our view, the effect of income does not only reflect money they lost.

CONCLUSIONS: An associated income reduction clearly influenced utility scores, however, our findings for lost health care providers for lost income fail to improve utility scores and suggest that income does not significantly influence utility scores and that the impact of double counting is negligible.

PRM9

SYSTEMATIC REVIEW OF COST-UTILITY ANALYSES IN ASIA

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OBJECTIVES: To review published cost-utility analyses (CUAs) targeted for populations in Asia. METHODS: We examined data from the Tufts Medical Center Cost-Effectiveness Registry (www.cearegistry.org), which contains detailed information on more than 2,900 language conditions in peer-reviewed journals. We focused on articles pertaining to Asian countries, summarized study features for articles published from 2000-2010, and compared those with CUs in all other regions. RESULTS: A total of 153 CUs published during the years 2000-2010 were analyzed. Of these, 91 were published in Asia, 43 in Canada, 15 in the Pacific, 6 in the United States, 2 in Saudi Arabia, 2 in China, 2 in the United Kingdom, and 1 each in Chile, Germany, Italy, Japan, Saudi Arabia, Spain, and the United Kingdom. CONCLUSIONS: These CUs generally follow good methodological practices although the average quality score was modestly lower than the overall mean (4.08 vs 4.43, p<0.001) and significantly more studies did not report funding sources (40.2% vs 22.2%, p<0.001), compared with non-Asian CUs. CONCLUSIONS: The number of CUs in Asia has grown steadily with over half focused on pharmaceuticals. Compared to CUs in all other countries, significantly more studies in Asia suggest efficient health interventions. These CUs generally follow good methodological practices through efficient costing approaches.

DATA REQUIREMENTS FOR COST EFFECTIVENESS ANALYSIS IN KOREA AND AUSTRALIA: A COMPARISON

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OBJECTIVES: To analyse the data requirements for cost-effectiveness analysis in Korea and Australia. METHODS: A systematic literature review was conducted to identify the data requirements for cost-effectiveness analysis in Korea and Australia. RESULTS: The data requirements for cost-effectiveness analysis in Korea and Australia were similar, with the most important data requirements being patient and disease information, cost data, and study design. CONCLUSIONS: The data requirements for cost-effectiveness analysis in Korea and Australia are similar, with the focus on patient and disease information, cost data, and study design.

RESEARCH ON METHODS - Databases & Management Methods

PRM10

OVERVIEW OF THE PROLABELS DATABASE SIX YEARS AFTER ITS IMPLEMENTATION

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OBJECTIVES: To present an overview of the database six years after its implementation. METHODS: The PROLabels database (www.mapi-prolabels.org) is a unique online tool collecting information on the medical and biological products for which the PRO claims have been made. The database now contains all the PRO labels for the products that have been approved by the FDA (all BLAs) and European Medicine Agency (EMEA). RESULTS: The database now contains all the PRO labels for the products that have been approved by the FDA (all BLAs) and European Medicine Agency (EMEA). CONCLUSIONS: The PROLabels database provides easy access to information regarding PRO claims in the clinical literature.

COSTING ISSUES IN PHARMACEUTICAL STUDIES FROM THE PERSPECTIVE OF SINGAPORE PUBLIC HEALTH CARE PROVIDER

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OBJECTIVES: Singapore has a modified universal health care system in which subsidy rates are pegged to household income and other socioeconomic attributes. Out-of-pocket charges vary considerably for each service and level of subsidy. Hence, costing issue needs to be carefully considered in cost utility study in the context of Singapore, depending on the perspective from which the analyses are performed. METHODS: To explore the costing consideration for different possible scenarios through an illustrative cost utility analysis. METHODS: Using the incremental cost and QALY gained data presented in a published cost utility analysis of a treatment for breast cancer in the context of Singapore, hypothetical scenarios were assumed for different levels of subsidy (50%, 75% and 100%) covered by the public health care provider that a patient might receive at a government restructured hospital. Assuming the QALY gained remains the same, incremental cost per QALY gained (ICER) was computed for each scenario from the perspective of the public health care provider. RESULTS: For a fully subsidy scenario (100%), the total incremental cost was $84,904, the QALYs lost were 0.001, the incremental total costs were $84,904 and $84,777, respectively. For the expected gain of 1.70 QALYs, the resulting ICERs were $18,462, $27,692 and $36,924 for scenarios of 50%, 75% and 100% subsidy rates, respectively. CONCLUSIONS: Due to the possible different subsidy rate and non-Asian CUAs, it is considered in a pharmacoeconomic study from the perspective of the public health care provider of Singapore.

EVIDENCE FOR VALIDITY OF A NATIONAL PATIENT-REPORTED SURVEY IN JAPAN: THE JAPAN NATIONAL HEALTH AND WELLNESS SURVEY

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OBJECTIVES: To evaluate the validity of a national patient-reported survey in Japan. METHODS: The database contains 486 records of which 342 products were approved by the FDA (all BLAs) and 144 products with a PRO claim approved by the FDA. RESULTS: The database now contains all the products that have been approved by the FDA (all BLAs) and European Medicine Agency (EMEA). CONCLUSIONS: The PROLabels database provides easy access to information regarding PRO claims in the clinical literature.

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