dermatologists. Results were evaluated in months 0, 3 and 6 of etanercept treatment.

RESULTS: Average patients’ age was 46.74 years (21–75 years), average time from diagnosis was 24.5 years. Occurrence of psoriatic arthritis was 31.7%. 14.6% of patients were work disabled and 16.3% reported incapacity to work with average duration of 44.3 days in previous 6 months. Previous biologic treatment: 46.6% of patients were naïve, 16.8% were after previous failure and 36.2% were after successfully finished treatment with biologics within 6 previous months. Within the observation in 0, 3 and 6 months BSA index decreased from 27.12 to 18.64 to 11.47% and PASI score from 13.69 to 8.09 to 4.57. Utility measured according to EQ-5D increased from 0.7674 to 0.8344 and 0.859 and DLQI index decreased from 10.74 to -0.63 and 4.24 in months 0, 3 and 6. Percentage of patients required inpatient care decreased from 25.8 to 5.0 to 0.66%, additionally average length of stay had shortened from 15.1 to 9.9 to 8.2 days.

CONCLUSIONS: Significant clinical effect was observed within 3 and 6 months of etanercept treatment. QoL was increased in vast majority of patients. Treatment with etanercept decreased other costs associated with psoriasis—patient care (frequency and length).

CLINICAL AND ECONOMIC OUTCOMES OF ZICONOTIDE NEUROMODULATION IN ITALIAN CANCER PATIENTS

Zanoli O1, Carli M1, Bellini R1

Andres vii, Torino, Italy; Ospedale Santo Spirito—Casale Monferrato, Casale Monferrato, Italy

OBJECTIVES: To evaluate the cost-effectiveness of ziconotide for the spinal neuromodulation of cancer pain in real clinical practice, from the third party payer point of view.

METHODS: Clinical and resources consumption data related to intrathecal neuromodulation in complex pain progressing cancer patients followed by one Italian centre were collected. The observation spanned from implantation to extus or drop-out. Change in Numeric Rating Scale Pain Intensity (NRSPi) is the primary outcome of the analysis and the basis of the evaluation of number of days with control pain or at least 50% (reduction). Secondary outcome measures are Karnofsky index, Pain Management Index, Edmonton Symptom Assessment Scale and Bowel Function Index. Collected consumption data include drugs, visits, port maintenance, and pump recharge and amortization. Current Italian prices, real practice acquisition and remuneration costs are applied. RESULTS: Between January 2006 and August 2009, 19 patients received intrathecal ziconotide (N: 8) or morphine (N: 11). Both groups showed a statistically significant reduction in NRSPi score after 1 week (Z=33.9% vs. M=10.6%), 2 weeks (Z=-47.9% vs. M=-22.1%), and 3 weeks (Z=-52.1%) and nalmorphine severity score (NAPSI resolution, or remission) with markedly higher reductions in ziconotide patients, although the difference was statistically significant only for the first time point. Patients receiving ziconotide lived significantly more days with controlled pain (74% vs. 40%; P<0.05). Secondary endpoints showed similar trends. Average weekly cost is about €240 for ziconotide and €120 for morphine; the main cost driver is pharmaceutical cost (respectively 82% and 65% of the total). Higher ziconotide acquisition costs are partially offset by minor expenses for adjuvant therapies. The incremental cost for one further day with controlled pain resulted of €50.

CONCLUSIONS: Ziconotide permits effective treatment of extremely difficult-to-manage pain, with improvement of the tolerability and a mild increment of cost, as compared to intrathecal therapy without ziconotide.

BIOLGICAL AGENTS FOR THE TREATMENT OF NAIL PSORIASIS: A SYSTEMATIC REVIEW OF THE LITERATURE

Nyu H1, Green JF, Prasad M1, Florence R1

1United Biotech Corporation, London, UK; 2United Biotech Corporation, Lexington, MA, USA; 3Mersh & Co, Kar wilands, NJ, USA; 4United Biotech Corporation, Bethesda, MD USA

OBJECTIVES: To systematically review the efficacy of biologics for nail psoriasis in plaque psoriasis and psoriatic arthritis. METHODS: MEDLINE and EMBASE were searched using predefined terms: “psoriasis”, “psoriatic arthritis”, “parapсорiasis”, “psoriasis vulgaris”, “infliximab”, “adalimumab”, “etanercept”, “adalimumab”, “golimumab”, and “ustekinumab”. Abstracts from ASPOR, AAD, BAD, EADV, WCD, and EULAR from 2006 to 2009 were reviewed. Studies reporting both comparative and non-comparative findings from at least one biologic of interest were included if they reported results of the index biologic or the reference biologic.

RESULTS: Ten studies were included. Golimumab and infliximab were assessed in randomized controlled trials (RCTs). In a RCT of infliximab, the % reduction (indicating improvement) from baseline NAPSI was significantly greater with infliximab than with placebo at weeks 10 and 24, with the reduction maintained at 50 weeks. A similar response through 24 weeks was observed in a RCT of golimumab, with infliximab than with placebo at weeks 10 and 24, with the reduction maintained at 50 weeks.

CONCLUSIONS: Ziconotide permits effective treatment of extremely difficult-to-manage pain, with improvement of the tolerability and a mild increment of cost, as compared to intrathecal therapy without ziconotide.