dientional $162,000 per QALY gained (16 quality-adjusted minutes per flight). Sensitivity analysis of event probabilities and cost inputs did not substantially change the results. However, the cost-effectiveness of AEDs was significantly enhanced by the inclusion of utility gain experienced by passengers from increased peace of mind. While the magnitude of this benefit is unknown, an incremental increase of .003 in utility over the flight duration would reduce the incremental cost-effectiveness of AEDs to less than $50,000 per QALY gained. CONCLUSIONS: Our model estimated that when the benefits of on-board AEDs are limited to patients experiencing medical events, the incremental cost-effectiveness is inferior to most recommended medical interventions. However, if passengers gain utility from knowing an AED is on the aircraft, then these incremental expenditures may be justified. Utility gains from “peace of mind” may have significant implications in determining the value of health care interventions. Further research should be conducted into this potentially important area.

**ANALYSIS OF THE IMPACT OF ASSISTIVE LIVING DEVICES ON SELF-ASSESSED HEALTH STATUS RATING**

Rodney AB, Xiao H, Robertson T  
Florida A&M University, Tallahassee, FL, USA

OBJECTIVE: Persons with limitations in Activities of Daily Living (ADLs) generally report a greater sense of independence when they have the use of assistive devices. Insurance companies have traditionally been reluctant to cover the cost of such devices, considering them to be non-essential equipment. Although the economic cost savings associated with a decrease in the need for external caregivers and institutionalization are calculable, the psychological benefits arising from this greater degree of independence seen in patients who use assistive devices tends to be overlooked. Therefore the main objective of this project was to determine the impact of assistive living devices on patients self-rated health status. METHOD: Medical Expenditure Panel Survey (MEPS) Household Component file 1998 P2R3/P3R1 was utilized for this project. The initial pool of 25,000 cases was narrowed using the inclusion criteria whereby all subjects must be 65 years or older, and have coded that they possessed one or more physical disabilities or limitations. This led to a final sample size of 1,025. Information on demographics, socioeconomic status and level of disability was extracted from the database for these patients. Multiple regression analysis was conducted with self-rating of health status serving as the dependent variable. The primary independent variable of interest was use or non-use of assistive living devices. Secondary independent variables included: marital status, sex, age, race, educational level, physical disabilities and limitations, and social limitations. RESULTS: Use of assistive devices, race, age, some forms of physical limitations and levels of education were significant in this model (p < 0.05). Marital status and gender proved to be insignificant factors. CONCLUSIONS: Use of assistive devices does have an impact on the way in which individuals with limitations and disabilities view their health status and therefore may be important contributors to their overall quality of life.

**THE DIAGNOSTIC ACCURACY OF 18FDG-PET IN PATIENTS WITH RECURRENT PAPILLARY OR FOLLICULAR THYROID CANCER: A SYSTEMATIC REVIEW**

Hooft L, Hoekstra OS  
University Hospital Vrije Universiteit, Amsterdam, Netherlands

OBJECTIVES. Positron Emission Tomography with 18F-fluorodeoxyglucose (FDG-PET) is a new nuclear imaging technique that can detect recurrent or metastatic thyroid carcinomas. We conducted a systematic review to determine the diagnostic accuracy of FDG-PET in patients with papillary and follicular thyroid carcinoma. METHODS. Two unblinded reviewers independently selected, extracted and assessed data from relevant literature. Included studies were prospective or retrospective with 10 human subjects or more that evaluated the accuracy of FDG-PET in follicular and papillary thyroid cancer. Reviews, case reports, editorials, letters, and comments were excluded. The methodological quality of the included studies was assessed by the criteria for diagnostic tests recommended by the Cochrane Methods Group on Screening and Diagnostic Tests. A qualitative analyse was conducted to assess the value of FDG-PET in thyroid carcinoma. The rating system consisted of four levels of scientific evidence (1 = best; 4 = worst). RESULTS. Two of the fourteen included studies were considered of level 3 evidence. The other twelve studies provided level 4 evidence. Most prevalent methodological flaws regarded validity of reference tests and blinding of test interpretation. The overall conclusion in these studies was that FDG-PET appeared beneficial in patients with elevated thyroglobulin levels and negative 131I WBS. CONCLUSIONS. In conclusion, although FDG-PET may solve clinical problems in selected patients suspected of recurrent thyroid cancer, the present evidence does not allow for implementation of a routine diagnostic algorithm. Future studies should be designed to avoid the limitations presented in this review.

**INCLUSION OF INDIRECT COST IN ECONOMIC OUTCOMES ANALYSES OF MEDICAL DEVICES: HOW IMPORTANT IS IT?**

Subramanian S, Justason BJ  
Boston Scientific Corporation, Natick, MA, USA

OBJECTIVE: To evaluate the impact of indirect cost (due to absence from work, disability, mortality) in economic evaluations comparing minimally invasive proce-