OBJECTIVES: Pressure ulcers (PU) are distressing events, caused when skin and the underlying tissue pressure insufficient to impair blood supply. They can have a substantial impact on quality of life, and have significant resource implications, with extended hospital stays and significant staff time devoted to treating the more severe cases. Repositioning is a key prevention strategy, but can be challenging leading to variations in practice. This economic analysis formed part of the National Institute for Health and Care Excellence (NICE) clinical guideline on PU prevention and management, and was conducted to identify the most cost-effective positioning strategy for the prevention of PU. METHODS: The clinical inputs to the model were taken from the systematic review of clinical data conducted for the guideline. The model population was elderly people in a nursing home; this represents a group at high risk of developing a PU. The economic model was developed in consultation with members of its group (GDG), and took the perspective of the UK National Health Service. Outcomes were expressed as costs and quality adjusted life years (QALYs). RESULTS: Despite being slightly less clinically effective, CI use was cost-effective at a 3x or 2x cost-effectiveness threshold (compared to 4 hour repositioning) for this high risk group of patients at a cost-effectiveness threshold of £20,000 per QALY. The ICER was £1,854,070 per QALY. CONCLUSIONS: 2 and 4 hourly repositioning is not cost-effective (compared to T&E) for the group of patients analysed here. These results were used to inform the guideline recommendations. FUNDING: This work was undertaken by the National Clinical Guideline Centre, which received funding from NICE. The views expressed in this publication are those of the authors and not necessarily of the institute.

PSS25 AN ECONOMIC EVALUATION OF A VITAMIN B12 DEFICIENCY SCREENING PROGRAM FOR AN ANEMIC Populations METHODS: The economic evaluation was conducted from the National Health Service (NHS) and personal perspective. A cost effectiveness analysis was conducted to compare the outcomes of routine care (OC) with vitamin B12 intervention (VI). The cost effectiveness measure was quality adjusted life years (QALY). Probabilistic sensitivity analysis was used to assess the robustness of the results. RESULTS: The cost of OC was £58 and VI £145.9. The ICER was £87/QALY. The probabilistic sensitivity analysis demonstrated a 90% chance of cost-savings and 50% chance of cost-effectiveness. CONCLUSIONS: A vitamin B12 screening program in primary care is cost-effective. Further evaluation of the screening program is warranted.

PSS26 ESTIMATING COST-EFFECTIVE DEVICE PRICES FOR PREVENTIVE COCHLEAR IMPLANTATION IN INDIA

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OBJECTIVES: The World Health Organization reports that India’s rates of debilitating hearing loss are more than double rates in Europe and North America. With a population over 1.25 billion, India’s burden of hearing loss is extremely high. The cochlear implant (CI) is a highly effective treatment, providing some hearing to the deaf; however, CI use is extremely limited in India due to device cost. OBJECTIVES: To evaluate the cost-effectiveness of ranibizumab compared with aflibercept in treating severe non-AMD wet macular degeneration (wMD). Cost-effectiveness analysis from the UK healthcare provider perspective. METHODS: A patient simulation model was developed with best corrected visual acuity (BCVA) used as a marker of disease progression. Baseline patient characteristics were based on the Phase III study Change in BCVA at Year 1 and Year 2 in BCVA on a network meta-analysis. Beyond Year 2 or after treatment discontinuation, BCVA in the treated eye was modelled using natural history data for wet AMD patients. Natural history data for the general population was used to model the untreated eye. BCVA change in each eye was modelled independently. A probability of developing bilateral disease was applied throughout the model. Utility values were estimated by a regression analysis of BCVA in the better-seeing eye (BCVA) and in the worse-seeing eye (WBCVA). Three scenarios based on different treatment and monitoring schedules were analyzed: pro-re-nata (PRN), treat and extend (T&E), observe and extend (O&E). The model assumed that 50% of patients were treated via one-stop-monitoring, and 50% with two-stop monitoring. RESULTS: The difference in lifetime costs associated with ranibizumab (0.5mg) ranges from a saving of £22 with T&E regimen, to a reduction of £7,416 with a PRN regimen. In addition, ranibizumab was associated with lifetime quality-adjusted life years (QALYs) of 0.57 compared with 0.56 for aflibercept and as a consequence dominated aflibercept. Probabilistic sensitivity analysis suggests that the probability of ranibizumab (0.5mg) being cost-effective with a threshold of 3,000 QALYs is 85% compared with 81% for aflibercept. A cost-effectiveness threshold of £30,000 was used to inform the health economic evaluation. The cost-effectiveness threshold was £30,000, with 95% probability level (p=0.05). The PSI dem- onstrated excellent reliability, validity, and ability to detect change in severity of psoriasis signs and symptoms. 

PSS27 MEASUREMENT PROPERTIES OF THE PATIENT-REPORTED PSORIASIS SYMPTOM INVENTORY DAILY DIARY IN PATIENTS WITH MODERATE TO SEVERE PLACER PSORIASIS


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OBJECTIVES: To evaluate the measurement properties of the Psoriasis Symptom Inventory (PSI) in moderate/severe plaque psoriasis (PsO). METHODS: A secondary analysis of pooled data from a Phase III study (SEAMLESS) in moderate to severe PsO patients (n=661) was conducted. Outcome measures included: PSI (as a daily electronic diary), Psoriasis Area and Severity Index (PASI), static Physician’s Global Assessment (sPGA), involved body surface area (BSA), Dermatology Life Quality Index (DLQI) and cost-effectiveness analysis of various treatments including: confirmatory factor analysis (CFA) and Rasch analysis (dimensionality and item performance); Cronbach’s a (internal consistency); intraclass correlation coefficient (ICC) among patients with stable disease (test-retest reliability); Spearman correlations (convergent validity); analysis of variance (known groups validity and ability to detect change); and agreement (Kappa, k) between PSI and BSA. RESULTS: PSI total score (ICCs >0.92 at baseline and 0.90 at 12 months), and sPGA and DLQI were significantly different (p<0.001) among known PsO severity groups based on PASI (<12 or ≥12). Spearman correlations were strong (ρ=0.85) and showed good agreement (k=0.66) between PSI response and PASI, sPGA, and DLQI responses. CONCLUSIONS: The PSI demonstrated excellent reliability, validity, and ability to detect change in severity of psoriasis signs and symptoms.

PSS28 MEASUREMENT DISEASE SPECIFIC IMPACT AND SYMPTOMS AMONG PATIENTS WITH HIDRADENITIS SUPPURATIVA


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OBJECTIVES: To report on the development and initial psychometric evaluation of the hidradenitis suppurativa specific symptom (HSSS) inventory. METHODS: We aimed to report the development and initial psychometric evaluation of the Hidradenitis Suppurativa Symptom Assessment (HSSA) and the Hidradenitis Suppurativa Impact Assessment (HSSIA). METHODS: The HSSA and HSSIA were developed based on a literature review and concept elicitation interviews with patients (n=44). RESULTS: The HSSS was developed based on a literature review and concept elicitation interviews with patients (n=44). The HSIA was developed based on a qualitative phase with patients (n=17) and a quantitative phase with HS patients (n=20). Following initial construction, the questionnaires were debriefed among HS patients (n=20) to test their readability and comprehensibility. Next, the HSIA and HSSS were implemented in a multi-center, non-interventional study with HS patients (n=60) to evaluate their item and scale