and assumptions were based on the NICE/External Assessment Centre report and published literature where possible. **RESULTS:** Adoption of Sherlock 3CG® TCS was predicted to be more or less cost neutral per patient when compared with “blind” bedside in both the U.K. (€93.37) and the U.S. (€183.73). Further, Sherlock 3CG® TCS was predicted to be cost-saving per patient compared with fluoroscopy in the U.K. (€210.06) and cost-saving when compared with SoC in the U.S. (€183.73). Sherlock 3CG® TCS was cost-saving in the majority of sensitivity analyses. **CONCLUSIONS:** This study predicts that Sherlock 3CG® TCS is an economically favorable strategy from both U.K. and U.S. perspectives and can provide additional patient and healthcare worker benefits. Additional analyses in other regions may help to further substantiate these results.

**PMID142**

**ECONOMIC ANALYSIS OF EVARREST® SEALANT MATRIX COMPARED WITH STANDARD OF CARE IN SEVERE SOFT TISSUE SURGICAL BLEEDING: A GERMAN HOSPITAL PERSPECTIVE**

*Jamous N., Martinis OP, Ferko NF, Hogan A, Conal M*


**OBJECTIVES:** Although several hemostats are available, drawbacks include limitations with efficacy and ease-of-use. Despite their use, uncontrolled bleeding still remains common and is associated with important clinical and economic burden. A study was conducted to estimate the economic impact of a novel fibrin sealant matrix (EVARREST®) versus standard of care (SoC) in problematic soft tissue surgical bleeding in Germany. **METHODS:** An economic model quantified 30-day cost impact of EVARREST® from a German hospital perspective. **RESULTS:** EVARREST® was predicted to lead to cost impact of €608 per patient in coagulopathic patients, the results dramatically improved, with the surgical and hospital analysis both showing cost-savings of €542 and €3,275 with EVARREST® vs. SoC respectively. **CONCLUSIONS:** In problematic bleeding situations, EVARREST® may result in important cost savings for hospitals, in addition to meeting an important unmet need. These economic impacts may be further amplified by type, with increased benefit seen in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

**PMID143**

**ECONOMIC ANALYSIS OF EVARREST® SEALANT MATRIX COMPARED WITH STANDARD OF CARE IN SEVERE SOFT TISSUE SURGICAL BLEEDING: AN ITALIAN HOSPITAL PERSPECTIVE**

*Jamous N., Socioveti G, Ferko NF, Hogan A, Corral M*


**OBJECTIVES:** Although several hemostats are available, drawbacks include limitations with efficacy and ease-of-use. Despite their use, uncontrolled bleeding still remains common and is associated with important clinical and economic burden. A study was conducted to estimate the economic impact of a novel fibrin sealant matrix (EVARREST®) versus standard of care (SoC) in problematic soft tissue surgical bleeding in Italy. **METHODS:** An economic model quantified 30-day cost impact of EVARREST® from an Italian hospital perspective. **RESULTS:** EVARREST® was predicted to lead to cost impact of €1,893 vs. SoC. The hospital analysis predicts further resource reduction with EVARREST leading to cost impact of €608 per patient. In coagulopathic patients, the results dramatically improved, with the surgical and hospital analysis both showing cost-savings of €542 and €3,275 with EVARREST® vs. SoC respectively. **CONCLUSIONS:** In problematic bleeding situations, EVARREST® may result in important cost savings for hospitals, in addition to meeting an important unmet need. These economic impacts may be further amplified by type, with increased benefit seen in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

**PMID141**

**MODELLING U.K. AND U.S. ANALYSES DEMONSTRATE SHERLOCK 3CG® TIPS CONFIRMATION SYSTEM FOR PERIPHERALLY INSERTED CENTRAL CATHETER PLACEMENT IS ASSOCIATED WITH FAVOURABLE HEALTH ECONOMIC OUTCOMES**

*Pawarayi C, Kara R, Hollmann S, Ferko N, Dawson D, Delatorte F*


**OBJECTIVES:** The Sherlock 3CG® TIP Confirmation System (TCS) is designed to confirm the correct tip placement of a peripherally inserted central catheter (PICC) by using magnetic real-time tracking and electrocardiographic catheter tip confirmation. **RESULTS:** This study for Health and Cost Outcomes Inc. evaluated and compared the adoption of Sherlock 3CG® TCS based on modelled health economic benefits in the United Kingdom (U.K.). The objective of this study was to develop a U.K. economic base case analysis predicting that EVARREST® cost was offset by averted resource use with per patient cost impact of €1,893 vs. SoC. The hospital analysis predicts further resource reduction with EVARREST leading to cost impact of €608 per patient. In coagulopathic patients, the results dramatically improved, with the surgical and hospital analysis both showing cost-savings of €542 and €3,275 with EVARREST® vs. SoC respectively. **CONCLUSIONS:** In problematic bleeding situations, EVARREST® may result in important cost savings for hospitals, in addition to meeting an important unmet need. These economic impacts may be further amplified by type, with increased benefit seen in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

**PMID144**

**ECONOMIC JUSTIFICATION OF TELEMEDICINE TECHNOLOGY FOR PREVENTIVE MEDICAL EXAMINATION OF THE POPULATION IN REMOTE REGIONS IN RUSSIA**

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**OBJECTIVES:** economic analysis of telemedical technologies application for regular medical examination among the adult population living far from hospitals in the