The text is not readable due to the quality of the image.
efficacy of VSL#3 (all doses) comparing to placebo and slightly more effective for VSL#3 (6 g/day) comparing to placebo with RR of 20.35 with a 95% CI of 6.16–67.22 (P < 0.0001). Efficacy of antibiotics comparing to placebo showed a summary RR of 2.68 with a 95% CI of 1.4–4.7 and P = 0.007 for clinical improvement in three trials. The summary RR for efficacy of ciprofloxacin comparing to metronidazole was 0.68 with a 95% CI of 0.44–1.16 (P = 0.8913). CONCLUSIONS: In conclusion, alongside the benefit of probiotics and antibiotics in the management of pouchitis, effects of probiotics and antibiotics on pouchitis vary according to different mixtures of microorganisms strains in probiotics and different spectrums of antibiotics.

**PG14 PREVALENCE AND INCIDENCE OF HEPATITIS A IN A UNITED STATES MANAGED CARE CLAIMS DATABASE**

Changolkar AK1, Eisenberg D2, Misurski DA1
1GlaxoSmithKline, Philadelphia, PA, USA; 2HealthCore, Wilmington, DE, USA

OBJECTIVES: To evaluate the prevalence and incidence of hepatitis a in a managed care population, segmented by a range of characteristics including age, gender, geography, and health insurance plan. METHODS: This was an observational retrospective cohort study utilizing medical and pharmacy claims data for January 1, 2005 through December 31, 2008 from the Impact National Managed Care Database (Benchmark Database). The index date was defined as the date of the first and only diagnostic claim for hepatitis a within the intake period. All prevalence results reported below are per 100,000 and incidence is presented as per person years. RESULTS: Out of a total of 94,985,124 subjects in the database, females and males were represented equally (51% and 49% respectively). The 45–64 year age group had the greatest percentage of subjects. The prevalence of hepatitis a among men and women were almost equal (9 and 8, respectively). The 45–54 years age group had the highest hepa- titis a prevalence (4%) followed by the 25–34, 35–44, and 55–64 age groups (3% for each group). The largest hepatitis a prevalence rate was from the northeast region (7%) followed by the south (6%). In the 2005–2008 timeframe, hepatitis a prevalence was variable in each year (4%). Incidence rates across age, region and specific zip codes in person years were less than 1 person per year. The incidence was slightly higher in males. Among three digit zip codes, the zip codes “100” showed higher incidences each year with higher prevalence. CONCLUSIONS: In a large commercially insured US population, we observed similar prevalence rates of hepatitis a for males and females. The northeast had the highest prevalence rate from 2005–2008.

**GASTROINTESTINAL DISORDERS – Cost Studies**

**PG15 A BUDGET IMPACT ANALYSIS OF THE HEPATITIS C TREATMENT WITH Pegylated INTERFERON IN BRAZIL**

Fonseca M, Araújo GTBD
Anápolis, São Paulo, Brazil

OBJECTIVES: Cost-effectiveness analyses of new hepatitis C drugs have been used to select and approve drugs that should be financed by the public health care system. However, there are still a huge amount of uncertainties within these studies. The fact of having pharmacoeconomic and budget impact data of these new pharmacological alternatives will help to select the most efficient alternative. With this, the objective is to perform a cost-effectiveness analysis of the treatment with pegylated interferon (pegIFN), alfa-2a or alfa-2b, plus ribavirin in, economically active genotype I patients, aging from 30 to 59 years, with chronic hepatitis C (CHC). METHODS: An interactive model has been designed from the inputs obtained from the medical literature. Both strategies have been considered as therapeutic equivalents, without significant difference in side effects, and as having the same price. RESULTS: The number of patients with CHC evaluated in the model has been of 355,611, 15.2% between 30 and 39 years, 13% between 40 and 49 years and 9% between 50 and 59 years, mimicking the Brazilian population and with an average weight of 70.6 kg. The duration of treatment was 48 weeks, with virologic response measured in weeks 2, 4, 12, 24 and 48. A total of 91% and 99.8% of patients receiving pegIFN alfa-2a or alfa-2b, respectively achieved sustained virological response at 72 weeks. Total cost was R$ 4,012,131,131.29 and R$1,752,238,973.99 for the treatment with pegIFN alfa-2a + RIB and pegIFN alfa-2b + RIB, respectively. CONCLUSIONS: Although cost-effectiveness analysis appears to be favorable to pegIFN alfa-2a + RIB versus pegIFN alfa-2b + RIB due to its better predictability in the 12th week of treat- ment. In this case, the treatment with pegIFN alfa-2a + RIB is an efficient strategy.

**PG16 COST-EFFECTIVENESS OF MR ELASTOGRAPHY FOR DIAGNOSING LIVER FIBROSIS: PRELIMINARY THRESHOLD ASSESSMENT**

Lee DW1, Palathinkara V2, Dakoven M3
1GE Healthcare, Waukesha, WI, USA; 2PHS Heath, Falls Church, VA, USA

OBJECTIVES: MR Elastography (MRE) is a non-invasive test under clinical trial evaluation for effectiveness in helping diagnose liver fibrosis. This study estimated the accuracy needed for MRE to be cost-neutral from a US payer's perspective. METHODS: We conducted a decision-analytic model comparing diagnostic costs under two scenarios for patients with suspected liver fibrosis: 1) biopsy, or 2) MRE followed by biopsy when the MRE test was positive. We conducted a targeted litera-