OBJECTIVES: A model assessing sequential olfactory testing and dopamine transporter (DAT) imaging for screening pre-motor Parkinson’s Disease (PD) was adapted in Europe along with German data and cost information. Parkin-son’s Disease Associated Risk Study (PARS) data were used to parameterize screening efficacy. Screening strategies in persons 1) in a general population, 2) with a relative with PD, 3) with LRRK2+ genotype, and 4) with REM sleep disorder were evaluated. PD prevalence among these groups was 0.5, 2, 10, and 20, respectively. DAT testing costs were €110 and €1500, respectively. We assumed disease modifying (DM) therapy was available that slowed disease progression by 20% at a cost of €30,000. Economic value was measured in net monetary benefits (NMB), valuing a quality-adjusted life year (QALY) at €30,000. Screening sensitivity and specificity were 64% and 99%, respectively. 13.4% had positive results on the olfactory test and also took the DAT. NMB for the four groups was €-169, €269, €2,603, and €5,521, indicating that screening has positive economic value in persons with a close relative with PD, persons with LRRK2+ genotype, and persons with REM sleep disorder. Screening value was positively correlated with rate of progression from preclinical to clinical PD, efficacy of DM therapy, and QALY monetization. Screening value was negatively correlated with costs of false positives, screening cost, age at onset, Hoehn and Yahr stage at which the unscreened diagnosis is made, and cost of DM therapy. CONCLUSIONS: Screening for early PD may be cost-effective for some risk groups.

PMD2 HEMATOLOGIC CANCERS: DIAGNOSTIC TESTING PATTERNS AND THE ROLE OF SPECIALTY LABORATORIES IN THE AGE OF PERSONALIZED MEDICINE

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OBJECTIVES: Few data exists on high cardiovascular risk (HCRV) prevalence within a primary prevention population. The goal of the study was to assess HCRV distribution, according to the European SCORE risk assessment scale, in France in high-risk primary care patients not treated with lipid-lowering drug. METHODS: This observational study was conducted over a week on a representative sample of French general practitioners (GP). All consulting primary care men/women ≥50/60 y, with at least one other CVR factor (smoking, high blood pressure (HBP), type 2 diabetes, HDL-c <0.40 g/l), not treated for dyslipidemia were included in the study. GP filled-in an on line questionnaire that enabled SCORE calculation. RESULTS: GPs (n=1147) included 9069 patients (mean age: 68 y; male: 57%; LDL-c<1.3 g/L, 57%, smoking: 21%; HBP: 44%; type 2 diabetes: 21% HDL-c<0.4 g/l 16%). According to SCORE, HCRV prevalence reached 50% in total population (male: 49%, female: 51%). 50% of HCRV men/women were older than ≥72.4/78.8 y. HCRV patients were older by 7y compared to male/female non-HCRV patients. Other significantly more frequent characteristics in high HCRV population were: LDL-c<0.6 g/l(38%), untreated or controlled HBP (53%) and left ventricular hypertrophy (8%). Obesity is less frequent (15%) in high HCRV population. Highest HCRV prevalence was observed in the LL group (54%), and lowest (47%) in the Northeast population (p <0.01). Adjustment by age and gender reduces regional disparities (52% vs 48%). CONCLUSIONS: Half consulting primary care patients aged ≥50/60 y for men/ women with at least 1 risk factor on top of age and no lipid-lowering treatment are at HCRV according to SCORE risk equation. Assessing cardiovascular risk with risk equations appears particularly useful in this group of patients. Besides age, which has the strongest impact on risk estimation, other RF may be screened to improve HCRV management.

PMD5 CLINICAL AND COST-EFFECTIVENESS OF THIRD-GENERATION, IMPLANTABLE LEFT VENTRICULAR ASSIST DEVICES FOR PEOPLE WITH END-STAGE HEART FAILURE: A SYSTEMATIC REVIEW

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OBJECTIVES: To systematically review the current clinical and cost-effectiveness literature of third-generation, implantable left ventricular assist devices (LVADs) for people with end-stage heart failure (ESHF). METHODS: Three implantable, third-generation LVADs were identified as available in the EU. A systematic literature search was conducted and unpublished cost-effectiveness and clinical data (comparative studies) in the ESHF population, since their inception till April 2012, using a number of medical databases. RESULTS: One relevant economic evaluation and four comparative clinical studies (1 vs. virtual control arm & 3 vs. older-generation LVADs) met the inclusion criteria. Therapy success defined as survival or heart transplant or LVAD explant, or recovery, occurred in approx. 92.0% of patients with third-generation LVADs and 90.1% of control patients (second-generation LVAD) in a 6-months period. The 1-year survival of patients who were implanted with third-generation LVADs ranged from 82% to 91%. The most frequently reported adverse events were arrhythmias, bleeding, infec-tion, respiratory and renal failure, right heart failure, and stroke. One included study evaluates the cost-effectiveness of the implantable, third-generation LVADs as destination therapy for patients with ESHF as compared to patients on medical management in the UK. Results showed that at Sys LVADs had an additional cost of about €250,500 per patient and QALY gain of 1.05, giving an incremental cost per QALY of £19 500, which is below the commonly adopted threshold of £25,000 per QALY. However, this finding seems unreliable due to controversial assumptions. CONCLUSIONS: Despite the potential for higher than expected cost-effectiveness, third-generation of implantable LVADs seems beneficial due to improving survival, thera-py success and functional status. Adverse events serious concern. No prospective controlled data are available as bridge to recovery, nor destination therapy. There is an urgent need for additional, reliable cost-effectiveness studies evaluating third-generation vs. previous generations of LVADs.

PMD6 EXTRACORPOREAL PHOTOPHERESIS FOR THE TREATMENT OF PATIENTS WITH ACUTE OR CHRONIC GRAYF VS HOST DISEASE OR REFRACTORY TO CORTICOSTEROIDS – A SYSTEMATIC REVIEW

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OBJECTIVES: To assess the clinical effectiveness of extracorporeal photopheresis (ECP) in the treatment of acute or chronic steroid-refractory graft versus host dis-ease (GVHD). METHODS: Clinical effectiveness of the analysed intervention was evaluated in accordance with the principles of systematic review based on the Cochrane Collaboration guidelines (Cochrane Reviewer’s Handbook) and the guide-