revealed that the cost increased to €255 when the efficiency of empiric treatment rose from 67% to 80% using a double dose during 8 weeks. The cost related to treatment varied from €112 to €236 using respectively the cheapest and the most expensive PPI; as compared to the actual treatment this resulted in a cost decrease of respectively €138 and €233. Number of days treated while on “on-demand” therapy also significantly influenced costs: €171 for 1/7 and €270 for 7/7. CONCLUSIONS: The cost reduction with the new reimbursement proposal is robust to changes in efficiency rate, in PPI-price and in duration of “on demand” therapy.

**PGS8**

**COST-MINIMISATION ANALYSIS OF PPI-BASED TRIPLE THERAPY FOR THE ERADICATION OF H. PYLORI**

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**OBJECTIVE:** To compare the cost of UK licensed PPI-based triple therapies for the eradication of *H. pylori* from the perspective of the National Health Service.

**METHODS:** A recent meta-analysis of trials comparing all UK licensed PPI-based triple therapies using amoxicillin and clarithromycin over a 7-day period found no significant difference in the rate of *H. pylori* eradication. Mean per patient costs were calculated by multiplying the resource utilisation incurred by their respective national published unit costs at year 2003 prices. To estimate the impact of using the least expensive triple therapy on the typical Primary Care Organisation (PCO), differences in mean per patient cost were multiplied by the annual incidence of *H. pylori* compared to current expenditure. Current expenditure was based on national usage pattern of the available treatment options. Sensitivity analysis was conducted to assess the impact of administering omeprazole 40mg once daily vs omeprazole 20mg twice daily and the availability of generic omeprazole.

**RESULTS:** Mean per patient cost for a 7-day esomeprazole-based treatment regimen was £34.24, £2.58 less than lansoprazole- and panoprazole-, and £2.13 lower than rabeprazole-based triple therapies. The budget impact analysis suggests that a significant difference in the rate of *H. pylori* eradication. Sensitivity analyses found the results were robust to changes in key model parameters. CONCLUSIONS: Esomeprazole-based triple therapy is the least expensive treatment option for the eradication of *H. pylori* licensed for use in the UK.

**PGS9**

**A COST CONSEQUENCE ANALYSIS OF A NEW ENDOSCOPIC INJECTABLE TREATMENT VERSUS SURGERY IN PATIENTS WITH SEVERE GASTROESOPHAGEAL REFLUX DISEASE IN FRANCE**

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**OBJECTIVE:** To conduct a cost consequence analysis of EnteryxTM procedure versus surgery (Laparoscopic Nissen Fundoplication = LNF) in a French public hospital setting. Nissen Fundoplication is the actual technique of reference for severe Gastro Esophageal Reflux Disease (GERD) and EnteryxTM procedure is a new injectable, endoscopic polymer-based treatment for GERD.

**METHODS:** A decision tree model was built in DATATM TreeAge 4.0 to predict the average cost and effectiveness per patient for each of the treatment strategies. The time horizon was one year and a French public hospital perspective was taken. For both strategies, the efficacy criterion was the complete PPI stop after one year. Efficacy data on EnteryxTM were taken from the EnteryxTM multicenter clinical trial. Clinical outcomes with LNF were derived from the literature and validated by a surgical advisory board. Unit cost data were based on the French DRG system (PMSI 2000). DRG costs have been inflated by 2.5% and 5% to obtain current year costs. At 2.5% rate, procedural cost for EnteryxTM were estimated at €270 (based on DRG 830—ambulatory endoscopy with anestheasia) and at €6300 for LNF (DRG 215, 216). **RESULTS:** After one year, the average cost per patient was lower for EnteryxTM (2.5%: €3364–5%: €3541) than for Nissen Fundoplication (2.5%: €6492 €–5%: €6800). The one way sensitivity analysis shows that the model is most sensitive to the success rate of EnteryxTM and the procedural cost. **CONCLUSION:** For patients eligible for surgery, EnteryxTM offers a new less invasive and cheaper alternative compared to LNF. The savings with EnteryxTM are mainly due to lower hospital and procedural costs.

**PGS10**

**COST OF ILLNESS OF GASTROESOPHAGEAL REFLUX DISEASE (GERD) IN ITALY**

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**OBJECTIVES:** Gastroesophageal reflux disease (GERD) is one of the most common chronic disorders of the gastrointestinal tract. The aim of this study was to evaluate the cost of illness in patients affected by GERD visited by general practitioners (GPs). **METHODS:** A cross-sectional observational multicentre cost of illness study was conducted in the urban area of Milan. Information was obtained through a battery of four questionnaires filled out by 317 GERD patients consecutively enrolled by 47 GPs, investigating clinical (severity and frequency...
of symptoms), economic (visits, use of drugs, diagnostic tests, hospitalizations, productivity losses), and quality of life (EQ-5D and QOLRAD) variables. We evaluated the costs of the medical resources and the loss of productivity in the perspective of the society. We report on costs and EQ-5D. RESULTS: A total of 317 patients were enrolled, the mean age was 59 years old, and the 58% of the patients were female. The average cost per patient per month was €60.95 and drugs accounted for 65% of total cost. Indirect costs, expressed in terms of days lost at work or inability to do usual activities, were about 0.5 days per patient. Patients who reported chest pain and epigastric pain were more costly compared to those who did not (P ≤ 0.01, Mann-Whitney U test). A strong impairment in the Health Related Quality of Life was also documented: patients reported an average value 64.4 in the 0–100 Visual Analogue Scale of EuroQol (EQ-VAS), significantly lower compared to general population. The EQ-profile indicated that “pain/discomfort” and “anxiety/depression” were the most impaired domains. CONCLUSIONS: This is the first Italian study about costs and HRQoL of GERD in which patients are enrolled by GPs. The study highlights the relevant economic, social, and quality of life burden of GERD.

PGS13

COST OF ILLNESS AND QUALITY OF LIFE OF GASTROESOPHAGEAL REFLUX DISEASE (GERD) PATIENTS IN ITALY

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OBJECTIVES: Gastroesophageal reflux disease (GERD) is one of the most common chronic disorders of the gastrointestinal tract. The aim of the study was to evaluate the cost of illness and the Health-Related Quality of Life (HRQoL) in patients with GERD visited by gastroenterologists. METHODS: A cross-sectional observational multicenter cost of illness study was conducted. Patients were enrolled by gastroenterologists of three specialist centers in Italy. Information about demographic characteristics, symptoms (frequency and severity), resource use (visits, drugs, clinical examinations and hospitalizations) and productivity losses was obtained through an ad hoc questionnaire. We evaluated costs of the medical resources and loss of productivity in the perspective of the Italian society. To evaluate the HRQoL we used a battery of two questionnaires (SF-36 and EQ-5D). RESULTS: Ninety-one patients were enrolled, the mean age was 52 years old and the 49% of the patients were males. The average cost per patient-month was €75.42 and hospitalizations accounted for the 34% of total medical costs. Indirect costs, expressed in terms of lost productivity, were about 0.2 working days lost per patient-month. Presence of chest pain and eructation was associated with higher overall costs (P < 0.05). A strong impairment in the HRQoL was also documented: SF-36 showed that “role-physical”, “bodily pain” and “role-emotional” were the most impaired dimensions. These results are consistent with those obtained with the EQ-5D profile. Frequency and intensity of symptoms were significantly associated with lower levels of HRQoL.

CONCLUSIONS: This is the first study investigating cost of care and HRQoL of patients with GERD in Italy. The study highlights the relevant economic, social, and quality of life burden of GERD.

PGS11

USING A COST-UTILITY ANALYSIS FOR ASSESSING SENSITIVITY IN DRUG PRICES OF ESOMEPRAZOLE VERSUS OMEPRAZOLE IN THE ACUTE TREATMENT OF REFLUX OESOPHAGITIS IN THE UK

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OBJECTIVES: Recently published data suggest that an acceptable threshold of around £30,000 per quality adjusted life year (QALY) gained is implicitly used in NICE appraisals on cost-effectiveness of medical interventions. The objective of this analysis was to investigate the sensitivity in drug prices during acute treatment of reflux oesophagitis with esomeprazole 40mg or omeprazole 20mg by applying a £30,000 threshold in a cost-utility analysis. METHODS: Results from a cost-effectiveness analysis based on clinical study data have previously been published using a decision analysis model that considered UK direct medical costs up to 8 weeks. In the current analysis, this model was modified to include utility values associated with having (0.69) or not having reflux oesophagitis (0.84). Utility values were derived from a recent study using the rating scale method in patients with gastro-oesophageal reflux disease. An additional analysis was made extending the model to a 16-week time-frame in order to assess further costs and effects of achieving treatment success or not during the initial 8 weeks. Patient management assumptions were based on a UK physician survey. RESULTS: When the price of omeprazole was set to zero, the 8-week and the 16-week analyses resulted in around £27,700 and £23,200 per QALY gained respectively by using esomeprazole treatment. A sensitivity analysis indicated results below the £30,000 threshold in most combinations of different assumptions and scenarios while holding the price of omeprazole constant at zero. In the 16-week analysis, esomeprazole treatment remained cost saving (i.e. esomeprazole provided better effectiveness at similar or lower costs) when the price of omeprazole was reduced by around 45%. CONCLUSIONS: Applying an acceptable threshold of £30,000 per QALY gained in a cost-utility analysis of esomeprazole versus omeprazole in the acute treatment of reflux oesophagitis indicates that esomeprazole will remain cost-effective irrespective of future generic omeprazole prices.