standard treatment, including ASA, in patients with acute coronary syndromes without ST-elevation.

**PCV64**

**COST-EFFECTIVENESS ANALYSIS OF CORONARY REVASCULARISATION TECHNIQUES AVAILABLE FOR THE TREATMENT OF ISCHAEMIC HEART DISEASE**

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**OBJECTIVES:** To analyse the efficiency of the use of a percutaneous transluminal coronary angioplasty (PTCA), a coronary artery bypass graft (CABG), a conventional Stent or a sirolimus-eluting Stent (Cypher) in the treatment of Ischaemic Heart Disease (IHD) by means of a cost-effectiveness analysis. **METHODS:** An international decision analytical model was adapted to the Spanish National Health System perspective in a time horizon of 1 year for 4 different populations of general patients with IHD according to the type of vessel or lesion (one or multiple, small vessel—less that 3 mm diameter, or long lesion—more than 18 mm long). The primary outcome of the model was the cost per revascularisation avoided with each technique when compared to a conventional Stent (in the multiple lesions model the PTCA has not been considered as a relevant option). Incidence rates of revascularisation for each subgroup were obtained from published clinical trials and epidemiological studies. Resource use data was determined by an expert panel. Unit costs of the resources were extracted from local databases and were expressed in Euros of 2002. **RESULTS:** The PTCA has the lowest efficiency with revascularisation rates ranging from 19% to 28%) whilst the sirolimus eluting-Stent is the most efficacious option (rates ranging from 1% to 4%). The less costly option is PTCA and the most expensive in all types of patients is the CABG. Cost per revascularisation avoided ranged between €1,042 of a PTCA in small vessel patients to €56,035 with CABG in patients with lesions in normal vessels. Cypher is a cost-effective option in patients with normal vessels and long lesions and becomes dominant in the multiple lesions model. **CONCLUSIONS:** Drug eluting Stents have proven efficacy rates that have no precedents in the history of IHD, reducing the incidence of revascularisation induced by restenosis and thus resulting in efficient options in most types of patients.

**PCV65**

**EVALUATING THE ECONOMIC VALUE OF SIROLIMUS-ELUTING STENT IN KOREA**

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**OBJECTIVES:** To quantify the economic value of the sirolimus-eluting stent (SES) in treating acute coronary heart disease, and to assist in determining its adequate reimbursement price under the mandatory national health insurance system in Korea. **METHODS:** A decision-analytic model was used to investigate the incremental cost-effectiveness of SES versus conventional stenting (CS). Probabilities for clinical events were obtained from the results of large, randomized, controlled clinical trials. Types of costs included in the analysis were initial procedure and hospitalization costs, and follow-up direct medical costs for 5 years consisting of routine follow-up treatments, adverse reactions, revascularization and death costs. Cost information was obtained from administrative data for 449 patients receiving CS in June 2002 from 5 Korean hospitals participating in this study. Since the major clinical advantage of SES over CS is the reduction of revascularization rates, we evaluated economic value of SES in relation to direct medical costs of revascularization. According to the customary notion in Korea, the reimbursement price was defined as the price of SES that made the incremental cost-effectiveness ratio equal to the cost of a revascularization itself. **RESULTS:** The estimated reimbursement price for SES was US$3344 using a discount rate of 5%. Based on this price, the national financial impact of replacing CS with SES by 10% was estimated as extra spending of $0.96 million a year, 0.6% increase in total national spending in treating coronary artery disease in Korea. **CONCLUSIONS:** Analysis on the economic value of SES based on Korean cost structure of coronary artery disease provided objective standard for pricing decision and reimbursement strategy in Korea.

**PCV66**

**ONE BILLION EURO FOR THE TREATMENT WITH CSE-ANTAGONISTS IN GERMANY—WHAT ARE THE RESULTS?**

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**OBJECTIVE:** A recently published analysis on the use of Cholesterol-Synthesis-Enzyme-Antagonists (CSEA) in Germany stated that with the investment of nearly €1 billion; 87% of all possible €2.8 million patients can be treated sufficiently (Klose and Schwabe 2003). The aim of the presented study is to show the cost-efficacy as experienced by office based physicians of the CSEA treatment. **METHODS:** A cost-efficacy-analysis was conducted on base of the following data: Eight local experts (general practitioners, cardiologists) out of a rural as well as an urban setting assessed in a Delphi-Panel their practical experience of reaching a defined LDL-Cholesterol (LDL-C) target according to European treatment guidelines treating a patient with a predefined risk with CSEA. Total sales of CSEA in 2002 as stated by IMS (Institute for
AN ECONOMIC EVALUATION OF ALTEPLASE, RETEPLASE AND TENECTEPLASE IN TREATMENT OF ACUTE MI IN GREECE
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OBJECTIVES: To evaluate the total treatment cost and cost-effectiveness of three alternative treatments for patients with acute myocardial infarction from the perspective of the Greek NHS. METHODS: A systematic review of the literature was conducted to identify RCTs evaluating the treatments considered. Outcomes include all major health events associated with an AMI. Trial data we extracted and used to populate a decision analytic model. Data from long term studies were used to extrapolate 30-day and one-year data to end of lifetime. The model also accounts for patient risk group, in regards to age, sex, time-to-treatment, etc. The database of a large University Hospital was analyzed to estimate in-patient and outpatient costs associated with various groups of patients. Simulation was used to test the robustness of the results. RESULTS: Outcome data primarily come from GUSTO III and ASSENT 2 and their follow ups. For the average patient life time costs on alteplase, reteplase and tenecteplase were similar, at €24,488, €24,308, and €24,488 respectively. Average survival was 8.2221, 8.2110, and 8.2919 years respectively. Tenecteplase has marginally higher cost and outcomes. Alteplase and tenecteplase dominate the second arm and the incremental-cost-per-life-year-saved of tenecteplase over alteplase is about €4000, and for that reason it should be preferred on the basis of its very cost-effective ratio. These results are based on the point estimates and in general terms they also hold true when simulation is employed. CONCLUSIONS: The cost of the original treatment is only a minor component of the total life time treatment cost of AMI patients. The treatments evaluated here have similar survival and different health event profiles, but despite that they are characterized by similar total treatment costs, so that it is difficult to distinguish between them. If anything, tenecteplase is characterized by a marginally better cost-effectiveness ratio.