Illness and used to estimate the budgetary impact of therapies that reduce bone loss. Whereas the number of osteoporotic fractures and women suffering from PMO (T-111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111
period: In the period of four as well as eight – weeks course of treatment with imiqui- mod 5% cream, therapy resulted in significantly higher chance of achieving complete clearance. Patients treated with imiquimod more frequently achieved clearance level higher than 75% of baseline actinic keratoses compared with the subject in vehicle group. Also, adverse reactions were more frequently recorded within the group of subjects who received imiquimod in comparison with vehicle group. The chance of experienc- ing local skin reaction such as erythema, flaking/scaling/dryness, scabbing/crusting, oedema, vesicles, erosion/ulceration was significantly higher in experimental group. Imiquimod five percent cream versus vehicle in long time period: Imiquimod 5% cream used 3 times a week for 24 weeks was an effective treatment for actinic keratosis measured by the probability of achieving complete clearance and partial clearance rate (more than 75% reduction in baseline lesions). Frequency of adverse events and local skin reaction was higher during the imiquimod treatment in comparison with vehicle. Imiquimod five percent cream versus vehicle in patient with solid organ transplants: Treatment with imiquimod 5% cream for 24 weeks in kidney, heart and liver transplant patients resulted in significantly higher probability of achieving com- plete and partial clearance rates of actinic keratoses. There were no significant differ- ences in incidence of adverse events between groups. CONCLUSIONS: Imiquimod five percent cream appears to be effective and safe alternative therapy for the treatment of actinic keratoses.

**PSS5**

**RESTOR® VERSUS ACRILISA®: ND-YAG LASER INCIDENCE RATE COMPARISON 18 MONTHS AFTER SURGERY**

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OBJECTIVES: The aim of this study was to compare the 18 months Nd:Yag laser incidence rate of two multifocal intra-ocular lenses, ReSTOR® and Acrilisa®, implanted by a single surgeon following his usual practice. METHODS: This retrospective study was based on all patients implanted with a ReSTOR® or Acrilisa® multi-focal lens since 2004 at one site. All patients with either cataract or clear lens were operated on. MEDDS: Treatment with imiquimod 5% cream for 24 weeks in kidney, heart and liver transplant patients resulted in significantly higher probability of achieving complete and partial clearance rates of actinic keratoses. There were no significant differences in incidence of adverse events between groups. CONCLUSIONS: Imiquimod five percent cream appears to be effective and safe alternative therapy for the treatment of actinic keratoses.

**PSS5**

**COSTS-OF-ILLNESS OF ULCUS CRURIS IN GERMANY: RESULTS OF TWO APPROACHES**

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OBJECTIVES: Estimation of cost-of-illness (COI) of leg ulcers in two German cross-sectional studies using different methodical approaches. METHODS: A direct and an indirect method for cost estimation were utilized. In a nationwide cross-sectional study of 13 specialist dermatological, surgical, general and medical-wound centres, resource consumption and associated costs of venous leg ulcer(s) were collected directly from physicians and patients. In a second cross-sectional regional study, involving 147 institutions (hospitals, residencies, nursing services, dermatological offices, services for homecare and addicts) treating patients with ulcus cruris, resource consumption was inferred from history, wound condition and actual/previous treatments based on standardized cost categories. Main economic parameters in both studies were direct, indirect and intangible costs (health related quality of life, HRQoL) from a societal perspective. RESULTS: The national study enrolled n = 218 patients with a mean age of 69.8 years (regional study: n = 502, 71 years). Wounds existed for 7 (9%) years on average. The total mean COI per year and patient was €9,569 (€10,624). While direct costs summed up to €8,658 (€9,851), indirect costs were much lower: €1,011 (€772). Of direct costs, €7,631 (€912) were covered by the Statutory Health Insurances (SHI) and €1027 (€730) by the patients. For SHI, major cost factors were inpatient costs, non-drug treatments and physicians/nurses fees. Moreover, clini- cal predictors such as wound size, number and duration as well as wound etiology and characteristics of care (quality, support) were identified. All patients were severely impaired in their HRQoL, implying a high burden of disease and relevant intangible costs. CONCLUSIONS: Chronic leg ulcers generate highly relevant COI. Despite differ- ent recruitment and cost estimation methods, both studies resulted in comparable mean values. Intangible costs; observed differences can be attributed to sample characteristics. The results point to early and qualified disease management in all related health services areas.

**PSS5**

**THE APPLICATION OF DISCRETE EVENT SIMULATION TO QUANTITATIVE RISK BENEFIT ANALYSIS**

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OBJECTIVES: To date, quantitative risk benefit has mainly involved the translation of Cost-Effectiveness techniques or utility adjusted epidemiological statistics. We aim to describe how Discrete Event Simulation “DES” offers the possibility of modelling the occurrence of several adverse events and beneficial events simultaneously whilst accounting for competing events. METHODS: Firstly, a longitudinal patient database is used to identify the target patient population. Secondly, incidence rates for the out- comes to be included in the meta-analysis. Statistical analysis was performed including the incidence rate of two multifocal intra-ocular lenses, ReSTOR® and Acrilisa®, implanted by a single surgeon following his usual practice. METHODS: This retrospective study was based on all patients implanted with a ReSTOR® or Acrilisa® multi-focal lens since 2004 at one site. All patients with either cataract or clear lens were operated on. MEDDS: Treatment with imiquimod 5% cream for 24 weeks in kidney, heart and liver transplant patients resulted in significantly higher probability of achieving complete and partial clearance rates of actinic keratoses. There were no significant differences in incidence of adverse events between groups. CONCLUSIONS: Imiquimod five percent cream appears to be effective and safe alternative therapy for the treatment of actinic keratoses.