tiveness when correcting for the poorer-seeing eye. METHODS: An existing Markov model comparing three treatment frequencies of Bevacizumab (Avastin) is used, to investigate the incremental cost-effectiveness of treating the poorer-seeing eye. We examined several scenarios of the poorer-seeing eye, no influence(0%), 10% and 20% influence of the utility of the better-seeing eye. In addition, it can be argued that treating the poorer-seeing eye has a preventive function, as it can become the future better-seeing eye. In the model a switch of the better-seeing eye is assumed after two and four years. RESULTS: By including the correction of the utility of the poorer-seeing eye the incremental cost-effectiveness ratio’s (ICER) change from €5,260, €31,167 and €6,712, to respectively €10,375, €60,124 and €7,377 (20% influence). Lowering the influence from 20% to 0% has an effect of respectively, €13,796, €78,314 and €9,796. When inserting a switch at two and four years, the ICER reduces from €10,375, €60,124 and €7,377 to respectively €7,325, €53,649 and €8,848 at four years and almost halve at 2 years. CONCLUSIONS: The results show that overestimating the QALYs in patients with diabetic macular edema results in an underestimation of the incremental cost-effectiveness. Poorer-seeing eyes should be used when modeling eye-diseases. Whether the poorer-seeing eye contributes 20%, 10% or 0% has a small impact on the change in ICER’s. The preventive function of treating the poorer-seeing eye should also be taken into account.

PSS29
ECONOMIC BURDEN OF ADVANCED MELANOMA: FINDINGS FROM A LARGE US HEALTH INSURANCE DATABASE
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OBJECTIVES: To assess the economic burden of metastatic or resectable “advanced” melanoma. METHODS: Using data from calendar years (CY) 2003-2008 from a large health insurance database and case-finding algorithms that we developed for use in such data, we identified all persons with Stage III un-resectable or Stage IV melanoma at initial presentation, as well as those who presented with earlier-stage disease in prior years and progressed to advanced disease (i.e., recurrent cases). We tallied health care costs on an all-cause basis for all such persons alive for one or more day in CY2008. Health care costs were tallied by category of utilization (e.g., hospitalizations, outpatient visits, outpatient pharmacotherapy, etc.) as well as on an overall basis. Reimbursed amounts were used as a proxy for costs. RESULTS: We identified 1527 persons with advanced melanoma in CY2008 (Stage III unresectable, 267; Stage IV, 1260). Stage IV patients were more likely to be hospitalized during the year than those with Stage III disease (39% vs 26%, respectively; p<0.01). Mean (SD) total annual cost per patient was €42,848 (€66,279), and was higher for those with Stage IV versus Stage III unresectable disease (€45,786 vs €28,983; p<0.01). Outpatient services (including the cost of infused drugs) accounted for 37% and 9%, respectively of total costs, while hospitalization and outpatient pharmacotherapy accounted for 37% and 9%, respectively. CONCLUSIONS: Our findings suggest that the economic burden of advanced melanoma is high, especially in patients with Stage IV disease.

PSS30
TREATMENT PATTERNS OF PSORIASIS PATIENTS AND TRENDS OVER TIME
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OBJECTIVES: Several treatment options are available for psoriasis, an incurable dermatological condition, but there is limited information on actual treatment patterns. The aim of this study was to assess the economic burden of un-resectable or metastatic “advanced” psoriasis medications and recent trends over time in current clinical practice in psoriasis patients with co-morbid conditions. METHODS: Adult patients with ≥2 documented psoriasis diagnoses (ICD-9 codes: 696.1 were selected from a large US administrative health claims database (2004-2008) to examine the latest date with a psoriasis diagnosis. Psoriasis treatments, including topical therapies, phototherapy, conventional systemic therapies, and biologics, were identified during the 6 months following the index date and described for the entire psoriasis population, a sub-group of obese patients (body mass index (BMI) ≥30), and stratified by index year to examine trends over time. RESULTS: A total of 106,128 psoriasis patients were selected. The mean age was 52 ± 15 years and 52% were female. Overall, 62.3% of psoriasis patients were on topical therapies, 12.1% used biologics, 7.4% used other immunosuppressant agents, 5.6% used phototherapy and 27.2% were untreated. Over time, biologic use increased from 8.7% in 2004 to 21.0% in 2008, while the use of other treatments did not show this trend. In the sub-group of psoriasis patients with BMI information (N=1874; 646 obese and 1,228 non-obese), more obese patients were treated with biologics (20.0% vs. 15.0%) and other immunosuppressant agents (12.4% vs. 6.9%) than non-obese patients. CONCLUSIONS: The majority of psoriasis patients were treated with topical therapies. There has been an increase in the proportion of patients using biologics in the recent years. In addition, biologics and other immunosuppressant therapies are being used more widely.

Sensory Systems Disorders – Patient-Reported Outcomes & Preference-Based Studies

PSS31
ASSOCIATION BETWEEN EQ-5D AND DERMATOLOGY LIFE QUALITY INDEX (DLQI) OBJECTIVES: Assess the association between EQ-5D and DLQI summary scores in patients with severe CHE refractory to therapy. METHODS: Within a naturalistic, multicenter cost-of-illness study, patients aged 18-65 years consecutively accessing at the participating centres, completed the EQ-SD and DLQI questionnaires during the enrolment visit. Individual patient utility was estimated from EQ-SD responses using the standard UK scoring algorithm. A multivariable linear regression model was built to estimate the association between EQ-SD VAS and utility score with DLQI summary score, adjusted for age and gender. The bootstrap resampling was used to calculate standard errors and 95% confidence intervals. RESULTS: A total of 104 patients (mean age = 54 ± 15, 39.4% male) were enrolled. DLQI mean ± SD summary score was 11.3 ± 6.3, EQ-SD VAS mean ± SD 64 ± 23.3 and EQ-SD utility mean ± SD 0.51. EQ-SD summary score was associated with DLQI summary score. One point rise in DLQI was associated with a EQ-SD VAS and utility decrease of 0.26 (SE = 0.14, 95% CI: 0.26, 0.72) and a utility index decrease of 0.01 (SE = 0.005, 95% CI: 0.004, 0.019, R2 = 0.254) in utility. CONCLUSIONS: DLQI summary score is significantly associated with the EQ-SD VAS and utility index. Our results could be useful to derive EQ-SD information from DLQI data, to perform economic evaluations targeted to patients with severe CHE refractory to therapy with topical potent corticosteroids.

PSS32
IMPACT OF DRY EYE ON EVERYDAY LIFE (IDEEL) - SYMPTOM BOTHER: ESTIMATING CUT-OFF SCORES FOR DRY EYE SEVERITY GROUPS
Acaster S1, Verboven Y2, Begley C3, Chalmers R3, Abetz L4, Thompson T1
1Acaster S1, Verboven Y2, Begley C3, Chalmers R3, Abetz L4, Thompson T1
1Acaster S1, Verboven Y2, Begley C3, Chalmers R3, Abetz L4, Thompson T1
1Acaster S1, Verboven Y2, Begley C3, Chalmers R3, Abetz L4, Thompson T1

OBJECTIVES: The aims of the study were to estimate score ranges associated with dry eye severity based on the Impact of Dry Eye on Everyday Life (IDEEL) Symptom Bother (SB) domain, and to evaluate the overall performance of the SB domain. METHODS: A total of 210 participants (130 dry eye patients, 32 Jcogren’s patients and 48 healthy) completed the SB domain. The SB domain consists of 24 items that range from 0 (no dry eye severity) on an ordinal response scale of none, mild, moderate or severe. Ordinal regression analysis using a proportional-odds model was used to provide SB cut-off score ranges associated with the highest probability of membership of each of the four SB response categories. ROC analysis was used to examine the specificity and sensitivity of the overall SB scale. RESULTS: Ordinal regression revealed SB to be a significant predictor of patient-reported dry eye severity (y = 225.59, p<0.001). Examination of individual probabilities associated with each SB score revealed that the following score ranges were associated with the highest probability of membership of each dry eye category: None (0–16), Mild (17–38), Moderate (39–65), Severe (66+). ROC curve analysis revealed excellent performance of the SB