states were determined on the basis of published literature. For next generation AVDs, a lower median adherence in clinical trials, various possible effect and pricing scenarios have been simulated. RESULTS: Applying the base case settings resulted in incremental costs of €107,925, in 2.03 incremental quality-adjusted life years (QALYs) and in a cost-effectiveness ratio of €53,165 per QALY gained. Probability sensitivity, and incremental sensitivity analyses as well as scenario analyses for the effect size and the AVD costs were performed in order to investigate the robustness of results. In these analyses a strong variation of the cost-effectiveness results was obtained ranging from €23,512 (best case) to €176,958 (worst case) per QALY gained. CONCLUSIONS: The innovative nature, the high unmet medical need and the expected unprecedented efficacy of next generation AVDs will highly likely lead to the case that even relatively high incremental cost effectiveness ratios, that have been obtained when simulating various effect and pricing scenarios, will be regarded as acceptable from a German health care payer perspective.

PSS36 IMPLICATIONS FOR TIME SAVINGS USING NEW INTRAOPERATIVE MEASURING TECHNOLOGY

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OBJECTIVES: Intraoperative threshold measurement is a part of the cochlear implantation procedure and in the current setting conducted by the clinicians with a standard set-up. The newly released CR220 Intraoperative Remote Assistant is a handheld device and can also be used by someone already in the operating theatre. The aim of this study was to compare the time measurement to the former method and to the new CR220 and standard set-up and to investigate from the clinician's perspective any cost-savings created as a result of time-savings with the new device. METHODS: Stages of the measurement process are identified and the time measured for each stage during 113 patients' implantation procedure. A literature review was conducted to identify the reimbursement level of this process in order to translate time savings into cost savings. RESULTS: When comparing the crano-enta
tel to the OT, the mean time spent per procedure with CR220 is 8.4% less than the computer set-up (163.7 minutes vs 149.9 minutes). If the measurement is conducted by someone already in the OR, the measurement time is reduced by 95.5% to 4.5 minutes in CR220 (63.7 minutes vs 7.3 minutes). Literature review revealed that the fee for measurement as €18.99-22.57 per 15 minutes in the US setting and in most of the other settings this procedure is not reimbursed separately but covered under cochlear implantation. CONCLUSIONS: The analysis showed that considerable time is spent for the clinician to travel to OT and waiting in the OT. This “unproductive” time is not only wasteful, but also means the clinician is not available in the clinic seeing patients where their expert skills are of most value. Moreover, the clinician is either underpaid or is not paid at all for expertise and time demanding process. The new CR220 gives clinicians the opportunity to allocate their limited resources efficiently.

SENSORY SYSTEMS DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PSS37 DRUG SURVIVAL RATES AND COST OF BIOLOGICAL AGENTS FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS IN THE BALEARIC ISLANDS (SPAIN)
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OBJECTIVES: There are few studies combining dose regimen in routine clinical practice, drug survival rates and costs of biological agents for the treatment of naïve patients with moderate-to-severe psoriasis in the clinical practice. To assess the dose regimen in routine clinical practice, drug survival rate (perse
tance rate) and efficiency (cost per persistence) for etanercept (ETN), adalimumab (ADA) and ustekinumab (UST) in a real practice clinical setting. METHODS: A retrospective study on psoriasis patients aged ≥18 years (n=100) in England with pressure ulcers (PUs) along with the EQ-SD and own health TTO. The discriminatory power of the utility measures was assessed across PU grade and health and PEVY ratings. Multivariate regression was conducted to explore determinants of utility values. RESULTS: The mean sample age was 77.2 years (range 22.7-101.7), 49% were female and 50% wheelchair users. Mean (SDs) utility for superficial PUs (grades 1-2) were 0.72 (0.17), 0.70 (0.35) and 0.24 (0.16) and for severe PUs (grades 3-4) 0.67 (0.35) and 0.70 (0.35) for the PUQoL-U, TTO and EQ-SD, respectively. Mean (SDs) utility by self-reported PU severity was: [Mild] 0.78 (0.16), 0.66 (0.35), 0.29 (0.36); [Moderate] 0.72 (0.17), 0.63 (0.38), 0.25 (0.34); [Severe] 0.58 (0.16), 0.70 (0.33), 0.04 (0.40). Regression analyses indicated both EQ-SD and PUQoL-U values were explained by perceived severity and general health ratings but not demographics or PU grade. Duration and body part affected were additional significant explanatory factors of the EQ-SD while wheelchair use approached significance. CONCLUSIONS: Values were much lower for the EQ-SD than the other assessments which may be partly explained by the range in EQ-SD and partly due to background mobility issues being captured. The good discriminatory power of the utility measures is recommended for use in trials of PU interventions. The utilities presented here will be useful for decision-analytic models that incorporate PU impact. Practical sensitivity analysis including the PUQoL-U will likely generate lower levels of uncertainty than the EQ-SD due to the smaller SDs for health states.

PSS40 ESTIMATING UTILITY DATA FOR PATIENT SYMPTOM SEVERITY IN CHRONIC SPONTANEOUS URTICARIA
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OBJECTIVES: To obtain utility estimates suitable for use in economic models for chronic spontaneous (idiopathic) urticaria (CSU). METHODS: Patient-level data from three randomized clinical trials: ASTERIA I, ASTERIA II, and GLACIAL were analysed. Health state utilities were elicited from Uricteria Activity Score (UAS7), a patient-completed diary of signs and symptoms which calculates an average daily score over 7 days. Higher score means more severe symptoms. UAS7 scores for the health states were: Urticaria-free: 0; Well-controlled urticaria: 1-6; Mild urticaria: 7-15; Moderate urti-
ca: 16-27; Severe urticaria: 28-42. Mean EQ-5D utilities were calculated for each of the UAS7 health states due to small subsample sizes. A mixed model was used to predict EQ-5D according to UAS7 health states in a pooled dataset containing all treatment arms and time-points from the three trials. The predictor variable was UAS7 health state and the dependent variable was EQ-5D utility. Fixed/random effects were included for treatment and placebo effect, time since treatment baseline (Moderate or Severe), presence of angioedema at baseline and during follow-up, duration of CSU, number of previous CSU medications, and gender of the patient. A parsimonious model was selected using the approach of backwards elimination; and patient were included and the following covariates: UAS7 health state at base-
state and the dependent variable was EQ-5D utility. Fixed/random effects for trial were included in the model. CONCLUSIONS: The validity of pooling trials was con-
sidered through visual comparisons and interaction terms. RESULTS: There was a consistent improvement in EQ-5D utilities as severity of urticaria improved. Mean utility for UAS7 ≤ 7 was 0.880 (SD 0.12) and for UAS7 > 7 was 0.876 (SD 0.11). Significant differences were observed across time periods, time from entry until the treatment was stopped. UAS7 health state was forced into the model. The validity of pooling trials was con-
sidered through visual comparisons and interaction terms. RESULTS: There was a consistent improvement in EQ-5D utilities as severity of urticaria improved. Mean utility for UAS7 ≤ 7 was 0.880 (SD 0.12) and for UAS7 > 7 was 0.876 (SD 0.11). Significant differences were observed across time periods, time from entry until the treatment was stopped.