Anemia is highly prevalent in Indian women. Nearly equal prevalence was reported from both rural and urban women. The overall prevalence estimates was 53.2% (95% CI, 51.1-55.3). Among all the anemic patients cases, mild anemia contributes 31.6% (95% CI, 30.2-33.0) and severe anemia 2.2% (95% CI, 1.8-2.7). Conclusions: Anemia is highly prevalent in Indian women. Nearly equal prevalence was reported from both rural and urban women population. Mild form of anemia was found to be more prevalent.

PSY20
ASSOCIATION OF IRON DEFICIENCY AND ANEMIA IN PREGNANT WOMEN IN FRANCE: AN OBSERVATIONAL STUDY
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OBJECTIVES: Anemia and iron deficiency are common during pregnancy and expose mothers to several risks such as lower resistance to infections or reduced tolerance to significant blood loss and to surgical interventions during labor. Regarding the foetus, presumed risks include unfavorable obstetric outcomes, notably, premature birth, low birth weight and fetal death. The present study aims at exploring the prevalence of iron deficiency and anemia among pregnant women in France and at evaluating the management of these conditions. METHODS: A prospective observational study was conducted between June 2014 and June 2016. Randomly selected investigators (gynecologists, obstetricians, midwives registered in the CEGERM® database) were asked to include consecutive pregnant women presenting for a consultation. At study inclusion, a two-section questionnaire was completed by both the patient (self-assessment) and the investigator. Data collected consisted in age, gestation week, laboratory values (e.g. Hb, ferritin), and the prescription of iron supplementation. RESULTS: Return of completed questionnaires was 86.7% (10,598/12,333). The proportion of pregnant women presenting with iron deficiency was 77.4% (8,674/11,234) and anemia prevalence was 15.8% (1,848/11,912). CONCLUSIONS: The prevalence of iron deficiency and anemia among pregnant women in France in 2014/2016 was high. It underlines the need for a better knowledge of the best management and treatment of these two conditions.

PSY21
PREDOMINANCE OF TRANSFHYRETIN FAMILIAL AMYLOID POLYNEUROPATHY IN PORTUGAL
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OBJECTIVES: Transferrin familial amyloid polyneuropathy (TTR-FAP) is a rare, progressive, and life-threatening neurodegenerative disease that affects the peripheral as well as the autonomic nervous system. The TTR-FAP is a rare disease in Portugal. The purpose of this study was to estimate the prevalence of TTR-FAP in Portugal using a systematic approach. METHODS: Data from national registries and healthcare services were used. TTR-FAP is a rare disease, and data are scarce. The prevalence estimates were calculated using the population at risk and the estimated number of prevalent cases. RESULTS: The prevalence of TTR-FAP in Portugal was estimated to be 0.0009% (95% CI: 0.0006-0.0012). CONCLUSIONS: The prevalence of TTR-FAP in Portugal is lower than in other countries with reported cases of TTR-FAP. This is most likely due to the low number of patients being registered in the national registry. Further research is needed to improve data collection and ensure accurate prevalence estimates.

PSY24
A SYSTEMATIC LITERATURE REVIEW OF RISK PREDICTION MODELS FOR COMPLICATIONS AND DIABETES OUTCOMES AFTER BARIATRIC SURGERY
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OBJECTIVES: The objective of the study was to provide a comprehensive overview of existing risk prediction models of mortality, complications, and remission of diabetes after bariatric surgery. METHODS: A systematic literature review was performed in Medline, Medline-In-Process, EMBASE, and the Cochrane Central Register of Controlled Trials (CENTRAL) databases in April 2015. All English language full-text published derivation and validation studies for risk prediction models focusing on safety and diabetes outcomes of bariatric surgery were included. Two reviewers independently performed screening of the studies. Data extraction included population, outcomes, variables, intervention, model discrimination, and calibration. RESULTS: Of the 2331 studies retrieved from the search, only 25 studies met the inclusion criteria. Of these, 20 presented development of risk prediction models/scores, and five reported validation of existing models. Six models were each developed to predict mortality (in-hospital, at 30 days, 90 days, and one year), serious postoperative complications (90 days), and remission of type 2 diabetes (post-operative, and at one year); and two models developed to predict both mortality and complications (at 30 days). Internal validation of the models was performed using cross-validation or tenfold validation was reported for six models, while five models had external validation using independent patient cohorts: ABCD score (remission of type 2 diabetes at one year), DiaRem Score (remission of type 2 diabetes at one year), Gupta’s model (remission of type 2 diabetes at one year), OS-MRS model (complication at 90 days), and Maciejewski’s model (complication at 90 days). Models included on average 6.9±3.5 variables (range 2-13). Calibration and discrimination statistics were not reported for all models. CONCLUSIONS: There are a variety of risk prediction models for safety and diabetes outcomes of bariatric surgery available. However, only a few models have undergone external validation.
in treatment and prophylaxis of patients with von Willebrand disease is approved from a pharmacoeconomic point of view.

PSY28
BUDGET IMPACT ANALYSIS OF DASATYBIN IN TREATMENT OF ADULT PATIENTS WITH PHILADELPHIA CHROMOSOME POSITIVE (PH+) ACUTE LYMPHOMA/LEUKEMIA (ALL) WITH RESISTANCE OR INTOLERANCE TO PRIOR THERAPY IN POLAND

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OBJECTIVES: The purpose was to estimate the financial consequences of reimbursement of dasatinib in adult population with Ph+ ALL with resistance or intolerance to prior therapy in Poland. METHODS: The budget impact model was developed to evaluate the consequence for National Health Fund budget in Poland in case of reimbursement of dasatinib. Two scenarios were considered: with and without dasatinib reimbursement in two-years’ time horizon (2015-2016). In scenario with reimbursement, dasatinib would be used instead the FLAM chemotherapy (fludarabine, cytarabine, mitoxantrone). Based on the Polish epidemiological data the target population – adult patients Ph+ ALL with resistance or intolerance to prior therapy in Poland was estimated at 12,225 one year (with range from 5 to 24). Direct medical costs: substances and their administration (assessed chemotherapy), monitoring, allogeq hematopoietic stem cell transplantation (allo-HSCT), monitoring after allo-HSCT and palliative care were considered. All calculations were performed with the Excel model constructed for economic evaluation and budget impact assessment. RESULTS: If the reimbursement of dasatinib is introduced, the annual expenses from the budget of National Health Fund in Poland would be increased by 127,279,000 Euro and 189,244 Euro in the second year of reimbursement. However, change from FLAM to dasatinib will decrease the necessity and length of hospitalization due to the different administration route. CONCLUSIONS: Reimbursement of dasatinib in Poland will bring additional costs incurred by public health, however, it will also increase the survival of patients with ultra-rare disease which is ALL and consequently improve their quality of life.

PSY29
BUDGET IMPACT ANALYSIS OF CANACINUMAB IN THE TREATMENT OF PATIENTS WITH MUCKLE–WELLS SYNDROME IN THE RUSSIAN FEDERATION

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OBJECTIVES: To conduct budget impact analysis (BIA) of canakinumab treatment group comparing to symptomatic treatment in retrospective group of patients suffering from Muckle–Wells Syndrome (MWS). METHODS: BIA was conducted of the canakinumab treatment group versus retrospective group with only symptomatic treatment. According to the expert opinion canakinumab treatment accompanied by vial administration may be considered as standard therapy. Following direct medical costs were also included into analysis and based on expert opinion: administration costs, costs of diagnostic laboratory and instrumental procedure, costs of inpatient and outpatient visits, costs of treating MWS complications and costs for correction adverse events. One-year time horizon was used. RESULTS: Cost of canakinumab therapy course was 40,830,937 RUB/668,220 EUR for 20 MWS patients within 1 year. The difference in the required budget funds between canakinumab treatment group and symptomatic treatment group was 634,771 EUR for 20 patients within 1 year. Decrease of direct medical costs (excluding costs for drug therapy) was obtained in canakinumab treatment group and amounted 763,705 RUB/12,498 EUR for 20 patients within 1 year due to a lower frequency of inpatient and outpatient visits, complications of MWS and lower administration costs in group treated with canakinumab. CONCLUSIONS: Usage of canakinumab in the treatment of patients with MWS may be justified from a budget standpoint. However, good efficacy of canakinumab helped to reduce direct medical costs for 763,705 RUB/12,498 EUR for 20 patients within 1 year in canakinumab treatment group.

PSY30
BIOLOGIC TREATMENTS FOR MODERATE TO SEVERE NAIVE PSORIATIC PATIENTS: A BUDGET IMPACT ANALYSIS IN ITALY

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OBJECTIVES: Evaluate the current prescription trend in Italy and estimate the impact of alternative market hypothesis including the introduction of infliximab biosimilars. METHODS: Biologics currently indicated for psoriasis include tumor necrosis factor (TNF)-α inhibitors adalimumab, etanercept, and infliximab, as well as the interleukin-12/23 inhibitor ustekinumab. A deterministic Markov model was developed to simulate the evolution of bio-naïve psoriatic patients in Italy for 3 years. Event rates (mortality, malignancies, infections and MACEs) and persistence were, modeled for each biologic drug used in first, second and third line, based on published data. Hospitalization costs were calculated as average of Italian DRGs weighted for event-related frequency. The cost of a biologic drug administered in hospital and in primary care was varied. The incremental cost-effectiveness ratio (ICER) for each treatment group was calculated for different market hypothesis (current market share to 40% at the expenses of the remaining biologics, proportionally to switch. All costs were calculated from the perspective of NHS. The current Italian budget impact model was used to evaluate the introduction of canakinumab due to the new MWS treatment as a potential new application. The cost of canakinumab was estimated at 1,589,000 Euros per patient yearly. Increasing in ustekinumab market shares and the introduction of canakinumab, as well as the introduction of canakinumab in the treatment of patients suffering from Muckle–Wells Syndrome (MWS).