standard care. Related costs were calculated according to Greek NHS official prices. The analysis was undertaken from a Greek third-party payer perspective.

**RESULTS:** According to the model, the reduction in expenditures related to diagnosis and prognosis with NT-proBNP use were estimated at €6.8 and €3.2 million/year, respectively. The projected net savings, considering the cost of NT-proBNP implementation, were obtained at €9.3 million/year. The incremental benefit of NT-proBNP use was to provide an additional 9,370 hospitalizations/year, leading to 10,235 fewer hospitalization days in general ward and 3,252 in intensive care units, and avoiding 491 hospital readmissions/year.

**CONCLUSIONS:** The overall reductions in hospitalizations and length of stay, achieved by early diagnosis and prognosis of HF with the implementation of NT-proBNP, could generate cost-savings and increase hospitals' efficiency and productivity.

**PMD28**

**CLINICAL AND BUDGET IMPACT OF USING A MOLECULAR TEST TO DETECT KRAS MUTATIONS IN METASTATIC COLONOCARCINOMA PATIENTS IN DENMARK**

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**OBJECTIVE:** To study the economic impact of four main endovascular treatment strategies for femoropopliteal peripheral artery disease on payers in the German healthcare system, using up-to-date clinical evidence and current reimbursement amounts.

**METHODS:** We estimated latest clinical performance of percutaneous femoral angioplasty (PTA), bare metal stents (BMS), drug-coated balloons (DCB), and drug-eluting stents (DES) by performing a systematic search for studies published through 2014 that reported target lesion revascularization (TLR) as an endpoint. 24-month TLR rates were estimated for each treatment weighted by sample size. We updated a previously published decision-analytic Markov model to assess budget impact to payers of the four index procedure strategies using 2015 reimbursement rates for Germany and considering up to one reinvention per year in the future.

**RESULTS:** Twenty-nine health economic analyses were included. Positive attributes of TLR were 16.5%, 19.4%, 26.9%, and 39.6% for DCB, DES, BMS, and PTA, respectively. Over 24 months, DES had the lowest budget impact to payers of the four index procedure strategies using 2015 reimbursement rates for Germany and considering up to one reinvention per year in the future.

**CONCLUSIONS:** Latest clinical evidence suggests that drug-coated balloons provide the most favorable clinical outcome among the considered endovascular treatments for femoropopliteal peripheral artery disease.