the incremental-cost-per-life-year-saved of tenecteplase over alteplase is about €3600, and for that reason it should be preferred on the basis of its very cost-effective ratio. For patients at the age of 62, for whom treatment starts late the average cost and survival was €23.671, €23.304, €24.343, and 7.9172, 7.7716, and 8.2093 respectively. The incremental cost of tenecteplase was lower this time at €2.305. These results are based the point estimates and in general terms they also hold true when simulation is employed. **CONCLUSIONS:** The treatments evaluated here are similar in respect of total treatment costs, so that it is difficult to distinguish between them. If anything, tenecteplase is characterized by a marginally better cost-effectiveness ratio.

PCV72

COST-EFFECTIVENESS OF ATORVASTATIN COMPARED TO SIMVASTATIN IN THE NETHERLANDS

Severens JL[1], Prins MH[2], Monteban HC[3]
[1]University Maastricht, Maastricht, Netherlands; [2]University Hospital Maastricht, Maastricht, Netherlands; [3]Pfizer, Capelle a/d IJssel, Netherlands

OBJECTIVE: To examine the cost-effectiveness (CE) of atorvastatin compared to simvastatin in the treatment of patients with dyslipidemia in the Netherlands. **METHODS:** The cost-effectiveness was evaluated using effectiveness data from the LIZO trial, a 3-month clinical trial in which patients were compared on milligram-equivalent doses of either 20 or 40 mg atorvastatin or simvastatin. Short-term (three month) cost-effectiveness was assessed based on the percentage of patients reaching EAS or NCEP ATP-II LDL treatment targets, and drug cost. These results were extrapolated to a 10-year period. This long-term CE-evaluation assessed drug costs, CHD-event costs, and life years gained. Patients reaching target cholesterol levels and remaining on drug treatment were assumed to have a maximum reduction in risk of CHD events during the 10-year period; patients not reaching target levels were assumed to have an average risk reduction for CHD-events. Risk calculation for CHD-events was based on Dutch CBO-guidelines. Cardiac events were assumed to occur after 5 years. One- and two-way sensitivity analyses were performed. **RESULTS:** Short-term cost-effectiveness analyses showed cost-effectiveness between €51 and €422 per successfully treated patient. The results of the long-term analyses indicated dominance of the atorvastatin treatment in the 20 mg group using both EAS and NCEP-guidelines. For patients treated with 40 mg, dominance was observed using NCEP-guidelines and cost-effectiveness of €7,889 per life-year gained using the EAS-guidelines. In the sensitivity analyses the results were robust and below the €18,000 benchmark stated in the Dutch guidelines, with the exception of time of occurrence of CHD events. **CONCLUSION:** This CE-analysis regarding dyslipidemia treatment is the first evaluation conducted in the last 10 years in the Netherlands. The study showed low cost-effectiveness for the short-term evaluation and cost-savings for atorvastatin in comparison to simvastatin in 3 of the 4 evaluations in the long-term CE-analyses.

CARDIOVASCULAR DISEASE—Quality of Life Studies

PCV73

DEVELOPMENT OF PATIENT-REPORTED OUTCOME MEASURES FOR PULMONARY ARTERIAL HYPERTENSION

McKenna SP[1], Doughty N[2], Pepke-Zaba J[2], Meads D[1], Doward LC[1]
[1]Galen Research, Manchester, United Kingdom; [2]Papworth Hospital, Cambridge, United Kingdom

OBJECTIVES: Few measures are available for use in pulmonary hypertension (PH), limiting outcome assessment in this condition. Generic outcome measures are of limited value due to their lack of PH-specificity. Two new PH-specific instruments were developed; a HRQL (health status) and a QoL measure. **METHODS:** Patients were recruited from Papworth Hospital in the UK for unstructured interviews. Comments from patients were used to create item pools for a HRQL and QoL measure. The HRQL measure focuses on impairments (symptoms) and disability (functioning) while the QoL measure focuses on the impact of PH on patients' abilities to meet their needs. The measures were included in a postal survey. Rasch analysis was used to reduce items and confirm unidimensionality of scales. Revised measures were then field-tested with PH patients. **RESULTS:** Thirty-five patients were interviewed (M:F = 9:26). Ages ranged from 20–80 yrs (mean = 50 yrs). Content analysis indicated a wide impact of PH on HRQL and QoL. Seventy-nine patients completed the postal survey (M:F = 20:54); age range 19–81 yrs (mean = 52 yrs). Rasch analyses showed all scales (including the overall impairment scale and its subscales: Breathlessness, Oedema, Energy, and Mood) fitted the model after deleting mis-fitting items. All scales exhibited good severity coverage and internal consistency (Alpha); impairment = 0.79; disability = 0.93; QoL = 0.93. The 41-item impairment scale, 17-item functioning scale, and 36-item QoL scale were field-tested with 15 patients (M:F = 5:10); age range 25–72 yrs (mean = 52 yrs). Measures were found to be relevant, comprehensible, and quick to complete (completion time range = 4–5 minutes). **CONCLUSIONS:** The new PH measures were well-accepted by respondents who consider their content comprehensive and relevant. A second postal survey is under way to enable psychometric testing of the measures. The final measures will be invaluable for outcome assessment of PH patients.