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THE COST-EFFECTIVENESS OF EARLY SURGERY, ADDING BIOPY, AND WATCHFUL WAITING IN THE MANAGEMENT OF SMALL SOLID RENAL MASSES: EVIDENCE FROM A MARKOV MODEL

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POK13

Six pharmacological agents are FDA-approved to treat urinary incontinence, a condition that has economic costs of $19 billion USD per year. This study compared the recently FDA-approved fesoterodine to generic oxybutynin extended-release (ER) to identify which agent is more cost-effective in the treatment of urinary incontinence for three months in women over age 60 from the third party payer perspective. METHODS: A search was conducted using the MEDLINE Database from 1980–2009 for the terms “oxybutynin,” “fesoterodine,” “randomized controlled trial,” and “urinary incontinence.” Five articles evaluating clinical improvement and QALY gained (QALY) and incremental cost-effectiveness (ICER) for each strategy from a societal perspective, based on literature-derived estimates for the probabilities and costs of different outcomes. Multiple one-way and probabilistic sensitivity analysis were conducted to examine the robustness of the results. RESULTS: In the base-case analysis, before surgery, the oxybutynin treatment reflected an incremental cost-effectiveness ratio (ICER) of $25,087/QALY, while the oxybutynin treatment was more costly and less effective than dutasteride, and the ICERs for combination therapy compared to dutasteride were higher than the cost-effectiveness threshold. Therefore, combination therapy was not cost-effective relative to dutasteride for moderate-to-severe BPH patients.

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