PERSPECTIVE
OF HYPERPHOSPHATEMIA IN DIALYSIS PATIENTS FROM A CANADIAN
clinically comprehensive design and set of inputs than previous models, treatment
PUK17
for EULAR recommendations. The objectives were to evaluate the effectiveness of a prophylaxis strategy in kidney transplant patients at high-risk of developing cytomegalovirus disease. The results showed that valganciclovir 200 days is a cost-effective prophylaxis from 100 to 200 days. The objective of this study was to determine the cost-effectiveness of valganciclovir 200 day prophylaxis compared to 100 days in kidney transplant patients at high-risk for developing CMV disease.
METHODS: A Markov model was developed to capture time spent by patients in various health states, which included: CMV, No-CMV, Acute Rejection, Graft Failure, Dialysis and Death. Results were reported as incremental cost per additional quality adjusted life-years (QALYs) gained, over a one-year period. Transition probabilities for the first year were derived from the IMPACT study. Data beyond the first year were derived from the published literature and baseline mortality rate was determined from the Canadian Organ Replacement Register. The base case analysis focused on direct medical costs only from the perspective of the Ministry of Health (MoH). A second analysis was conducted from the societal perspective. Cost data were obtained from a variety of sources and reported as 2010 Canadian Dollars. A 5% discount rate was applied to both costs and patient outcomes. Multiple sensitivity analyses were undertaken to test the robustness of the model. Costs were robust over a wide range of sensitivity analyses tested. CONCLUSIONS: Valganciclovir 200 days is a cost-effective prophylaxis strategy in kidney transplant patients at high-risk of developing CMV when compared to valganciclovir 100 days.

PUK16
COST-EFFECTIVENESS OF VALGANCICLOVIR 200 DAYS PROPHYLAXIS COMPARED TO 100 DAYS PROPHYLAXIS IN KIDNEY TRANSPLANT PATIENTS AT HIGH-RISK FOR DEVELOPING CYTOMEGALOVIRUS DISEASE

OBJECTIVES: The case for valganciclovir prophylaxis is strong; however, cost-effectiveness is highly variable and poorly understood. The aim of the study was to perform a cost-effectiveness analysis comparing valganciclovir 200 vs. 100 days prophylaxis in kidney transplant patients.

METHODS: A cost-effectiveness analysis was conducted from the perspective of the MoH. A strategy level Markov model was developed with health states corresponding to: no CMV disease, CMV disease, or death. Costs were calculated for the first year and discounted at 5% per year for subsequent years. The model was constructed using medical resource utilization data from a US trial. A Markov model was used to capture time spent by patients in various health states. Costs were rooted in a cost-utility analysis framework. Costs were discounted at 5% per year. A Markov model was used to capture time spent by patients in various health states. Costs were rooted in a cost-utility analysis framework. Costs were discounted at 5% per year.

RESULTS: The model was run for a time horizon of 10 years. The incremental cost-effectiveness ratio (ICER) per additional QALY gained was $4,050 for valganciclovir 200 vs. 100 days prophylaxis. This was a cost-saving strategy. The model was robust over a range of input parameters. Sensitivity analyses showed that the ICER was most sensitive to the cost of CMV disease and the efficacy of valganciclovir.

CONCLUSIONS: Valganciclovir 200 days is a cost-effective prophylaxis strategy in kidney transplant patients at high-risk for developing CMV disease.

PUK15
THE EFFECTIVENESS OF LANTHANUM CARBONATE IN THE TREATMENT OF HYPERPHOSPHATEMIA IN DIALYSIS PATIENTS: A CANADIAN DEVELOPMENTAL PERSPECTIVE

OBJECTIVES: The aim of our study was to construct the conceptual framework using an iterative process provides a basis to develop an ADPKD-specific HRQoL instrument.

METHODS: Focus group discussions (FGs) were conducted across 11 sites: three cities in North America (n=42), six cities in Europe (n=11), and two cities in Japan (n=42). FGs were moderated by ADPKD physicians/researchers from North America, Europe, and Japan. The aim of our study was to construct the conceptual framework using an iterative process provides a basis to develop an ADPKD-specific HRQoL instrument.

RESULTS: Twenty-eight concepts were identified and categorized into: Physical impact (impact on work/housework, limited functioning with mild/moderate exercise), self-care, diminished sex/intimacy, pain/discomfort in extremities/core, eating, physical impact on work/housework, pain occurring with activity, modifications in lifestyle..

CONCLUSIONS: Identified concepts were universally applicable and their strength is evident by the achievement of complete saturation after 25% of the FGs. Identifying concepts from the literature and ADPKD physicians/researchers discussions were endorsed by ADPKD patients. Agreement of concepts between genders across all countries was observed. Twenty-eight concepts were identified and categorized into: Physical impact, self-care, diminished sex/intimacy, pain/discomfort in extremities/core, eating, physical impact on work/housework, pain occurring with activity, modifications in lifestyle, emotional impact (fatigue, depression, anxiety, guilt of passing it to children, acceptance/self-education).

Urinary/Kidney Disorders – Health Care Use & Policy Studies

PUK18
THE IMPACT OF AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (ADPKD) ON PATIENTS’ HEALTH RELATED QUALITY OF LIFE (HRQoL): DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

OBJECTIVES: The aim of our study was to construct the conceptual framework using an iterative process provides a basis to develop an ADPKD-specific HRQoL instrument.

METHODS: Focus group discussions (FGs) were conducted across 11 sites: three cities in North America (n=42), six cities in Europe (n=11), and two cities in Japan (n=42). FGs were moderated by ADPKD physicians/researchers from North America, Europe, and Japan. The aim of our study was to construct the conceptual framework using an iterative process provides a basis to develop an ADPKD-specific HRQoL instrument.

RESULTS: Twenty-eight concepts were identified and categorized into: Physical impact, self-care, diminished sex/intimacy, pain/discomfort in extremities/core, eating, physical impact on work/housework, pain occurring with activity, modifications in lifestyle, emotional impact (fatigue, depression, anxiety, guilt of passing it to children, acceptance/self-education).

CONCLUSIONS: Identified concepts were universally applicable and their strength is evident by the achievement of complete saturation after 25% of the FGs. Identifying concepts from the literature and ADPKD physicians/researchers discussions were endorsed by ADPKD patients. Agreement of concepts between genders across all countries was observed. Twenty-eight concepts were identified and categorized into: Physical impact, self-care, diminished sex/intimacy, pain/discomfort in extremities/core, eating, physical impact on work/housework, pain occurring with activity, modifications in lifestyle, emotional impact (fatigue, depression, anxiety, guilt of passing it to children, acceptance/self-education), Urinary Concerns (urgency, frequency, nocturia).

Urinary/Kidney Disorders – Health Care Use & Policy Studies

PUK19
KITT7: PRELIMINARY REPORTS OF IMMUNOSUPPRESSANT THERAPY PATTERNS IN A COHORT OF POST KIDNEY TRANSPLANT PATIENTS IN BRAZIL

OBJECTIVES: The aim of the study was to characterize Brazilian-specific immunosuppressant (IS) treatment patterns among kidney transplant patients. METHODS: Non-interventional, multicenter, medical chart review of patients undergoing kidney transplantation in Brazil.

RESULTS: From the MoH perspective, valganciclovir 200 days prophylaxis is cost-effective when compared to 100 days with an incremental cost-effectiveness ratio (ICUR) of $43,818 per additional QALY gained. The cost-effectiveness is improved from the societal perspective, with an ICUR of $46,221 per QALY gained. Sensitivity analyses were performed to test the robustness of the model. Costs were robust over a wide range of sensitivity analyses tested. CONCLUSIONS: Valganciclovir 200 days is a cost-effective prophylaxis strategy in kidney transplant patients at high-risk of developing CMV when compared to valganciclovir 100 days.
decreasing trend in average CNI dose by year: at the end of the first year, the mean dose of TAC was 9.3 ± 5.4 mg/day and 282.1 ± 118.3 mg/day for CYC, decreasing to 5.2 ± 3.6 and 158.7 ± 57.8 mg/day in the third year, and 4.8 ± 7.3 and 144.2 ± 58.4 mg/day in the fifth year. At the end of the first year (n = 455) and second year (n = 408) post-transplant, the most common IS regimens were TAC/prednisone/mycophenolate mofetil (MMF) (19.1% in both years), TAC/prednisone/azathioprine (15.6% at first year and 14.7% at second year) and CYC/prednisone/azathioprine (13.2% at first year and 14.0% at second year). By the end of the fifth year (n = 141), however, the most common IS regimen was TAC/30.5 indicating a treatment population at high risk for developing CKD, and participants reported missing on average 10.5 hours/week due to their CKD; and baseline total health care expenditures were $19,776 per member per year indicating a high cost population as well.

CONCLUSIONS: CKD is a high-cost disease for GPC. Resources invested in creating novel CKD management programs to identify, raise awareness, and manage CKD are a worthwhile investment for employers.

PUK21

PATIENT CHARACTERISTICS ASSOCIATED WITH INITIATION OF OVERACTIVE BLADDER (OAB) DISCUSSION WITH A PHYSICIAN

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OBJECTIVES: Many patients with OAB attempt self-management and are reluctant to initiate OAB discussion with a physician. We sought to identify patient characteristics associated with patient initiation of an OAB discussion with a physician.

METHODS: Of 24,866 respondents of the 2009 National Health & Wellness Survey, an internet-based questionnaire on healthcare attitudes, behaviors, and outcomes, 27,250 patients qualified and completed a 16-minute mark scale. 2,589 employees were screened, 638 (25%) met program criteria for participation in the CKD management program with their PCPs and nephrologists depending upon their risk and CKD stage. Health outcomes including, clinical, resource utilization, and self-reported health status and productivity are compared pre- and post- program implementation.

RESULTS: Individuals are offered voluntary participation in the CKD management program with their PCPs and nephrologists depending upon their risk and CKD stage. Health outcomes including, clinical, resource utilization, and self-reported health status and productivity are compared pre- and post- program implementation. Preliminary results at 6-month mark shows that 34.7% of 2,589 employees were screened, 638 (25%) met program criteria for participation and 110 (7.2%) agreed to participate in the study; b) among the current enrollees, 17% have diabetes and 51% have hypertension; c) mean eGFR rates are 61.27, and 2,589 employees were screened, 638 (25%) met program criteria for participation.

CONCLUSIONS: Tacrolimus was the CNI of choice for the majority of de novo kidney transplant patients in 2004. The most IS regimen was TAC/30.5 indicating a treatment population at high risk for developing CKD, and participants reported missing on average 10.5 hours/week due to their CKD; and baseline total health care expenditures were $19,776 per member per year indicating a high cost population as well.

CONCLUSIONS: Selection of an appropriate modeling structure is a key consideration in economic evaluations. Factors that influence the choice of modeling structure include data availability and consensus within the clinical community regarding clinically meaningful definitions of treatment response and defined and measurable outcomes. In the absence of shared agreed consensus, selecting a modeling approach is challenging. We explored two model structures to assess the cost-effectiveness of onabotulinumtoxinA for the treatment of urinary incontinence (UI) due to neurogenic detrusor overactivity (NDO).

METHODS: The merits and limitations of a model based on treatment response versus an absolute model structure were considered. In the response model, health states were defined by precise trial outcomes (percent reduction in UI episodes from baseline). In the absolute model, health states were defined by categories of UI episodes/week. In the absence of clinically meaningful cutoffs, we plotted health-related quality of life (HRQoL) scores versus UI episodes to derive meaningful cutoffs for health states based on HRQoL. Results: In the response model, response was defined as a >50% reduction in UI episodes. The primary limitation with this approach is the heterogeneity within a responder patient cohort. For example, patients with either a 0% or a 40% reduction in UI episodes to derive meaningful cutoffs for health states based on HRQoL. Results: In the response model, response was defined as a >50% reduction in UI episodes. The primary limitation with this approach is the heterogeneity within a responder patient cohort. For example, patients with either a 0% or a 40% reduction in UI episodes were grouped as non-responders.

CONCLUSIONS: In the absence of clinical consensus, model structure selection should be a key consideration to capture the true economic value of a therapy.

PUK24

USE OF BIOMARKERS IN PROPENSITY SCORE MATCHING TO MITIGATE CHANNELING BIAS IN A RETROSPECTIVE COHORT OF ESRD PATIENTS

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OBJECTIVES: Propensity score matching (PSM) is a concept that is often used to reduce bias in observational studies. The PSM technique involves matching subjects on baseline characteristics that are potential confounders of the outcome of interest. The PSM technique is widely used in epidemiologic studies to investigate the association between exposures and outcomes, and to estimate causal effects. However, when there are confounders that are not measured, unmatched observation bias may result. In this study, we used a retrospective cohort of ESRD patients to evaluate the impact of channeling bias on the results of propensity score matching.

RESULTS: The prevalence of channeling bias was significantly different between groups on any baseline measures. GMM analysis showed a significant