OBJECTIVES: Pressure ulcers (PU) are distressing events, caused when skin and the tissues underneath it are under pressure sufficient to impair blood supply. They can have a substantial impact on quality of life, and have significant resource implications, with extended hospital stays and significant staff time devoted to treating the more severe cases. Repositioning is a key prevention strategy, but can be challenging, leading to variations in practice. This economic analysis formed part of the National Institute for Health and Care Excellence (NICE) clinical guideline on PU prevention and management, and was conducted to identify the most cost-effective positioning strategy for the prevention of PU. METHODS: The clinical inputs to the model were taken from the systematic review of clinical data conducted for the guideline. The model population was elderly people in a nursing home, this represents a group at high risk of developing a PU. The economic model was developed in consultation with members of its group (GDG), and took the perspective of the UK National Health Service. Outcomes were expressed as costs and quality-adjusted life years (QALYs). RESULTS: Despite being an challenging, manually effective, correct positioning is associated with a cost-effective (compared to 4 hour rep) for this high risk group of patients at a cost-effectiveness threshold of £20,000 per QALY. The ICER was £1,854,070 per QALY.

CONCLUSIONS: 2 and 4 hours rep is not cost-effective (compared to 6 and 8 hours) for the group of patients analyzed here. These results were used to inform the guideline recommendations. FUNDING: This work was undertaken by the National Clinical Guideline Centre, which received funding from NICE. The views expressed in this publication are those of the authors and not necessarily of the institute.

PSS25
AN ECONOMIC EVALUATION OF RANIBIZUMAB VERSUS AFlIBERCEPT FOR THE TREATMENT OF NEOVASCULAR (wET) AMD IN THE UNITED KINGDOM
Malcolm WA1, Claxton L2, Hodgson R2, Taylor M3, Hodgson R2

OBJECTIVES: To evaluate the cost-effectiveness of ranibizumab compared with aflibercept in the treatment of neovascular (wet-related) age-related macular degeneration (AMD) from the UK healthcare provider perspective. METHODS: A patient-simulation model was developed with best corrected visual acuity (BCVA) used as a marker of disease progression. Baseline patient characteristics were based on the PCOPE phase III study. Change in BCVA at Year 1 and Year 2 was estimated on a network meta-analysis. Beyond Year 2 or after treatment discontinuation, BCVA in the treated eye was modelled using natural history data for wet AMD patients. Natural history data for the general population was used to model the untreated eye. BCVA change in each eye was modelled independently. A probability of developing bilateral disease was applied throughout the model. Utility values were estimated by a regression analysis of BCVA in the better-seeing eye (BSE) and in the worse-seeing eye (WSE). Three scenarios based on different treatment and monitoring schedules were analyzed: pro-re-nata (PRN), treat and extend (T&E), and observe and extend (O&E). The model assumed that 50% of patients were treated via one-stop monitoring, and 50% with two-stop monitoring.

RESULTS: The difference in lifetime costs associated with ranibizumab (0.5mg) ranges from a saving of £22 with T&E regimen, to a reduction of £7416 with PRN regimen. In addition, ranibizumab was associated with lifetime quality-adjusted life years (QALYs) of 0.30 compared with 0.29 for aflibercept. A higher proportion of patients discovered the abnormality compared with device use (65.2% versus 38.4%; p<0.001). The latter subjects were inferred by their relatives to examine themselves. The most common site of prevalence was the lower limb in females (78.5% of cases), the trunk in males (61.3% of cases) (p<0.001). The most common symptom observed by patients was the increase in lesion size (50.3%). Its prevalence on the lower limb (p<0.01) and the increase in lesion size (p<0.001) was associated with significantly longer delay.

CONCLUSIONS: The study provides essential information for developing education campaigns in the future involving awareness promotion related to lesions perceived as minor. The present study emphasizes the importance of mindfulness and proactivity in the early detection of tumors. Prevention should be a decisive factor in primary care.

PSS32
MEASUREMENT PROPERTIES OF THE PATIENT-REPORTED PSORIASIS SYMPTOM INVENTORY DAILY DIARY IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS
Vyaswanath HV1, Aubahi A2, Milomol CE3, Gordon R4, Wilson H5, Zhang H2, Kiekelto P1, Revisck DA6, Augustin M7, Kisciorian G1, Nirlau A8, Strober B9
1Amgen, Thousand Oaks, CA, CA, USA, 2Northwestern University, Chicago, IL, USA, 3Eividera, Seattle, WA, USA, 4Eividera, Bethesda, MD, USA, 5University Medical Center Hamburg-Eppendorf, Hamburg, Germany, 6Evidera, University of Miami, Miami, FL, USA, 7Columbia University, New York, NY, USA, 8Asthana Foundation, Mumbai, India, 9Astellas

OBJECTIVES: To evaluate measurement properties of the Psoriasis Symptom Inventory (PSI) in moderate/severe plaque psoriasis (PsO). METHODS: A secondary analysis of pooled data from a Phase II study (N=125) in PsO. The population included 31 severe PsO patients (n=661) was conducted. Outcome measures included: PSI, as a daily electronic diary, Psoriasis Area and Severity Index (PASI), static Physician’s Global Assessment of Psoriasis (sPGA), Quality of Life Questionnaire (QoL), Dermatology Life Quality Index (DLQI) and the EuroQoL-5D (EQ-5D) for use in healthcare providers. Analyses included: confirmatory factor analysis (CFA) and Rasch analysis (dimensionality and item performance); Cronbach’s a (internal consistency), intra-class correlation coefficient (ICC) among patients with stable disease (test-retest reliability); Spearman correlations (convergent validity), analysis of variance (known groups validity and ability to detect change); and agreement (Kappa, k) between raters. RESULTS: PSI total score and domain item performance (PSI response and PASI, sPGA, and DLQI responses). PSI showed good agreement (k = 0.66) between PSI response and PSI, sPGA, and DLQI responses. CONCLUSIONS: The PSI demonstrated excellent reliability, validity and the ability to detect change in severity of psoriasis signs and symptoms. Sensory systems disorders – Patient-Reported Outcomes & Patient Preference Studies

PSS27
DIAGNOSTIC DELAY IN PATIENTS DIAGNOSED WITH CUTANEOUS MALIGNANT MELANOMA
Hordvikhe Křížová Z1, Bence P2, Gyurád M3, Vajda R4, Sándor J5
1University of Pécs, Nécse, Hungary, 2University of Debrecen, Debrecen, Hungary

OBJECTIVES: The aim of the present study was to assess the diagnostic delay and the associated factors in patients with cutaneous malignant melanoma. METHODS: We carried out a survey including medical record analysis in patients diagnosed within five years with cutaneous malignant melanoma at the Pécs Dermatological Clinic (n=362). The study investigated the diagnostic delay, the risk factors as clinical and histological characteristics of the tumor, and patients’ sociodemographic factors. Chi-square test, Mann-Whitney U test, and Kruskall-Wallis test were used to compare groups with statistically significant level (p<0.05). RESULTS: 195 females and 167 males participated in the investigation. The mean age was 54.5±14.8. Breslow tumor thickness was below 1 mm in 48.1% of patients and above 4 mm in 12.2% of patients. 31.5% of patients consulted a doctors six or more months later than the diagnosis. CONCLUSIONS: The diagnostic delay resulted in more expressed tumor thickness (p<0.027). Tumor thickness and delay showed no significant difference in the case of the tumor type and ulceration (p>0.05). A higher proportion of women discovered the abnormality compared with men (65.2% versus 38.4%; p<0.001). The latter subjects were inferred by their relatives to examine themselves. The most common site of prevalence was the lower limb in females (78.5% of cases), the trunk in males (61.3% of cases) (p<0.001). The most common symptom observed by patients was the increase in lesion size (50.3%). Its prevalence on the lower limb (p<0.01) and the increase in lesion size (p<0.001) was associated with significantly longer delay.

CONCLUSIONS: The study provides essential information for developing education campaigns in the future involving awareness promotion related to lesions perceived as minor. The present study emphasizes the importance of mindfulness and proactivity in the early detection of tumors. Prevention should be a decisive factor in primary care.

PSS26
ESTIMATING COST-EFFECTIVE DEVICE PRICES FOR PEDIATRIC COCHLEAR IMPLANTATION IN INDIA
Drennan VN, Banerjee S, Garrison L

University of Washington, Seattle, WA, USA

OBJECTIVES: The World Health Organization reports that India’s rates of debilitating hearing loss are more than double rates in Europe and North America. With a population over 1.25 billion, India’s burden of hearing loss is extremely high. The cochlear implant (CI) is a highly effective treatment, providing some hearing to the deaf; however, CI use is extremely limited in India due to device cost, low incomes, limited medical and audiology expertise, and lack of awareness. The objective of this study is to estimate the cost of a CI device whose use would be considered cost-effective in India for 1-year-old children—the subgroup with the greatest utility gain. METHODS: The lifetime QALYs gained and payer costs are estimated based on a literature review and Indian life tables, and are discounted at 3% annually. The threshold incremental cost-utility ratio (ICUR) is considered at 3x, 2x, and 1x per capita gross domestic product (PCGDP). Given cost estimates of pre-implant evaluations, surgery costs, post-implant audiology costs, and the medical and surgical complications of surgery, the ICUR equation is solved to determine the maximum cost-effective device cost.

RESULTS: The health utility gain for a CI device implanted in a 1-year-old child was estimated at 0.36 with confidence interval (0.29-0.43). Lifetime QALY gain was 9.28 (7.47, 11.03). Lifetime costs excluding the device cost were £14,895 (10,639-20,853). Given a PCGDP of £1,666, the cost-effectiveness willingness-to-pay thresholds for maximum device cost for 3x, 2x and 1x PCGDP were £24,664, £36,664, £41,477 (36,20,860) and £71,709 (£10,242, £5,129), respectively. The current minimum price of the device is—£12,000. CONCLUSIONS: CIs in 1-year old would be cost-effective in India based on a threshold of 3x or 2x PCGDP; but medical and device costs would have to be reduced to meet a 1x PCGDP threshold.