with pharmacist-managed ESA clinics (n = 314) and at six sites with usual care only (n = 167), outpatients were followed for 6 months in 2009. We took a VA perspective with the $3,770 (US$10,400) in costs per patient over a five-year time horizon, costs and effectiveness values were discounted at 3% per year. Strategy-specific likelihoods of target range hemoglobin values (10-12 g/dl) were based on study results. Utilities for ND-CKD and ESA-related adverse events and their likelihood were obtained from the literature. ESA costs were based on an estimated episodic and HBOC dosing regimen per patient during the study and VA ESA cost data. RESULTS: In the base case analysis, cost and effectiveness were $12,500 and 2.096 quality-adjusted life-years (QALYs) in the pharmacist-managed ESA clinics and $13,500 and 2.047 QALYs in usual care. ESA clinics dominated usual care for patients with hemoglobin values less than 10 g/dl. Probabilistic sensitivity analyses (PSAs) were carried out to test the robustness of the results. CONCLUSIONS: Results were consistent with the Poisson distribution. Patients who failed second-line therapy were referred for specialist visits. Results were expressed in terms of incremental cost-utility ratios. The cost/QALY was $12,000 (1 GDP per capita in Mexico) per QALY gained. In per-protocol analyses, mirabegron 50mg was superior to tolterodine 4mg in changes from baseline utilities after 12 weeks (p < 0.05). In both cases, the benefit is already apparent at 4 weeks (p < 0.05). EQ-VAS more consistently indicated superior outcomes: all three mirabegron doses showed statistically significant greater effectiveness compared to tolterodine at 12 weeks. Individual EQ-5D-5L dimensions and the overall profile showed no significant differences between study arms. CONCLUSIONS: Despite slight contrasts in results between the EQ-SD derived utilities and EQ-VAS, mirabegron showed quicker and superior improvement in HR-QoL compared to tolterodine 4mg ER. Research is required to address future utility measurements, especially in relation to EQ-SD dimensions in OAB patients.

PUK2

EXAMINING THE ROLE OF CAREGIVER TOWARDS BLOOD TRANSFUSION DECISIONS AMONG INDIVIDUALS WITH CHRONIC KIDNEY DISEASE
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OBJECTIVES: Examine the role of caregiver in supporting treatment decisions towards blood transfusions among individuals with chronic kidney disease (CKD) currently not on dialysis. METHODS: An online survey was conducted in 1Q2011. All respondents were 18 years and older, were diagnosed with CKD by a physician. Participants were asked about blood transfusion history, presence of anemia, types and roles of caregivers in assisting with management of their CKD and making health and treatment decisions towards blood transfusion. RESULTS: Of 416 participants, 59% (n = 246) were female, 40% (n = 165) were > 65 years. 35% (n = 144) had stage 4 and 58% (n = 240) stage 3 CKD. 54% (n = 226) were anemic. 43% (n = 179) had received blood transfusion, whereas, 57% (n = 237) had no transfusions. 53% (n = 220) reported that adjustments in the values of the assigned utilities, effectiveness and discontinuation rates.

URINARY/KIDNEY DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PUK22

COMPARISON OF UTILITY SCORES AND QUALITY OF LIFE SCORE IN THAI PATIENT BETWEEN TWICE AND THREE-WEEKLY HEMODIALYSIS
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1Mahidol University, Bangkok, Thailand
OBJECTIVES: To compare the utility scores and quality of life scores between patients who were twice and three-weekly hemodialysis. METHODS: This was a cross-sectional analysis study in 5 hemodialysis sites of Nephrology Unit at Siriraj Hospital (the largest university hospital in Thailand). Face-to-face interview using EuroQol questionnaire (EQ-5D, VAS), and KQDOL-36 (consists of 3 kidney disease subscales and SF-12) was conducted between April 2011 and June 2011, one hundred and thirty-three hemodialysis patients were recruited from the chronic hemodialysis clinic unit. This study compared the difference of hemodialysis times in weekly to utility scores and quality of life scores of patients by using Independent Student’s t-test. RESULTS: SF-6D (derived from SF-12), EQ-5D (UK and Thai preference weight), and VAS between the patients who received twice and three-weekly hemodialysis were not significantly different (p > 0.05). This is true as well for Symptom/ problem list, Effects of kidney disease, and burden of Kidney Disease scores. For SF-12, all of physical and mental domains were not significantly different as well as all of kidney specific scores were not significantly associated with hemodialysis times in weekly intervals (all, p > 0.05). CONCLUSIONS: These findings implied that three-weekly could not reflect the better quality of life than twice-weekly hemodialysis. There was no significant difference in quality of life from the Symptom/ problem list, Effects of kidney disease, and burden of Kidney Disease between twice and three-weekly hemodialysis as well as the utility scores for SF-6D, EQ-5D and VAS. Further large cohort study of utility scores or cost effectiveness analysis between the difference of dialysis frequency at weekly intervals, however, should be conducted.

PUK23

UNDERSTANDING THE EFFECT ON HR-QOL OF TREATMENT FOR OVERACTIVE BLADDER: A DETAILED ANALYSIS OF EQ-5D CLINICAL TRIAL DATA FOR MIRABEGRON
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OBJECTIVES: Analysis of EQ-5D data often focuses on changes in utility, ignoring valuable information from other parts of the instrument. Our objective was to explore how the utility index, EQ-5D profile, and EQ-VAS captured change in clinical trials of Mirabegron, a new treatment for overactive bladder (OAB). METHODS: Data were pooled from three phase III clinical trials that investigated the efficacy and safety of mirabegron versus placebo. Tolterodine was included as an active control in one study: 1) Europe and Australia (placebo, mirabegron 50mg and 100mg, and tolterodine 4mg ER); 2) USA and Canada (Placebo, Mirabegron 50mg and 100mg); and 3) Japan, and Mirabegron 25mg and 50mg. Data were collected at baseline, week 4, 8 and 12. Analyses were performed on full analysis and per protocol data sets using UK utilities. Analysis controlled for relevant patient characteristics. Analysis of Covariance identified changes from baseline at each time point in utilities and EQ-VAS, while Areas Under the Curve (AUC) were estimated to summarise intertemporal differences in effect. RESULTS: In per protocol analyses, mirabegron 50mg was superior to tolterodine 4mg in changes from baseline utilities after 12 weeks (p < 0.05); similarly, AUC results showed mirabegron 50mg to be superior to tolterodine (p < 0.05) and to placebo (p < 0.05). In both cases, the benefit is already apparent at 4 weeks (p < 0.05). EQ-VAS more consistently indicated superior outcomes: all three mirabegron doses showed statistically significant greater effectiveness compared to tolterodine at 12 weeks. Individual EQ-5D-5L dimensions and the overall profile showed no significant differences between study arms.

REFERENCE:
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