

**OBJECTIVES:** The purpose of this study was to estimate the preferences of postmenopausal women for disease states associated with EBC. **METHODS:** Preferences for relevant health states and demographic information were obtained from women aged 55–70 years in the UK and the USA with a history of stage one or two operable EBC and experience with adjuvant hormonal therapy. The 14 health states included in the study, which were compiled from literature and input from oncologists, reflected the major disease states of breast cancer and the adverse events reported in the ATAC trial (Cancer 2003; 98:1802–10). A chained standard gamble (SG) technique was used to compare health states to perfect and worst health (WH) and then WH against perfect health and death. WH values were used to rescale values (0 = death, 1 = perfect health). Pooled and country-specific utilities were analysed and compared. **RESULTS:** A total of 67 subjects (UK = 23, USA = 44) successfully completed the SG interviews. There were few differences between country samples. For the pooled sample, mean age was 67.8 years, 49% were retired, 61% were living with someone, and 51% had arthritis. More US than UK women had received radiotherapy and/or chemotherapy. Raw WH values differed significantly between country samples (UK = 0.844, USA = 0.455;  $p < 0.001$ ). Adjusted mean SG scores were 0.432–0.974 for the pooled sample, 0.710–0.989 for the UK sample, and 0.288–0.965 for the US sample. Mean current health values for the pooled, UK and US samples were 0.907, 0.933 and 0.893, respectively. **CONCLUSIONS:** The order of adjusted and unadjusted SG scores within each country was consistent, with the metastatic breast cancer and disease-free survival with no adverse events health states being the least and most preferred, respectively. When comparing utilities across countries, care must be taken in cases of significantly different WH values.

## Session II

### CARDIOVASCULAR II

#### THE COSTS AND EFFECTS OF CLOPIDOGREL IN COMPARISON TO ASA OR PLACEBO FOR SEVERAL PATIENT POPULATIONS IN DENMARK

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**BACKGROUND:** CAPRIE was an international randomized double blind trial comparing clopidogrel and ASA in patients with recent MI, stroke or PAD. Post-hoc analyses of the CAPRIE database identified three high-risk subgroups in which improved risk reductions were observed of clopidogrel compared to ASA. **OBJECTIVE:** To estimate the long and short term costs and effects of clopidogrel versus ASA in Denmark in the prevention of ischemic events (MI, IS, VD) in three high-risk CAPRIE sub-populations: 1) patients with a history of coronary artery bypass grafting; 2) patients with a history of ischemic events; 3) patients with multiple vascular territory involvement. In addition to this, an analysis for ASA intolerant patients in the general CAPRIE population was performed. **METHODOLOGY:** A Markov model consisting of 24 health states that combined clinical, epidemiological and cost data was used to assess the cost and effects of clopidogrel in comparison to ASA. Only in the ASA intolerant patients, clopidogrel was compared to no treatment. **RESULTS:** The comparison of clopidogrel with ASA in the high-risk CAPRIE sub-groups resulted in cost-effectiveness ratios of DKK 25,445 (€ 3424) /LYG, DKK 51,198 (€ 6881)/LYG, and DKK 55,503 (€7460)/LYG for 1) patients with a history of coronary artery bypass grafting; 2) patients with a history of ischemic

events, and 3) patients with multiple vascular territory involvement respectively. The comparison of clopidogrel to no treatment for the ASA intolerant patients resulted in DKK 3093 (€416)/LYG. Cost-effectiveness ratios of this order are generally considered acceptable in modern Western societies. Internal and external validity have been tested and were ascertained. **CONCLUSION:** Clopidogrel may be considered a cost-effective treatment for the prevention of subsequent ischemic events in high-risk patient populations and in the general CAPRIE-population with ASA intolerance in Denmark. Extensive sensitivity analyses confirmed that these results were stable over the entire range of assumptions.

CV6

#### WHAT IS THE ADDED VALUE OF HEALTH RELATED QUALITY OF LIFE (HRQL) DATA? AN EXAMPLE FROM THE INTERNATIONAL SUBARACHNOID ANEURYSM TRIAL (ISAT)

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**OBJECTIVES:** The International Subarachnoid Aneurysm Trial (ISAT) has revealed significantly better clinical outcomes for patients randomised to endovascular treatment as measured using the modified Rankin scale (mRS). ISAT compared the proportion of patients with a mRS grade of three or over (indicates higher level of impairment and dependency) following endovascular or neurosurgical treatment. The HRQL data were explored to determine whether there are differences in patients ranked 0–2 on the mRS as well as three or over. **METHOD:** A sub-sample of ISAT patients from 8 UK centres completed a thorough assessment of HRQL (SF-36 and Functional Limitations Profile) and cognitive function at 12 months following treatment. HRQL data are reported here. Differences were tested using one-way ANOVA with post-hoc comparisons (LSD) between mRS grades. **RESULTS:** Every domain of the SF-36 declines significantly with deteriorating mRS grade. The post-hoc comparisons reveal that each grade is significantly worse than the next lower grade, apart from grades four and five. Patients within the 0–2 mRS range still report substantial declines in HRQL (PF is 90.1 at grade zero ( $n = 137$ ), to 66.6 at grade 2 ( $n = 144$ ); VT is 71.6 at grade zero and 39.9 at grade two; BP is 93.7 at grade zero and 64.0 at grade 2). Sample sizes for grades 3 and over are small, but the data indicate that little sensitivity to differences in HRQL outcomes in patients at these higher mRS grades. **CONCLUSIONS:** The HRQL data greatly elucidates the differences in health status for patients at different mRS grades. The HRQL data demonstrate that simply categorising patients using a single cut-off score on the mRS is a very crude way of measuring outcomes. Most of the decline in HRQL scores occurs in the 0–2 range.

CV7

#### MODELLING SURVIVAL AND COSTS IN SWITZERLAND OF NESIRITIDE VERSUS INOTROPIC THERAPY FOR ACUTE DECOMPENSATED HEART FAILURE

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**OBJECTIVES:** To estimate survival and costs of nesiritide versus dobutamine or milrinone in patients admitted for acute decompensated heart failure (ADHF) using Swiss University hospital costs. **METHODS:** We constructed a decision analytic model of hospitalisation for ADHF. Subjects started in a hospitalisation state. Survivors at discharge could be re-hospitalised or die based on a 6-month Markov process with monthly cycles. Data on survival and length of stay (LOS) in intensive care or general ward were tabulated for 9239 patients admitted for heart failure to