of quality of life with VCF patients after balloon kyphoplasty (BKP) was confirmed on-going treatments and employment status was collected. In addition, two validated regression models were run to explain respectively the probability of having positive outcomes that improve adherence to therapy have the potential to be an attractive use of resources.

RESULTS: The treatment with rituximab dominates adalimumab and etanercept after the failure of FATT as it is more effective and less costly. A QALY gained with rituximab or infliximab costs €38,490 compared to BSC, respectively. 3Wyeth Pharmaceuticals France, Paris La Défense Cedex, France, 4Dauphine University, Paris, France

CONCLUSIONS: Because little is known about the cost effectiveness of exercise therapy, general practitioners lack the knowledge to apply the most cost effective treatment to patients with the patellofemoral pain syndrome (PPPs). Therefore, we aimed to determine the cost effectiveness of exercise therapy (intervention group) compared to ‘usual care’ (control group) in adolescents and young adults dealing with PPPs in primary care. METHODS: This multicenter prospective cost-utility analysis was conducted at 38 general practices and 3 sport medical advice centers in The Netherlands for 2007. A total of 151 patients between 16 and 30 years of age were assigned with 70% of the total costs in the intervention group and 56% in the control group. Patients in the intervention group experienced a slightly, but not significantly, higher quality of life (0.8722 versus 0.8617). CONCLUSIONS: When only direct medical costs were included, average costs per quality adjusted life year (QALY) were €12,354. However, with a societal average cost effectiveness ratio of €14,738 per QALY, exercise therapy appears to be cost effective as compared to ‘usual care’. The intervention was dominant in 52% of the cases (positive health effects and cost savings) and inferior in 14%.

CONCLUSIONS: The annual direct medical costs per patient were significantly higher for the intervention group (BKP) compared to the control group (CMM) for VCF in patients with osteoporosis in Japan. Payer's perspective was employed and only medical costs were estimated. BKP material price was set at JPY500,000 (€3630, €1 = JPY137). Utilities were obtained from the FREE trial. Costs and quality-adjusted life years (QALYs) occurring beyond 1 year were discounted at 3% per year. Cost-effectiveness was evaluated by ICER (Incremental Cost Effectiveness Ratio). RESULTS: BKP was associated with increased QALYs (0.308 QALYs) compared to CMM. The incremental costs for BKP compared to CMM was JPY1,399,947 (€10,219) per QALY gained. Probabilistic sensitivity analysis indicated a 76% likelihood that BKP would be considered cost-effective in Japan with a willingness to pay of up to JPY 6 million (€43,796) per QALY gained. CONCLUSIONS: Compared to CMM, BKP for Japanese VCF patients was projected to improve QALYs and regarded as cost-effective.

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