states were determined on the basis of published literature. For next generation AVDs with a lower median adherence in clinical trials, various possible effect and pricing scenarios have been simulated. RESULTS: Applying the base case settings resulted in incremental costs of 107,925, in 2,03 incremental quality-adjusted life years (QALYs) and in a cost-effectiveness ratio of 53,165 per QALY gained. Probabilistic sensitivity analysis of AVDs was done to estimate the effect size and the AVD costs were performed in order to investigate the robustness of results. In these analyses a strong variation of the cost-effectiveness results was obtained ranging from €23,512 (best case) to €176,798 (worst case) per QALY gained. CONCLUSIONS: The innovative nature, the high unmet medical need and the expected unprecedented efficacy of next generation AVDs will highly likely lead to the case that even relatively high incremental cost effectiveness ratios, that have been obtained when simulating various effect and pricing scenarios, will be regarded as acceptable from a German health care payer perspective.

PSS36 IMPLICATIONS FOR TIME-SAVINGS USING NEW INTRAOPERATIVE MEASURING TECHNOLOGIES
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OBJECTIVES: Intraoperative threshold measurement is a part of the cochlear implantation procedure and in the current setting conducted by the clinicians with a standard set-up. The newly released CR220 Intraoperative Remote Assistant is a handheld device and can also be used by someone already in the operating theatre. The aim of the study was to compare the time consumption to perform the new CR220 and standard set-up and to investigate from the clinician’s perspective any time-savings created as a result of time-savings with the new device.

METHODS: Stages of the measurement process are identified and the time measured for each stage during 113 patients’ implantation procedure. A literature review was conducted to identify the reimbursement level of this process in order to translate any time-savings to cost savings.

Conclusions: In the current setting conducted by the clinicians with a standard set-up, the time was 512 minutes, while with the new device, the new CR220, the measurement time is reduced by 4.1% (CR220 472 minutes vs 494 minutes for standard set-up). The clinician had to travel to OT, the mean time spent per procedure with CR220 is 8.4% less than the computer set-up (163.7 minutes vs 149.9 minutes). If the measurement is performed by someone already in the OR, the measurement time is reduced by 9.5% (CR220 146.2 minutes vs 159.9 minutes for standard set-up). If the measurement is performed by someone already in the OR, the measurement time is reduced by 9.5% (CR220 146.2 minutes vs 159.9 minutes for standard set-up).

PSS37 DRUG SURVIVAL RATES AND COST OF BIOLOGICAL AGENTS FOR THE TREATMENT OF MODERATE TO SEVERE PSDROISINIA IN THE BALEARIC ISLANDS (SPAIN)
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OBJECTIVES: There are few studies combining dose regimen in routine clinical practice, drug survival rates and costs of biological agents for the treatment of naive patients with moderate-to-severe psoriasis in the clinical practice. To assess the dose regimen in routine clinical practice, drug survival rate (persistance rate) and efficiency (cost per persistente) for etanercept (ETN), adalimumab (ADA) and ustekinumab (UST) in a real practice clinical setting.

METHODS: A retrospective study on psoriasis patients aged >18 years, naive to a biological agent and a minimum of 6 months of treatment was performed in 5 public health system hospitals in the Balearic Islands (Spain) for the period from January 1st 2010 to December 31st 2013. The recorded variables were: sex, weight, age, indication (psoriasis or psoriatic arthritis), discontinuation reason and pharmacy dispensation records. Costs were based on the average wholesale price, estimating annual cost according to the first year’s cost. RESULTS: A total of 1,065 patients were enrolled in the study. Of the total, 34% showed to be non-adherent to their glaucoma therapy and 7.5% had the experience of medication discontinuation. All patients were categorized into 3 groups according to disease duration: A: 1 ≤ year (n=249), B: 1 ≤ year and 5 ≤ years (n=415,935,95), and C: 2 > years (n=35,3.3). The patients of group A with the disease duration ≤ 1 year were likely to be non-adherent to glaucoma therapy compared to those with longer disease duration. (A: 84.9% vs. B: 86% vs. C: 100%, P<0.05). The number of drop out was found in group B with the disease duration between 1 and 2 years. (A: 6.7% vs. B: 8.9% vs. C: 5.7%, P<0.380)

Conclusions: The study results highlight more attention should be paid to the patients who newly started glaucoma therapy because in the patients with less than 2 years of disease duration the adherence was low and the discontinuation rate was high.

PSS38 HEALTH STATE UTILITIES FOR PRESSURE ULCERS – A COMPARISON OF CONDITION-SPECIFIC AND GENERIC MEASURES AND TIME-TRADE-OFF (TTO)
OBJECTIVES: To compare a newly developed condition-specific utility index (CSUI), the Pressure Ucler Quality of Life Utility Index (PQU-UI) with generic and directly elicited TTO values. METHODS: A cross-sectional study. The new CR220 gives clinics the opportunity to allocate their limited resources efficiently.

Conclusions: The innovative nature, the high unmet medical need and the expected unprecedented efficacy of next generation AVDs will likely lead to the case that even relatively high incremental cost effectiveness ratios, that have been obtained when simulating various effect and pricing scenarios, will be regarded as acceptable from a German health care payer perspective.

SENSORY SYSTEMS DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PSS39 ESTIMATING UTILITY DATA FOR PATIENT SYMPTOM SEVERITY IN CHRONIC SPONTANEOUS URTICARIA
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OBJECTIVES: To obtain utility estimates suitable for use in economic models for chronic spontaneous (idiopathic) urticaria (CSU). METHODS: Patient-level data from three randomized clinical trials: ASTERIA I, ASTERIA II, and GLACIAL were analysed. Quality of life was elicited from Urticaria Activity Score (UAS7), a patient-completed diary of signs and symptoms which calculates an average daily score over 7 days. Higher score means more severe symptoms. UAS7 scores for the health states were: urticaria-free; 0; Well-controlled urticaria; 1-6; Mild urticaria; 7-15; Moderate urticaria; 16-27; Severe urticaria. 28-60. Mean EQ-SD utilities were calculated for each health state. Individual trial analyses showed inconsistent utilities across the UAS7 health states due to small sample size. A mixed model was used to predict EQ-SD according to UAS7 health states in a pooled dataset containing all treatment arms and time-points from the three trials. The predictor variable was UAS7 health state and the dependent variable was EQ-SD utility. Fixed/random effects for trial and patient were included in the multi-level model as random intercepts and a time trend to account for the pooled data. Results were validated against the EQ-SD data for the PUG-UI, TTO, EQ-SD, and EQ-SD.

Conclusions: Regression analyses indicated both EQ-SD and PUG-UI values were explained by perceived severity and general health ratings but not demographics or PUG grade. Duration and body part affected were additional significant explanatory factors of the EQ-SD while wheelchair use approached significance. Values were much lower for the EQ-SD than the other assessments which may be partly explained by the range in EQ-SD and partly due to background mobility issues being captured. This good discriminative power is recommended for use in trials of PU interventions. The utilities presented here will be useful for decision-analytic models that incorporate PU impact. Probabilistic sensitivity analysis including the PUG-UI will likely generate lower levels of uncertainty than the EQ-SD due to the smaller SDs for health states.
OBJECTIVES: Actinic keratosis (AK) is a common skin condition associated with cumulative sun exposure that may progress to non-melanoma skin cancer. The disease can potentially influence Health Related Quality of Life (HRQoL), but studies of HRQoL in patients with AK are limited. The objective was to analyze HRQoL in patients with AK using generic and disease-specific HRQoL instruments and to analyze the relationship between instruments.

METHODS: AK patients who visited dermatological clinics in Denmark were included in an observational, cross-sectional, study in a multi-center setting. Dermatologists assessed AK severity and patients completed AK-QoL (Actinic Keratosis Quality of Life Questionnaire). Dermatology Life Quality Index (DLQI), EQ-5D (5L), and EuroQoL Visual Analog Scale (EQ-VAS).

RESULTS: A total of 312 patients from 10 clinics were included in the analyses. In general, patients with AK reported impaired HRQoL. The mean DLQI score was 4.9 (SD 5.8), and the EQ-VAS score was 72.6 (SD 22.2). Patients with AK had better HRQoL compared with healthy controls (DLQI: 3.9 vs. 6.15, EQ-5D: 0.82 vs. 0.75, p < 0.001 for all comparisons).

CONCLUSIONS: All patients with AK had impaired HRQoL. Patients with severe AK disease were especially impaired. Careful correlation between AK severity and HRQoL is required to address the needs of AK patients. HRQoL assessment can be used to guide treatment and to measure the effects of interventions.