the cost assumptions. When failed IUS were assumed to be completed as EUS, the mean cost of IUS increased to $584 (95% CI $438, $735), but remained signif-
ificantly less than EUS. CONCLUSIONS: Hospitals pressured to rationalize care create opportunities for early HTA. Cross-over designs are promising for assessments of costs and effectiveness of emerging technologies because patients serve as their own controls. This study demonstrated significant differences when ophthalmologic exams were carried out in a hospital outpatient clinic, albeit with slightly fewer procedures completed.

**PSS2**
OCULARISM FOR THE TREATMENT OF VITREOMUSCULAR TRACTION AND MACULAR HORIES: LONG-TERM MODELLING OF CLINICAL AND ECONOMIC VALUE IN HEALTH

**RESOLUTION OF TREATMENT IN FRANCE**

Moru L1, Benson C2, Thurston S3, Leesquemat B4

1Thrombogenics NV, Heverlee, Belgium, 2Pharmact Ltd, York, UK, 3Xintra Ltd, London, UK

OBJECTIVES: Potential attachment between the vitreous and the macula causes vitreomacular traction (VMT) and subsequent formation of a macular hole (MH) leading to symptomatic loss of visual function. This analysis estimated long-term benefits and costs associated with the resolution of treatment following treatment with intravitreal versus standard-of-care (observation, followed by vitreous surgery, if needed), in the French health care system, from a collective perspective. METHODS: The model included (1) a short-term decision-tree, simulating 6-month anatomical outcomes observed in the two Phase III MVI-TRUST ocularism randomized controlled trials (RCTs), and (2) a long-term Markov state-transition model, tracking patients over a lifetime-period. Both models were linked through common health states based on VMT resolution or MH closure, number of vitrec- tomy and visual acuity status. Effectiveness and safety outcomes were based on the MVI-TRUST RCTs. Patient populations included (1) total licensed VMT popula-
tion, independent of the presence/absence of a MH, and two subgroups according to pre-existing MH and (2) VMT with epiretinal membrane (ERM), and (3) VMT without ERM. Benefit was measured in quality-adjusted life years (QALYs), based on (1) time spent in health states defined by the visual acuity of the best and worst seeing eye, (2) disutility impact associated with surgical interventions (vitrectomy and cataract), adverse events and metamorphopsia. Resources used with ocularism and standard-of-care were based on expert opinions. Unit costs were mainly drawn from the French national hospital database. RESULTS: Over a life-time, ocularism and vitreoretinal standard-of-care generated incremental benefits in terms of QALYs and overall treatment costs in group (1) $0.71; $2,107 (2) $0.04; $2,689, and (3) $0.09; $1,757. Lifetime per-patient cost/QALY was $29,767, $78,393, and $18,917, respec-
tively. CONCLUSIONS: Applying commonly accepted cost-effectiveness thresholds ($35,000-€35,000) to accompany patients to appointments.

**SSENSORY SYSTEMS DISORDERS – Patient-Reported Outcomes & Patient Prefer-
ence Studies**

**PSS25**
PATIENT ADHERENCE AND NON-PERSISTENCE BEHAVIOUR IN REAL LIFE

ACTINIC KERATOSIS (AK) TOPICAL TREATMENT IN THE UK, GERMANY AND FRANCE

Glauser M1, Norlin J1, Pollard C2, Diegen T3

1LEO Pharma A/S, Ballerup, Denmark, 2Adelphi Values, Bollington, UK, 3University Heidelberg, Heidelberg, Germany

OBJECTIVE: To gain an understanding of the use of self-administered topical therapies for actinic keratoses exploring patients’ persistence and adherence behaviour. METHODS: The study was conducted as an online longitudinal ques-
tionnaire and baseline survey in the UK, Germany and France in 2011, and May 2013, among AK patients diagnosed and recruited by a physician. PATIENTS AND METHODS: Over 50% of the sample were prescribed diclofenac sodium at baseline, the remaining patients had been prescribed any of imiquimod 5% or 3.75%, fluorouracil, or fluorouracil + salicylic acid. Over the course of the study approximately 2/3 of the patients remained on the same therapy from baseline to the end of the study and 1/3 ceased therapy or switched at least once. The majority of cases occurred on instruction from a health care professional (HCP). Of those who ceased or switched therapy, 79-94% of patients being non-persistent to their prescribed treatment duration, however, over 90% of patients were reported to be satisfied with treatment. CONCLUSION: For two-thirds of the life, patients aged >60 years were significantly more adherent compared to patients aged <60 years. CONCLUSIONS: This study reports that 1/3 of topical AK patients switch therapy, suggesting that patients experience issues preventing completion of treatment course.

**PSS26**
EXAMINING PATIENT PROVIDER COMMUNICATION REGARDING COST IN THE GLAUCOMA PATIENT POPULATION

Slets S1, Blalock S1, Carpenter D2, Robin A3, Muri K4, Sleath B1

1University of North Carolina at Chapel Hill, Chapel Hill, NC, USA, 2University of North Carolina at Asheville, Asheville, NC, USA, 3University of Maryland and Johns Hopkins University, Baltimore, MD, USA, 4Oklahoma University, Durham, NC

OBJECTIVES: Adherence to medications is a significant problem in glaucoma patients. Costs of medications have frequently been cited as barriers to adherence. This study aims to identify the extent of physician-patient communication concerning medication cost during glaucoma medical visits. The study also aims to examine ophthalmologist and patient characteristics that influence whether the ophthalmologist discusses medication costs with the patient during glaucoma medical visits. METHODS: English-speaking adults with glaucoma and their ophthalmolo-
gists at six geographically diverse ophthalmology practices were recruited for the study. All visits were videotaped recorded and transcribed verbatim. Patients were interviewed following their office visit. A research assistant reviewed the patient’s medical records noting comorbidities, glaucoma medication use, and glaucoma severity. Ophthalmologists completed a demographic survey. Transcripts were coded to identify whether the ophthalmologist discussed medication cost with the patient during the office visit. Bivariate analyses were performed to examine whether ophthalmologist and patient characteristics influenced the likelihood of discussion of medication cost. RESULTS: Fifteen of ophthalmologists and 27 of their glau-
coma patients participated in the study. Ophthalmologists discussed medication costs during only 67 (24%) of glaucoma medical visits. To its panoramic with more than 20 years of experience practicing were significantly more likely to discuss medication cost (p < 0.03). Also, ophthalmologists were significantly more likely to discuss medication cost with patients who had higher levels of formal education, were new to using glaucoma medication, and were taking more glaucoma medications (p < 0.05). CONCLUSIONS: Ophthalmologists do not routinely discuss medication cost during glaucoma patient office visits. Future research is needed to investigate the impact of physician-patient communication concerning medication cost on adher-
ence in the glaucoma patient population.