pacientes que realizaram CO na avaliação pré-transplante com a de 69 pacientes que não a realizaram. **RESULTADOS:** A análise do explante mostrou que, em ambos os grupos, CHC estava dentro dos critérios de Milão na maioria dos casos. Nenhuma das CO foi positiva para metástases. As taxas de sobrevida um e cinco anos pós-TxH foram de 81% e 69% nos que realizaram CO e de 78% e 62% nos que não a realizaram, respectivamente (p = 0,25). As taxas de recorrência, um e cinco anos após o TxH, em pacientes que realizaram CO foram de 4,8% e 10,7% e de 2,9% e 10,1% nos que não a realizaram, respectivamente (p = 0,46). **CONCLUSÕES:** A realização de CO gerou um gasto de US$ 27.582,914 e não apresentou uma relação de custo-efetividade.

PMD21

EVALUCIÓN ECONÓMICA COMPLETA DEL SISTEMA DE TERAPIA DE RADIACIÓN CON RAYOS X PARA EL TRATAMIENTO CÁNCER DE PRÓSTATA DE ALTO RIESGO EN MÉXICO

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OBJECTIVOS: Realizar una evaluación económica del sistema de terapia de radiación con rayos X vsacelerador lineal de alta energía en pacientes mexicanos, con cáncer de próstata de alto riesgo como tratamiento adjunto a terapia hormonal desde el punto de vista institucional. **METODOLOGÍAS:** Se realizó una revisión sistemática identificándose que la radioterapia de intensidad modulada (IMRT) es usada para el tratamiento del cáncer como adición a una terapia hormonal, los aceleradores lineales de alta energía utilizados en el país realizan esta técnica, de igual forma el sistema de tratamiento de radiación con rayos, por lo cual la eficacia y seguridad es la misma para ambas intervenciones, por lo cual se realizó una minimización de costos, comparando el costo total de ambos dispositivos en un horizonte temporal de 10 años, el costo anual equivalente y el costo por sesión de quimioterapia, se realizó un análisis de sensibilidad univariado. **RESULTADOS:** El sistema de terapia de radiación con rayos tuvo un costo de $132,969,600 y el acelerador lineal de alta tuvo un costo de $138,717,386.01, por lo cual hay un ahorro de $5,747,786.01 en los 10 años de horizonte temporal. En los resultados del costo anual equivalente, el costo de sesión de radioterapia y el análisis de sensibilidad se obtienen resultados similares por lo tanto se observa que en todos los casos el sistema de terapia de radiación con rayos X es una alternativa costo ahorradora respecto a las opciones actualmente utilizadas en las instituciones de salud públicas. **CONCLUSIONES:** El tratamiento de radioterapia con el sistema de terapia de radiación con rayos X, es una opción eficiente al compararlo con el acelerador lineal de alta energía ya que ambos dispositivos utilizan la misma técnica de radioterapia esto significa que tienen igual eficacia y seguridad, pero este nuevo dispositivo conlleva un menor costo de tratamiento.

PMD22

COST UTILITY ANALYSIS OF SPINAL CORD STIMULATION VS. REOPERATION IN THE TREATMENT OF FAILED BACK SURGERY SYNDROME IN COLOMBIA

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OBJECTIVES: Cost-Utility analysis of Spinal Cord Stimulation Rechargeable (SCS-RC) vs. reoperation in the treatment of Failed Back Surgery Syndrome (FBSS) in Colombia. **METHODS:** Through the adaptation of an economic model developed by Sigmatic Ltd t/a Abacus International for UK NICE submission, and previous data transferability analysis, a cost utility analysis was done comparing SCS-RC vs. Reoperation in patients with FBSS in Colombia. One short analytical decision tree and one long term Markov model were considered for model conceptualization of the health problem and treatment impact. The effectiveness and utility data was primarily based on data from the PROCESS trial combined with Colombian costing data. A 15 years horizon, a third party payer perspective and 3% discount rate for utilities and costs were assumed. The Health states considered, at annual cycles, were optimal pain relief, optimal pain relief with complications, sub-optimal pain relief, and sub-optimal pain relief with complications. Optimal pain relief occurs with a pain threshold of 50%. Incremental analysis along with univariate and probabilistic sensitivity analysis was done. **RESULTS:** SCS-RC had an incremental costs of US$11.223 and 1,09 incremental QALYs, with an ICER of US$10.293 which is far lower than the US$24.300 GDP Percapita recommended by the WHO as threshold for development countries and a 62,2% probability of been cost-effective, when probabilistic analysis was ran. **CONCLUSIONS:** SCS-RC showed a 62,2% probability of been cost-effective when compared to Reoperation in patients with FBSS in Colombia.

MEDICAL DEVICE/DIAGNOSTICS – Patient-Reported Outcomes & Patient Preference Studies

PMD23

PSYCHOMETRIC ANALYSIS AND VALIDATION OF THE PATIENT SATISFACTION WITH ORTHOPAEDIC AND PROSTHETIC MEDICAL DEVICES, MODUL CLIENT SATISFACTION WITH DEVICE (CSD)

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OBJECTIVES: Each Provider of Health Care Services (PHCS) is according to the law, obligated to manage its quality of health care services. To fulfil this role, it has to use a tool that is validated and territorially adapted. Outcomes of the survey reveal the weaknesses and the corrective measures can be taken. **METHODS:** The sample of patients with orthopaedic, neurologic and rheumatic diseases was from Specialized Hospital for Orthopaedic Prosthetics in Bratislava, Bratislava region, Slovak republic. It was made a translation and cross-cultural adaptation of CSD module into the Slovak language to evaluate weight, fit, durability, pain, abrasion, putting on device, comfort and look of orthosis and prosthesis medical devices. Extended psychometric analysis was done using the factor analysis (Horn´s Parallel Analysis, Exploratory Factor Analysis) and Rasch analysis (RA, Rating Scale model) (Scale diagnostic, Validity, Reliability, Dimensionality and Local independence, Differential item functioning (DIF)). **RESULTS:** Horn´s Parallel Analysis revealed one factor (loading factor >0.40). RA showed a correct functioning of the rating categories of the scale. As for the item fit, only one item 'It is easy to put on my device' slightly underfitted the model (Outfit MSQ = 0.720, Infit MSQ = 0.650) and item 'durability' overfitted the model (Outfit MSQ = 1.378, Infit MSQ = 1.291). The study showed a few similar allocations of items along the logit scale, weight and fit was easy to endorse, whereas the look and comfort of the orthosis were difficult to agree with. No local dependency was detected. The targeting of item difficulty to the patient ability was good. Omega reliability value of CSD-Sk was 0.9 (polychoric Cronbach's alpha level 0.9). No DIF was detected. **CONCLUSIONS:** Despite some limitations in terms of fit, psychometric properties of CSD-Sk are in line with previous analyses on the English, Swedish and Italian version of the tool.

PMD24

IMPROVING PATIENT QUALITY OF LIFE BY VERIFYING AND ENHANCING QUALITY OF ORTHOPAEDIC AND PROSTHETIC MEDICAL DEVICES

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OBJECTIVES: There is a lack of information about patient satisfaction with orthopaedic and prosthetic medical devices (OPMD). As they influence a compliance, tolerance and usefulness, it is important to obtain and valuate them. Also they can be useful for verifying and enhancing quality of OPMD, for improving quality management of health care provider as well as patient´s quality of life. **METHODS:** Evaluation of patient satisfaction with OPMD was realised on the sample of patients with orthopaedic, neurologic and rheumatic diseases from Specialized Hospital for Orthopaedic Prosthetics in Bratislava, Bratislava Region, Slovak Republic. It was used a translated and cross-cultural adapted module of Client Satisfaction with Devices (CSD-Sk). The weight, fit, durability, pain, abrasion, putting on device, comfort and look of OPMD were evaluated. It was used a 4 point Likert scale with answers strongly agree, agree, disagree, strongly disagree. **RESULTS:** Description of the study sample: age >60 n%=46.6, women n%=75.1, high school educated patients n%= 56.0. The most patients had problems with lower limbs (42.5%), followed by spine (26.9%) and combination lower limbs and spine (25.9%). In case of type of diseases the most patients had orthopaedic diseases (73.6%), combination orthopaedic and neurologic (13.5%) and neurologic diseases (7.3%). The most used OPMD were orthopaedic insoles (36.3%), waist belt (17.6%) and corset on the spine (5.2%). Overall patients were highly satisfied with OPMD. More than 50% responses on items were mostly strongly satisfied (63.2 – 51.8%), except durability (43.5%). The most negative responses were on fit (7.25%) and abrasion (6.22%). **CONCLUSIONS:** It was recorded a high satisfaction with OPMD among surveyed patients. Comparing our Resultsto the previous analysis in the world we can reveal higher level of patient satisfaction. Hopefully we can conclude that Health Care Provider manages good quality of OPMD and these regulations may contribute to patient´s satisfying quality of life.

MEDICAL DEVICE/DIAGNOSTICS – Health Care Use & Policy Studies

PMD26

ECONOMIC VALUE OF STEMI PROGRAM INVESTMENT IN SAO PAULO, BRAZIL

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OBJECTIVES: For Sao Paulo, evaluate the clinical and economic impact of investments in programs to a) increase rate of timely hospital admissions (within 12 hours of symptom onset) for STEMI patients, and b) manage more STEMI patients with PCI versus alternative approaches (e.g. thrombolytics, no reperfusion). **METHODS:** Data from the RBSCA Registry, DataSUS, and a private Sao Paulo hospital were modeled to quantify the impact from STEMI treatment scenarios year-over-year from 2013-2018. Model inputs included morbidity and mortality, labor productivity (average wage), direct costs, and burden of disease (measured by disability-adjusted life-years and value-of-statistical-life). Outcomes are calculated up to 1 year after initial MI for admitted versus non-admitted populations, the latter group being divided according to treatment pathway: PCI, thrombolytics, no reperfusion, or CABG. Prospective outcomes through 2018 were modeled to calculate the value of continued investment in STEMI management **RESULTS:** From 2013-2018, an investment of 1.2M USD (EKGs, education, ambulances) to increase STEMI utilization at current catheterization laboratories would result in 2,031 lives saved and 22.0 million USD cost savings. **CONCLUSIONS:** Expenditures to improve STEMI management strategies in Sao Paulo showed favorable economic outcomes and mortality reduction when more patients were managed with PCI, suggesting that continued national investment in STEMI management could further improve these rates, with greater cost savings achieved.

PMD27

CONSULTA AOS MEMBROS DE AGÊNCIAS INTERNACIONAIS DE ATS COMO ESTRATÉGIA DE INTERCÂMBIO DO CONHECIMENTO PRODUZIDO – O CASO DO PET-TC

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OBJETIVOS: Investigar entre as agências de Avaliação de Tecnologias em Saúde (ATS) a produção de estudos e a recomendação da utilização de PET-TC para o diagnóstico de metástases em pacientes com câncer de mama localmente avançado. **MÉTODOS:** Foi realizada consulta à INAHTA (The International Network of Agencies for Health Technology Assessment) e à REDETSA (Red de Evaluación de Tecnologias en Salud de las Américas), por meio de correio eletrônico, questionando a realização de estudos de ATS e de recomendações do PET-TC para o diagnóstico de metástases em