opioid dose of ≥50 mg oral morphine equivalents/day for ≥2 weeks and <3 rescue-free bowel movements (RBMs)/week. Rescue laxative use was standardized and allowed if needed. Patients completed EQ-SD questionnaire on day 1 and day 28. EQ-SD index scores were compared between treatment and placebo groups using analysis of covariance with treatment group as factor and baseline scores as covariate. RESULTS: Majority of the patients in the study were female (60%), Caucasian (90%), average age of 49 years and back pain (60%) was the most frequently reported pain condition. The mean daily baseline morphine equivalent opioid dose was 222 mg. The mean ± SD baseline EQ-SD index scores were 0.45 ± 0.33 in QD, 0.47 ± 0.33 in QOD and 0.44 ± 0.35 in placebo groups respectively. The adjusted mean (± SE) change from baseline in index score on day 14 in QD (0.04 ± 0.02) and QOD groups (0.06 ± 0.02) were not statistically significant compared to placebo (0.02 ± 0.02). At the end of the double-blind period (day 28), a significantly greater change from baseline was detected in the Methyltrexone QD dosing group (0.08 vs. −0.01; p < 0.05) and QOD dosing group (0.08 Vs. −0.01; p < 0.05) compared to placebo.

CONCLUSIONS: Methyltrexone SC QD and QOD groups showed a significantly greater improvement in health related quality of life as measured by the EQ-SD index scores at the end of four weeks of therapy compared to placebo.

PGI19

PATIENT RELEVANT ASPECTS OF DIAGNOSTIC QUESTIONNAIRES AND THEIR SUBSCALES IN GASTRO-ŒSOPHAGEAL REFLUX DISEASE (GERD)

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OBJECTIVES: Diagnostic self-administered questionnaires for GERD are widely used and provide brief and valid measure of gastrointestinal symptoms. Beyond evaluation of inappropriate performance of quantitative HCV RNA tests. Calculated savings are estimated to be 11.3 working days/year, with a potential social benefit of 748); and for the global course a estimate of 9.24 mio/year. A more accurate measure of productivity loss could be estimated to be 1209) for hospital reimbursement. Sensitivity analyses, based on published meta-analysis data, confirmed the robustness of basecase results. Average regained productivity was estimated to be 11.3 working days/year, with a potential social benefit of £752/patients.

RESULTS: An analysis of the clinical course for PPH vs. MM at 3 Hospitals in Lombardia, Italy: University of Pisa, University of Milan, and University of Florence. Decision tree model was developed to evaluate treatment costs when HCV RNA test is used for treatment termination. RESULTS: In 2004 national guidelines for HCV were published, which recommended examination of qRNA before and 12 weeks after treatment initiation to detect early virological response (EVR) and treatment termination in case of negative results of EVR. In 334 patients there were 611 qRNA tests performed in total (150 patients had only 1 qRNA, 113 had ≥2 qRNA, in 35 there was 3 consecutive qRNA performed, 16 patients had ≥4 consecutive qRNA). In our model, omission of EVR evaluation was defined as no or only one quantitative HCV RNA test or gap between two qRNA tests longer than 48 weeks. Omission of EVR evaluation was detected in 166 patients. In a decision tree model taking into account EVR results (followed by appropriate treatment termination) it was calculated that treatment cost in this group of 166 patients could be €4,013,880, while the treatment of the same group with omission of EVR evaluation would be €4,870,440. CONCLUSIONS: In analyzed group of 334 patients with HCV, there were almost 50% of cases were treatment termination could not be evaluated in accordance with valid guidelines, because of inappropriate performance of quantitative HCV RNA tests. Calculated savings are €856,560 in this group of patients. Preparation and implementation of clinical practice guidelines in national health and drug policy could have cost saving effect.

PGI22

CIRCULAR STAPLED HAEMORRHOIDECTOMY IN THE TREATMENT OF HAEMORRHOIDAL PROLAPSE: HTA REPORT—LOMBARDIA REGION, ITALY


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OBJECTIVES: Surgical management of Haemorrhoidal Disease includes Milligan-Morgan (MM) haemorrhoidectomy and stapled haemorrhoidopexy (PPH, Procedure for Prolapse and Haemorrhoids), which excises prolapsing tissues, whilst maintaining physiological functioning of haemorrhoidal plexus. Scope of work was to develop an HTA Report evaluating PPH for treatment of Chronic Hepatitis C (CHC), where treatment decision is based on results of quantitative HCV RNA test (qRNA). METHODS: Retrospective insurance claims data analysis of 879 patients with CHC was performed. There were 334 patients tested for qRNA during the period from 1.1.2005 till 31.8.2008. Decision tree model was developed to evaluate treatment costs when HCV RNA test is used for treatment termination. RESULTS: In 2004 national guidelines for HCV were published, which recommended examination of qRNA before and 12 weeks after treatment initiation to detect early virological response (EVR) and treatment termination in case of negative results of EVR. In 334 patients there were 611 qRNA tests performed in total (150 patients had only 1 qRNA, 113 had ≥2 qRNA, in 35 there was 3 consecutive qRNA performed, 16 patients had ≥4 consecutive qRNA). In our model, omission of EVR evaluation was defined as no or only one quantitative HCV RNA test or gap between two qRNA tests longer than 48 weeks. Omission of EVR evaluation was detected in 166 patients. In a decision tree model taking into account EVR results (followed by appropriate treatment termination) it was calculated that treatment cost in this group of 166 patients could be €4,013,880, while the treatment of the same group with omission of EVR evaluation would be €4,870,440. CONCLUSIONS: In analyzed group of 334 patients with HCV, there were almost 50% of cases were treatment termination could not be evaluated in accordance with valid guidelines, because of inappropriate performance of quantitative HCV RNA tests. Calculated savings are €856,560 in this group of patients. Preparation and implementation of clinical practice guidelines in national health and drug policy could have cost saving effect.

PGI21

TREATMENT OF CHRONIC HEPATITIS C WHICH DO NOT FOLLOW CLINICAL GUIDELINES IS INCREASING DIRECT MEDICAL COSTS

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OBJECTIVES: This analysis evaluates economic impact of compliance with guidelines for treatment of Chronic Hepatitis C (CHC), where treatment decision is based on results of quantitative HCV RNA test (qRNA). METHODS: Retrospective insurance claims data analysis of 879 patients with CHC was performed. There were 334 patients tested for qRNA during the period from 1.1.2005 till 31.8.2008. Decision tree model was developed to evaluate treatment costs when HCV RNA test is used for treatment termination. RESULTS: In 2004 national guidelines for HVC were published, which recommended examination of qRNA before and 12 weeks after treatment initiation to detect early virological response (EVR) and treatment termination in case of negative results of EVR. In 334 patients there were 611 qRNA tests performed in total (150 patients had only 1 qRNA, 113 had ≥2 qRNA, in 35 there was 3 consecutive qRNA performed, 16 patients had ≥4 consecutive qRNA). In our model, omission of EVR evaluation was defined as no or only one quantitative HCV RNA test or gap between two qRNA tests longer than 48 weeks. Omission of EVR evaluation was detected in 166 patients. In a decision tree model taking into account EVR results (followed by appropriate treatment termination) it was calculated that treatment cost in this group of 166 patients could be €4,013,880, while the treatment of the same group with omission of EVR evaluation would be €4,870,440. CONCLUSIONS: In analyzed group of 334 patients with HCV, there were almost 50% of cases were treatment termination could not be evaluated in accordance with valid guidelines, because of inappropriate performance of quantitative HCV RNA tests. Calculated savings are €856,560 in this group of patients. Preparation and implementation of clinical practice guidelines in national health and drug policy could have cost saving effect.

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