PH26
COST-EFFECTIVENESS ANALYSIS OF SURGICAL INTERVENTION OF STRESS URINARY INCONTINENCE WITH SINGLE-INCISION MINI-SLING VERSUS TENSION-FREE VAGINAL OBTURATOR IN SLOVENIA
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OBJECTIVES: To analyze the cost effectiveness of surgical management of stress urinary incontinence (SUI) in women with single-incision mini-sling (SIMS) compared with tension-free vaginal obturator (TVT-O). METHODS: A cost-effectiveness analysis based on the results of interventions performed with TVT-O (2005-2008) and SIMS (2008-2011) in women with a diagnosis of SUI was performed. The clinical effectiveness was defined as an objective cure at 12 months (pad-test <1 g/h). A perspective of the hospital payer was adopted; therefore, only direct health care costs (diagnostic and surgical procedures, medical devices, medications, hospital stay times and staff) were included. CI95% of total cost was estimated by bootstrapping procedures. RESULTS: Procedures were carried out in 81 women (44 in the SIMS group and 37 in the TVT-O). A small difference (6.7%) in clinical effectiveness was observed in favour of SIMS, however, was no cause for any hospital stay with TVT-O. A small stay times and staff) were included. CI95% of total cost was estimated by bootstrapping procedures. The cost per patient with SIS was lower (2.059; CI95%: 1.94-2.285) than with TVT-O (2.281; CI95%: 2.61-2.997), showing a statistically significant cost saving of 762€ (CI95%: 2.95-2.997) in the case, the probabilistic sensitivity analysis showed that cost effectiveness was 100%. The sensitivity analysis showed that the cost determinant was the length of the hospital stay, observing that an equivalent cost was only achieved if there was no cause for any hospital stay with TVT-O. CONCLUSIONS: The cost of single-incision mini-sling is dominated with an comparable clinical effectiveness but with a 762€ per patient reduction of the average annual cost, compared to tension-free vaginal obturator. Therefore, the results suggest that, over a post-operative period of twelve months, tension-free tape single-incision mini-sling is a dominant alternative to tension-free vaginal obturator due to a lower cost and a comparable effectiveness.

PH27
A COST-EFFECTIVENESS ANALYSIS OF DIFFERENT TYPES OF LABOR FOR SINGLETON PREGNANCY – REAL LIFE DATA
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OBJECTIVES: To assess cost, clinical outcomes and cost-effectiveness of different types of labor in singleton pregnancies. METHODS: A decision model was used to compare vaginal labor, induced labor and planned cesarean section. All data were taken from the Book of Labor from the University Hospital for Gynecology and Obstetrics "Narodni Front" in Serbia, for labors conducted during one month period in 2011. Successful delivery, (i.e. labor that began up to 42 gestation weeks, without maternal and newborn complications) and vaginal delivery (scoring 2 instead of 1 for each sepsis status) was considered as the outcome of the cost-effectiveness analysis. To test the robustness of this definition probabilistic sensitivity analysis was performed. RESULTS: From a total of 667 births, vaginal labor was conducted in 98 cases, induced vaginal in 64%, while planned cesarean section was performed 127 times. Emergency caesarean section as a complication was much higher in the vaginal labor cohort compared to the induced vaginal delivery (OR = 17.34, 95% CI 8.52 to 35.418, p < 0.001). The least costly type of labor was induced vaginal labor: average cost 461€, with an effectiveness of 98.17%. Both, vaginal and planned cesarean labor, were dominated by the induced labor. The results were robust: CONCLUSIONS: Elective induction of labor was associated with the lowest costs compared to other types of labor, with favorable maternal and neonatal outcomes.

PH28
COST EFFECTIVENESS OF PENTAVALENT ROTAVIRUS VACCINE (RV5) IN SLOVENIA
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OBJECTIVES: To assess the potential impact of universal vaccination with RV5 on health burden and costs associated with severe diarrhea events in children less than 5 years old in Slovenia. METHODS: A Markov model was used to evaluate the cost per quality-adjusted-life year (QALY), and sensitivity to several factors. The model was based on the results of the randomized controlled trial of RV5 in reducing health care resource utilization is based on the results of the Rotavirus Efficacy and Safety Trial (REST). RESULTS: A total of 3,938/407,333 Euros from the health care and societal perspectives respectively. CONCLUSIONS: RV5 is projected to avert substantial number of RGE hospitalizations and office visits in Slovenia. Estimated cost for a cost effective intervention. KEYWORDS: Rotavirus vaccine, cost effectiveness, QALY.

PH29
HEALTH ECONOMIC MODEL ON THE COSTS AND EFFECTS OF ROTAVIRUS VACCINATION IN ROMANIA
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OBJECTIVES: Rotavirus gastroenteritis (RVGE) is one of the most frequent diseases in children less than 5 years old. Today, no recommendation for general rotavirus vaccination exists in Romania. In this study, we developed an already published simple model to estimate the cost-effectiveness of rotavirus vaccines in reducing health care resource utilization is based on the results of the REST. METHODS: We adapted an already published simple model to estimate the cost-effectiveness of rotavirus vaccine in reducing health care resource utilization is based on the results of the REST. RESULTS: From a payer perspective, the analysis by age group showed that vaccinating all children born in 2011 could be cost-effective and provide substantial public health benefits in the Norwegian health care system.

PH30
COST-EFFECTIVENESS ANALYSIS OF COFFEE CONSUMPTION FOR PREVENTION OF ALL-CAUSE MORTALITY IN GERMANY
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OBJECTIVES: Coffee contains over 1,000 distinct molecular compounds and is one of the most widely consumed beverages worldwide. Epidemiologic studies have shown a dose-response relationship between coffee consumption and lower all-cause mortality. This analysis aims to assess the cost-effectiveness of coffee from a blended German consumer and payer perspective. METHODS: An existing decision-analytic model was adapted with German data. A cohort life-table analysis was developed to model life-years (LY) of German coffee consumers vs. non-consumers over a lifetime horizon. Age- and gender-specific mortality rates were used to model survival outcomes. Relative risks of death by average coffee intake (cups/day) were obtained from a recent large, prospective cohort study. Cost were considered for cost per cup (home prepared and from a national sample of low and high-cost vendors) and for health care. Incremental analyses were conducted by cost, sex, and number of days of coffee consumption. Deterministic and probabilistic sensitivity analysis was performed. RESULTS: Coffee increased undiscounted LYs in 1, 2-3, and 4-5 + cups/day male (0.65, 1.10, 1.33 and 1.10) and female (0.45, 1.21, 1.51, 1.41) respectively, with a 1.2% increase in QALYs. ICERs per undiscounted LYs gained were 3,938/€, 7,047/€ and 16,271/€ for males and 5,514/€, 5,066/€, 13,537/€ for females, respectively, for 1, 2-3, and 4-5 cups/day consumption of home-prepared coffee; ≥6 cups/day was strictly dominated. Consumption of 4-5 cups per day purchased from high-cost vendors was not cost-effective (male: 168,780/€, female: 135,636/€). Results were consistent throughout the sensitivity analyses, whereas coffee effectiveness in preventing death and coffee acquisition cost has the largest impact on ICERs. CONCLUSIONS: In this analysis, coffee consumption was assumed with increased LYs and was shown to be potentially cost-effective, especially if home-prepared or purchased from low-cost vendors. Given the observational nature of the study data, further research is warranted to validate these findings.

PH31
COST-EFFECTIVENESS ANALYSIS OF SCREENING SYPHILIS AMONG MONGOLIAN WOMEN
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OBJECTIVES: Maternal and congenital syphilis prevalence rates are currently rapidly increasing in Mongolia. On-Site screening and same-day treatment for syphilis in pregnancy prevents greater numbers of congenital syphilis and its complications. The Ministry of Health has been implementing on-site rapid screening test (RST) intervention and same day treatment approach for maternal syphilis with the contribution of the World Health Organization. Objective of the study was to understand the cost- effectiveness (CE) of screening antenatal syphilis using the rapid plasma reagin test (RPR) with the modelling method. METHODS: Ingredients-based cost data and epidemiological data were collected retrospectively from the pregnancy medical records. Decision analysis was used to estimate the incremental CE of universal mass vaccination compared with current practice. A decision analysis model was used to evaluate the cost-effectiveness of rotavirus vaccine compared to the current practice, off-site PRP/TPHA. Descriptive results were reported. RESULTS: The highest incremental cost was not cost-effective (male: 168,780/€, female: 135,636/€). Conclusions: In this analysis, coffee consumption was assumed with increased LYs and was shown to be potentially cost-effective, especially if home-prepared or purchased from low-cost vendors. Given the observational nature of the study data, further research is warranted to validate these findings.
PH32

**COST EFFECTIVENESS OF CALCIUM SUPPLEMENT IN REDUCING PERINATAL MORTALITY**

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**OBJECTIVES:** To estimate the cost-effectiveness of the supply of calcium of 1200 mg per day (alternative scenario) to all pregnant women in the week 14 and 14 of pregnancy to all pregnant women. The average cost of said pregnancies was 32.17 USD.

**RESULTS:** The average cost per Ca. was 3.9 USD lower than the average cost of said pregnancies. Therefore, Ca. should be supplied to pregnant women.

**CONCLUSIONS:** The supply of Calcium should be used rapidly after unprotected intercourse (within 24 hours) to benefit from its cost-saving potential compared to levonorgestrel use.

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PH35

**CERVICAL ASSESSMENT WITH PROGESTERONE IN THE PREVENTION OF PRETERM BIRTH: A STRATEGY BASED ON COST-EFFECTIVENESS**

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**OBJECTIVES:** To estimate the cost-effectiveness of progesterone prophylaxis in pregnant women. The subgroup of intake within 24 hours, where it is more efficacious at a lower cost compared to levonorgestrel.

**RESULTS:** The average cost per Ca. was 166.3 USD lower than the average cost of said pregnancies. Therefore, progestin prophylaxis should be used rapidly after unprotected intercourse (within 24 hours) to benefit from its cost-saving potential compared to levonorgestrel use.

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PH36

**COST-EFFECTIVENESS OF PAVILIZUMAB USE IN HIGH RISK CHILDREN FROM BRAZILIAN HEALTH SYSTEM PERSPECTIVE**

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**OBJECTIVES:** This study aimed to investigate the cost-effectiveness of palivizumab to different combinations of risk groups, such as preterm newborns born with gestational age (GA) ≤ 32 weeks. Costs included screening test, prenatal consultation, progesterone and neonatal hospitalization. Exchange rate was 1USD = 3.75 USD.

**RESULTS:** The total costs, the reduced number of PTB (263,052 vs 278.100) and neonatal UTI hospitalization (6,098,543 days vs 4,518,056 days) resulted in a total economic saving.

**CONCLUSIONS:** Palivizumab prophylaxis was cost-effective as compared to a no-prophylactic strategy scenario resulting in economic savings to the Brazilian health care system.

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PH37

**COST-EFFECTIVENESS ANALYSIS OF THE NEW BIOMARKERS FOR DIAGNOSIS OF ACUTE KIDNEY INJURY IN CHILDREN AFTER CARDIAC SURGERY**

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**OBJECTIVES:** Children undergoing cardiac surgery for congenital heart disease are more likely to experience development of acute kidney injury (AKI) in the immediate postoperative period. In current clinical practice, AKI diagnosis is based on a rise in serum creatinine (sCr) levels, which occurs relatively late in the initiating renal insult. Many new biomarkers offer promise for earlier AKI diagnosis. The objective