (LS), catheter cost and time of personnel as direct and indirect costs. Benefits were calculated evaluating patient’s survival and drugs were not included by the complexity and patient’s diversity. RESULTS: G1 were younger than G2 and G3, had lower infections and less attributable death, lower CI, less HA and LS. Total AVF costs were estimated in €3071. It could have been avoided about 11–15% because of catheter infections and 12 attributed deaths. So mean benefits could have been €5400 respect to G2 and €6860 to G3.