comparing the different methods adopted for the detection of the ADRs. METHODS: A prospective observational study was carried out at the three general wards of medicine department of an Indian public teaching hospital. The three different scales for causality assessment used were Naranjo’s ADR probability scale, WHO-UMC causality category and, Karch and Lasagna scale. RESULTS: Only 60 ADRs were identified from 150 patients over 3 months. All the identified ADRs were assessed using different causality assessment scales. According to Naranjo’s ADR probability scale, 52 of the reactions were ‘probable’, 8 of the reactions were ‘possible’. 28 ADRs were ‘probable’ and 32 were ‘possible’, according to WHO-UMC causality category. According to Karch and Lasagna scale, 45 ADRs were ‘probable’ and 15 were ‘possible’. A comparison between three scales showed that there is a closer match in the ‘probable’ ADRs between Naranjo and Karch & Lasagna scales (67% & 75%), 45% ADRs were ‘probable’ (WHO-UMC method). Out of these three methods WHO-UMC method was found to be simple to use. CONCLUSIONS: Causality assessment helps to assess the link between the drug and the ADRs. There is a disagreement between the three scales. Further study when three methods were used for causality assessment of reported ADRs.

INDIVIDUAL’S HEALTH – Cost Studies

PHI7
BUDGET IMPACT OF UTILIZING VARIOUS TYPES OF ADVANCED BIPOLAR ENERGY (ABE) DEVICES VERSUS CONVENTIONAL BIPOLAR ENERGY (CBE) IN TOTAL LAPAROSCOPIC HYSTЕРОМОТОMY IN CANADIAN HOSPITALS


OBJECTIVES: Electrosurgical instruments have proven to be effective at achieving hemostasis in laparoscopic hystereotomy and in Canada, their usage is increasing. Aims of the study were to compare conventional bipolar energy (CBE), EnSeal, with bipolar devices using advanced bipolar energy systems (ABE) and to determine if total laparoscopic hysterectomy is feasible and cost-effective in Canadian hospitals. METHODS: The budget impact model considers the inpatient and procedural costs incurred by a Canadian hospital performing 100 procedures annually. CBE is utilized as a baseline for efficacy and each of the 3 ABE systems is compared to CBE individually. Data on the use of health care resources was obtained from published prospective randomized/non-randomized controlled trials. Additional costing data was obtained from the Ontario Case Costing Initiative and a large Canadian hospital. The device costs were collected from market research. A multivariate sensitivity analysis using a Monte Carlo simulation was completed to ensure rigorous results. RESULTS: When comparing the 3 forms of ABE to CBE, EnSeal was the only technology that significantly reduced both OR time and length of stay and as a result, cost a Canadian hospital on average $50,339 and $93,091.44 more than CBE or EnSeal per annum for laparoscopic hysterectomy. CONCLUSIONS: ABE is as cost-effective as CBE for benign laparoscopic hysterectomies in a Canadian hospital.

PHI18
COST ANALYSIS OF THE ROBOTIC SURGERY IN ITALY

Turcetti G., Pierotti F., Palla I., Manetti S., Cuschieri A., Turchetti G., Pierotti F., Palla I., Manetti S., Cuschieri A.

OBJECTIVES: The purpose of the study is to determine the cost of robotic surgery in comparison with traditional surgery, both in the NHS and societal perspective, in the Italian setting. METHODS: The prospective multicentre study performed a cost analysis on about 700 patients enrolled in a period February 2011 - December 2013 in 8 Italian Hospitals. The interventions were general, thoracic and gynaecological surgery performed with open, laparoscopic or robotic technique. The model was developed considering both direct and indirect costs in the various phases of the intervention: patients enrollment and hospitalization, first follow up one month after discharge, next follow up. The model used tariffs for direct health care costs as laboratory, instrumental tests and specialist visits. For all other health care direct costs, non health care direct costs and indirect costs the model used real costs and resources data. RESULTS: In NHS perspective all specialties of robotic and open interventions cost 9,471 vs 7,252, p<0.01. Indirect costs are lower in robotics versus open: 908 vs 2,05, this could be explained by longer layoff of stay of robotic vs open (7.78 days versus 6.41, p<0.01). In the societal perspective, costs for all specialties (robotics: 10,909; open: 8,681; laparoscopic: 8,303), show differences between robotic and traditional surgery. Indirect costs for laparoscopic interventions present the same level of total costs. CONCLUSIONS: Robotic surgery is more expensive than traditional techniques, the operating times decrease with increasing experience of the surgeon in the use of the robot. It is important to highlight the benefits that the use of robotic intervention in terms of possible oncological, non oncological interventions, by both surgeon and experienced assistant. This should also have a positive impact on the quality of life of patients who should receive a level of postoperative pain in the lower robotic interventions.

PHI19
COST-EFFECTIVENESS OF ENDOMETRIAL ABLATION WITH THE NOVASURE SYSTEM VERSUS OTHER GLOBAL ABLATIVE MODALITIES AND HYSTERECTOMY FOR TREATMENT OF ABNORMAL UTERINE BLEEDING (AUB): A UK COSTING STUDY

Manske K., Cook K., Mclndoe D., Radtke T., Rice P., Horne J., A157

OBJECTIVES: Abnormal uterine bleeding (AUB) interferes with physical, emotional, and sexual quality of life of more than 10 million women in the US. Hysterectomy, the most common surgical treatment of AUB, has significant morbidity, low mortality, long recovery and high associated health care costs. Global endometrial ablation (GEA) offers a surgical alternative with reduced morbidity, low mortality, short recovery time, and lower system-based utilization and lower cost compared to hysterectomy. This study evaluated cost-effectiveness of AUB treatment with NovaSure ablation versus other GEA modalities and versus hysterectomy. METHODS: A health state transition (semi-Markov) model was developed using epidemiologic, clinical, and economic data from commercial and Medicaid claims database analyses, supplemented by published literature. Three hypothetical cohorts of women (fitted by intervention and gender) were simulated over 1-, 3-, and 5-year horizons to evaluate clinical and economic outcomes for NovaSure, other GEA modalities, and hysterectomy. RESULTS: Model analyses show lower costs for NovaSure-treated patients compared to other GEA modalities and versus hysterectomy. Furthermore, NovaSure-treated patients had fewer days of work absence and short-term disability. Cost-effectiveness metrics showed NovaSure treatment as economically dominant over other GEA modalities in all circumstances. With few exceptions, similar results were shown for NovaSure treatment versus hysterectomy. CONCLUSIONS: Model results demonstrate the non-inferior financial NovaSure ablation versus other GEA modalities and hysterectomy from commercial and Medicaid payer perspectives. Results will interest clinicians, health care payers, and self-insured employers striving for cost-effective AUB treatments.

PHI20

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OBJECTIVES: This study analyzed lifetime health and economic consequences of multiple obesity-related diseases (ORDs), including diabetes, hypertension, coronary heart disease, and stroke. METHODS: Nationally representative data of the U.S. civilian, non-institutionalized population was used. Our sample was from the National Health Interview Survey (NHIS), 1997-2000, and linked to the NHIS erectile dysfunction prevalence data. Obesity was estimated using data from the NHIS. We further linked to the Medical Expenditure Panel Survey (MEPS) to estimate annual health care expenditures. Disease risks were estimated with National Health and Nutrition Examination Survey (NHANES) data. Analyses were stratified by gender and adjusted for age, race, and BMI groups. Complex sampling designs in NHIS, MEPS, and NHANES were adjusted for. A Markov model populated by estimates of disease and mortality risks and health care expenditures was built to compute lifetime health and economic consequences for a set of disease states: non-obese and non-diabetic states; obesity and diabetes, and all other obesity-related disease states. RESULTS: Our sample comprised of 17,917 women and 13,928 men. For individuals age 40, life years lost associated with ORDs for women ranged from 2.7 (overweight, not white or black, with all four ORDs) and 14.6 (normal-weight, white, with all four ORDs) and for men from 2.3 (obese, not white or black, with diabetes) to 12.4 (normal-weight, not white or black, with all four ORDs). Lifetime health care expenditures associated with ORDs for women ranged from $27,749 (normal-weight, white, with hypertension) to $277,949 (overweight, not white or black, with all four ORDs) and for men from $41,804 (normal-weight, black, with hypertension) to $249,829 (overweight, not white or black, with all four ORDs). CONCLUSIONS: This study suggests that the lifetime health and economic consequences associated with ORDs are higher for women than men. And disease burden increases with increasing number of ORDs. Diabetes is the most costly ORD. Among sets of two ORDs, the combination of diabetes and hypertension is the most costly.