this study is to determine the cost-effectiveness of a PCV13 vaccination program versus no program for adults 18 years old and over with a coverage of 100% and in healthy adults 65 years old with a coverage of 90%, in the Chilean Health System. METHODS: A cost/utility study was performed using a Markov model (population data for a time horizon of 10 years). Utilities and epidemiological parameters like incidence, mortality, and consequences of pneumococcal disease were obtained from Chilean, Latin American and international published literature. Vaccine’s efficacies were calculated from literature for PPSV23 and from the Community- Acquired Pneumonia Immunization Trial in Adults (CAPIT). Direct and indirect costs were considered and were obtained from FONASA, the Chilean Public Health Insurance. Vaccine’s costs and quality-adjusted life of years (QALYs) were determined and compared. RESULTS: With a PCV13 vaccination program, 107 cases of bacteremia, 13 of meningitis, 6,706 of inpatient pneumonia, 1,189 deaths were avoided compared with PPSV23 program. The total cost over the 10 year period studied, and for the total population of 12,773,697 people was $1,994,404 for PCV13 and $2,065,510 for PPSV23. For PCV13, QALYs were 11,484,554 and for PPSV23, QALYs were 11,479,124, thus the Incremental Cost Effectiveness Ratio (ICER) was dominant for PCV13, and these results do not vary with sensitivity analysis on high impact variables. CONCLUSIONS: A PCV13 vaccination program might save public health expenses and reduce morbidity, mortality and disability in Chilean adults over 18 years old. These results appear to be robust with Spearman correlation. This study is to determine the cost-effectiveness of a PCV13 vaccination program versus no program for adults 18 years old and over with a coverage of 100% and in healthy adults 65 years old with a coverage of 90%, in the Chilean Health System. METHODS: A cost/utility study was performed using a Markov model (population data for a time horizon of 10 years). Utilities and epidemiological parameters like incidence, mortality, and consequences of pneumococcal disease were obtained from Chilean, Latin American and international published literature. Vaccine’s efficacies were calculated from literature for PPSV23 and from the Community- Acquired Pneumonia Immunization Trial in Adults (CAPIT). Direct and indirect costs were considered and were obtained from FONASA, the Chilean Public Health Insurance. Vaccine’s costs and quality-adjusted life of years (QALYs) were determined and compared. RESULTS: With a PCV13 vaccination program, 107 cases of bacteremia, 13 of meningitis, 6,706 of inpatient pneumonia, 1,189 deaths were avoided compared with PPSV23 program. The total cost over the 10 year period studied, and for the total population of 12,773,697 people was $1,994,404 for PCV13 and $2,065,510 for PPSV23. For PCV13, QALYs were 11,484,554 and for PPSV23, QALYs were 11,479,124, thus the Incremental Cost Effectiveness Ratio (ICER) was dominant for PCV13, and these results do not vary with sensitivity analysis on high impact variables. CONCLUSIONS: A PCV13 vaccination program might save public health expenses and reduce morbidity, mortality and disability in Chilean adults over 18 years old. These results appear to be robust with Spearman correlation.
this population. Results also suggest that the knowledge gap is greater among males than females. This is in line with other studies, which have found that gender differences exist in the identification of potentially sensitive elements such as a split developed by community members and small group discussions to engage the population in conversations about pneumonia.

PIN3

DEVELOPMENT OF A PATIENT-REPORTED OUTCOME INSTRUMENT (SKINFEKT-PRO) TO STANDARDIZE AND QUALIFY SYMPTOMS OF ACUTE BACTERIAL SKIN AND SOFT TISSUE INFECTION (ABSSSI) PATIENTS: A COMPREHENSIVE LITERATURE REVIEW AND QUALITATIVE STUDY

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A PRO instrument developed to evaluate ABSSSI patient symptoms and functioning of individuals with CABP and evaluation of new antibacterial treatments. The purpose of this study was to develop a patient-reported outcome (PRO) instrument to assess Acute Bacterial Skin and Soft Tissue Infection (ABSSSI) symptoms in patients in clinical trials of antibacterial drugs, consistent with the FDA PRO Guidance. The aims of this study were to: (1) perform a comprehensive review of the literature and interviews with nine US and European clinical experts informed the development of a concept elicitation (CE) interview guide, and a hypothetical conceptual framework and disease model exploring patients’ experience with symptoms of ABSSSI CE was based on telephone interviews with 34 patients, after which saturation of emergent concepts was reached. Items and response options were generated based on the qualitative data and a draft instrument was prepared with input and review from an interventional panel of academic and industry-based clinical experts. Subsequently, cognitive debriefing interviews were conducted with 15 ABSSSI patients and 3 clinical experts to assess item readability, relevance, comprehensiveness, and content validity. Initial items were based on feedback from the patients. RESULTS: CE subtypes were evaluated and consisted of 13 (38.2%) patients with major abscesses, 12 (35.3%) with wound infection, and 9 (26.5%) with cellulitis. Patients noted the majority of the 75 symptoms were experienced on a daily basis and were managed by clinicians. The mean age of patients was 38.8 years; 64.7% male. Symptoms of common across all ABSSSI subtypes and supported the saturation of concepts. Items were generated for the PRO Instrument using patient terminology. Subsequently, cognitive debriefing with patients demonstrated that the items were understandable, relevant, and interpreted as intended. CONCLUSIONS: SKINFEKT is a PRO instrument developed to evaluate ABSSSI patient symptoms and functioning in clinical studies with documented evidence of content validity. Qualitative data from patients and input from experts formed the basis of the SKINFEKT’s structure and item pool, and it is now ready for psychometric reliability and validity testing.

PIN4

COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA (CABP): DEVELOPMENT OF A NEW PATIENT-REPORTED OUTCOME (PRO) FNH BIMARKERS CONSORTIUM (CAB-ABSISI)

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OBJECTIVES: The primary study of this work was to develop a patient-reported outcome (PRO) to capture additional symptoms of how patients evaluate treatment efficacy on the basis of clinical outcomes; however, there is no validated PRO measures for missing beta and generalized linear models showed similar results. RESULTS: Conclusions: This study provides estimates of the quality of life decrement associated with severe liver disease health states, from the general public perspective. This information is important for understanding the benefit of early treatment to delay disease progression in patients with HCV.

PIN5

ASSESSING THE IMPACT OF PEGYLATED-INTERFERON/RIBAVIRIN THERAPY DURATION VERSUS VIRAL RESPONSE ON HEALTH-RELATED QUALITY OF LIFE (QOL) OUTCOMES IN CHRONIC HEPATITIS C VIRUS (HCV) PATIENTS, USING MULTIVARIATE MIXED-EFFECTS MODELING

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OBJECTIVES: Pegylated-interferon/ribavirin (PR) is commonly used to treat HCV genotype 1 (G1)-infected patients, both as dual therapy or triple therapy, combined with a direct-acting antiviral (DAA). PR-based treatments are associated with high levels of toxicity and decreased QoL. Adding simiprevir as DAA to PR reduces duration of PR therapy and increases significantly the proportion of patients reaching viral response (VR). The objective of this analysis was to explore the impact of duration of treatment on the level of impairment of QOL and other patient-reported outcomes (PRO). METHODS: Longitudinal QoL/PRO outcomes were analysed from 1069 patients in clinical trials comparing both PR and placebo in treatment-naive HCV-G1 patients: PILAR (n = 316); QUEST-1 (n = 594); QUEST-2 (n = 391). Early responders in the simprevir arm were allowed to stop PR therapy at week 32. A mixed-effect model was fitted, including age, gender, baseline fibrosis status, time, treatment interaction between time and treatment as covariates, and PR-therapy and viral response as binary time-varying covariates (viral load >50 IU/mL). A model was fitted by trial for the EQ-5D valuation using a mixed-effects model with the FDA Guidance for PRO measures for HCV Therapy Trials: the first step in identifying concepts that will be explored further in qualitative interviews with HCV patients.