Clinical efficacy and adverse event costs were not taken into consideration. The model also assumed reimbursement of infliximab-biosimilars in 2015 with low market-penetration and conventional treatment almost steady throughout the three-year time horizon. Input data for estimated volumes were validated separately by two opinion leaders in gastroenterology from a tertiary public and a private hospital, with vedolizumab experience through early-access programs. Any assumptions that showed discrepancies to expert opinion were converted to the average value of the two inputs. Values are in €2015. **RESULTS:** The increase in total costs from the introduction of vedolizumab and biosimilars to the Greek healthcare system, would be €255,926, €787,491 and €1,048,924 for the three respective years post-entry (cumulative €1,144,341). Average incremental per patient cost for the first year was found to be €249 when vedolizumab and biosimilars received 21% and 11% of total UC biologic volumes respectively. Yearly total pharmaceutical UC expenditure ranged from €2,735,702 to €3,016,905 in the absence of vedolizumab and €2,991,628 to €3,831,829 when vedolizumab was available with estimated expenditure on biosimilars not exceeding the average value of the two inputs. Values are in €2015. **CONCLUSIONS:** The introduction of vedolizumab and biosimilars to the Greek healthcare system is expected to be highly tolerable, all-oral, interferon-free regimen being referred to secondary care for investigation. This suggests that the cost saving of virtual patients generated by the model simulation were below the willingness of pay of 3 GDP per capita per QALY gained. Price of infliximab was the most influential variable on Neto monetary benefit in the sensitivity analysis. If infliximab and adalimumab are 100% reimbursed by the Croatian health insurance fund for 3,197 patients with Chron’s disease in Serbia who need biological therapy, additional annual burden on health budget in Serbia would be €180,248,853.03 + €33,531,117.81 = 203,779,970.84 RSD as budget cost. **CONCLUSIONS:** Biological therapy of Chron’s disease in Serbia is cost-effective option, which would impose moderate burden on national health budget after full implementation according to recommendation of evidence-based international guidelines for treatment of inflammatory bowel diseases.
heterogeneous extensive metabolizer, which had the incremental cost effectiveness ratio of 57.410 per QALY gained. Probabilistic sensitivity analysis suggests that the results are robust with 97% probability that ilaprazole is consider cost effective when 3 times China average GDP per capital threshold is used. CONCLUSIONS: The cost-effectiveness analysis results demonstrated that ilaprazole would be consider ed a cost-effective option with onephenomenal complications, including severe ulcer patient in China. When treating the duodenal ulcer patients who are CYP2C19 subpopulation of heterogeneous extensive metabolizer, ilaprazole is highly cost-effective, compared with omeprazole.

PG110 STRENGTHS AND WEAKNESSES OF CURRENT CLINICAL AND ECONOMIC EVIDENCE FOR THE COMPARISON OF LAPAROSCOPIC VERSUS OPEN REPAIR OF INCISIONAL HERNIA
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OBJECTIVES: Incisional hernias are common following abdominal surgery and place a significant burden on patients and healthcare resources. There are two main approaches to mesh-based surgical repair of an incisional hernia: open surgery and laparoscopy. To date, however, no consensus has been reached as to which approach is preferred. The aim of this study was to review the strengths and weaknesses of current clinical and economic evidence comparing laparoscopic with open repair of incisional hernias.
METHODS: Studies investigating clinical and economic outcomes of laparoscopic and open incisional hernia repair published between 2003–2014 were identified. Due to the paucity of available data, evidence is supplemented using findings from large database studies. Other types of study were considered for specific outcomes only when no other evidence was available. RESULTS: Overall, there is a relatively large body of consistent evidence to conclude that laparoscopic repair of incisional hernia is at least equal to open repair in terms of mortality, readmission and reoperation rates of recurrence, complications, pain and quality of life, with a possibly longer operative time. In addition, laparoscopic repair of incisional hernia has consistently been shown to be associated with fewer infections and a shorter hospital stay. However, there is a strong body of evidence that there are no differences between laparoscopic and open repair of incisional hernia that suggest the higher operational costs associated with laparoscopic repair, which have been attributed, variously, to a longer operative time and need for more expensive mesh. Additionally, some studies appear to be offset by the shorter hospital stay associated with the procedure.
CONCLUSIONS: There is consistent evidence to suggest that laparoscopic repair is associated with lower rates of infection and shorter hospital stays (and consequently lower overall costs) than open surgery.

PG111 PHARMACOECONOMIC ANALYSIS OF DIFFERENT STRATEGIES OF REPLACEMENT THERAPY IN RUSSIAN PATIENTS WITH PANCREATIC EXOCRINE INSUFFICIENCY
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OBJECTIVES: To perform comparative pharmacoeconomic study of the application of IV generation of pancreatic drugs in patients with pancreatic exocrine insufficiency on the hospital stage of medical care. METHODS: A pharmacoeconomic model of administration of IV generation of pancreatic drugs (creon and erispan; both for adult patients; 100 persons in different groups) distribution of hospital therapy of pancreatic functional insufficiency was developed. Dosage of the drugs was at 100 000 units of lipolytic activity per 24 h. Time horizon was 21 days. Means were derived from clinical efficiency of the applied therapy versus the reference treatment, who would reach the same response according to patient’s relief and “diarrhea relief” criteria. RESULTS: In the modeled conditions, costs of drug therapy per patient within the range of 962.78 – 1.869.56 RUB in the group of creon and 736.12 – 1.237.30 for erispan, depending on the dose. CER values were: patient’s relief in the range of 1.046.5 – 2.032.13 in creon group, and 836.50 – 1.405.90 in erispan group; diarrheal relief was in the range of 927.38 – 1.927.38 in creon group and 783.10 – 1.316.17 in erispan group. CONCLUSIONS: The conducted clinical and economical research demonstrated pharmacoeconomic advantages of erispan administration. It should be noted that the results of this work were significantly influenced by the applied dosages of medications, which were one of the key factors of economical substantiation of use of the considered medical technologies.

PG112 ECONOMIC BURDEN AND QUALITY OF LIFE OF MODERATE-TO-SEVERE IRRITABLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C) IN GERMANY: RESULTS FROM THE IBS-C STUDY
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OBJECTIVES: The aim of our multicenter study was to quantify direct medical costs during interferon (IFN)-based antiviral treatment for chronic hepatitis C (HCV) infection and related costs received by all consecutive patients (N = 455) with chronic HCV infection and biopsy-proven bridging fibrosis or cirrhosis (Ishak scores 4–6). The components of total medical costs attributable to each disease were quantified by three distinct categories: treatment, safety-monitoring and complications. Total medical costs attributable to each disease component were calculated and expressed in 2013 Euros. Sensitivity analyses were performed to explore the influence of components of care and the SVR on medical costs. RESULTS: In total, 672 IFN-based treatments, administered to 455 patients, were included in the analysis. At time of inclusion, median age was 48 years (IQR 43–56), 317 (70%) patients were male, and 346 (76%) presented with cirrhosis. Platelet counts were available for 432 (95%) patients, of whom 226 (52%) had thrombocytopenia. Total medical costs per treatment were €14,559 (95% CI, $13,323 – $15,836). Among patients with a normal platelet count and thrombocytopenia, mean costs were €12,419 (95% CI, $10,974 – $13,937) and €14,416 (95% CI, $12,503 – $16,598), respectively. The costs per SVR were €5,010 (95% CI, $4,145 – $5,875), €10,305 (95% CI, $8,500 – $12,110) and €12,503 (95% CI, $10,700 – $14,306) for patients with thrombocytopenia. In patients with severe thrombocytopenia (platelet count below 100,000/L) the costs per SVR were €7,961 (95% CI, $6,533 – $9,394). The corresponding mean costs for treatment of patients with normal platelet counts and no thrombocytopenia were €11,416 (95% CI, $9,500 – $13,332). Multivariate regression analysis performed on these data showed that the odds of missing the SVR were 7.78 times higher in patients with severe thrombocytopenia. CONCLUSIONS: Real-world medical costs did not differ significantly among patients with or without thrombocytopenia. However, the SVR rate was lower among patients with severe thrombocytopenia, in whom the medical costs per SVR with IFN-based therapy were substantial.

PG113 COSTS OF INFLAMMATORY BOWEL DISEASE (CROHNS DISEASE AND ULCERATIVE COLITIS) IN SERBIA
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OBJECTIVES: Ulcerative colitis and Crohn’s disease, have a significant impact on health care budget. The aim of this study was to estimate costs of treatment and utilization of resources by patients with inflammatory bowel disease (IBD) in Serbia. METHODS: We performed a population-based, cost of illness study to identify direct, indirect and out of pocket costs of treatment of patients with IBD from societal perspective. Patients with Crohn’s disease (n = 59) and patients with ulcerative colitis (n = 50) were recruited from gastroenterology centers to complete questionnaire assess utilization of health resources and illness-related expenditures. All costs were calculated in Republic of Serbia dinars (RSD), at one-year level. RESULTS: Total direct costs per patient-year: Although with Crohn’s disease was 1,602.97 Euro (152,614,32 RSD) and total indirect costs per patient-year in group with Crohn’s disease were 233,13 Euro (28,014,00 RSD). The greatest part of direct costs were incurred by hospitalization (52,350,00 RSD per patient-year for Crohn’s disease, and 47,895,00 RSD for ulcerative colitis), due to prolonged stay in a hospital (31 days per patient-year for Crohn’s disease, and 34 days for ulcerative colitis). CONCLUSIONS: Costs of IBD in Serbia are lower than in developed countries for two reasons: relatively expensive biologic therapy is under-utilized, and prices of health services largely used by the IBD patients are controlled by state on a very low level.