Generalized Linear Models (log link, Gamma family) adjusting for gender, age, BMI, type of innervation, comorbidity and comorbidities. Costs are expressed in Euro 2013.

RESULTS: 280 patients (171 workers, 61, and 109 no-workers including people out of work, students, housewives and retirees, 39%) have been submitted to bariatric surgery and followed up to 1 year after the intervention. The overall social cost, including costs of intentionally hospitalizations (1-1 years) was €11,150 (€± 6,970). Direct medical costs amounted to €7,937 (€± 5,227), representing the 77% of the overall cost, while direct non medical costs and indirect costs accounted for 13% and 10% (€1,497 ± €1,530, respectively). No working days were lost due to hospitalization. Costs per patient associated with direct non-medical costs of €676 (95% CI: [€122-1,140, p=0.004). Working conditions increased indirect costs by €1,384 (95% CI: [€1,002-1,766, p=0.000). CONCLUSIONS: Socio-economic determinant such as employment status of patient led to significant impacts on direct non medical costs and indirect costs of a patient submitted to bariatric surgery.

PSY37
THE INDIRECT COSTS OF INFLAMMATORY BOWEL DISEASE (CROHN’S DISEASE AND ULCERATIVE COLITIS) ASSOCIATED WITH ABSENTEEISM IN POLAND IN 2013
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OBJECTIVES: The aim of this study was to assess the indirect costs caused by absen-
teeism associated with inflammatory bowel disease (IBD) - (Crohn’s disease – CD; and ulcerative colitis - UC) from the perspective of the Social Security Institution (ZUS) in Poland

METHODS: The estimates were based on data provided by ZUS referring to year 2013 and concerning absence from work due to the illness (sick leave), annual work absence because of short-term disability, the three main component of which are rehabilitation, mean-ting benefit, and the amount of permanent (or long-term) disability, the sufferers of which claim disability pension. Costs were calculated with Human Capital Approach method and labor costs calculated with production function approach. The main component of the Social Security Institution (ZUS) in Poland: The estimates were based on data from the year 2013 concerning sick leave and the amount of short-
term disability because of the sufferers of which claim rehabilitation. The highest cost per patient was generated by long-term disability (permanent or fixed time), the sufferers of which claim disability pension. Costs calculated including gross Domestic Product per capita equalled €10 278. Total indirect costs of IBD, UC in 2013 calculated using GDP, GVA and GI per worker in Poland were €7 817 156 and €9 900 313, respectively. Total indirect costs of IBD, UC in 2013 and 2010 in Poland were €7 817 156 and €10 180 640, respectively (an increase of nearly 30% because of substantial growth short-term disabilities). The highest component of indirect costs of IBD was sick leave (51%). Long and short-term disabilities costs constitute 39% (limited period – 39% and unlimited period 30%) and 19% of total indirect costs of IBD, respectively. One sick leave of person with IBD generated the cost of lost productivity equal €773 calculated using GDP per capita. Indirect cost of short-term disability for one entitlement to the ben-
et of rehabilitation were €7 314. Cost of one long-term benefit were much higher than short-term benefit and equalled for limited period €86 714 and unlimited period €941. Total long-term disability costs amounted €766 651. CONCLUSIONS: IBD in Poland generated high indirect costs. The main component was sick leave; reha-
bilitation benefit and disability pension generated lower costs of lost productivity.

PSY38
IDIOPATHIC PULMONARY FIBROSIS: HOSPITAL DISEASE MANAGEMENT AND ASSOCIATED COSTS
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OBJECTIVES: Idiopathic pulmonary fibrosis (IPF) is a chronic, fibro-proliferative and fatal lung disease. A study was conducted to describe the causes and main components of hospitalised patients and associated costs in France. A retrospective, observational study was set up using the French hospital discharge database (PMSI). Patients with a first hospitalization for IPF (ICD-10 code: J841) in 2013 were followed, during a 6 months period. As a control group, other fibrotic pulmonary diseases, an algorithm for data extraction was defined, with exclusion of age<50 and presence of a differential diagnosis in the follow-
ing year (connective disease or pneumonia). Patient characteristics, first stay and occurrence of events of special interest were described as well as associated costs. RESULTS: In 2008, 6,476 patients newly hospitalized for IPF were identified, with a mean age of 75±10.3 years, and 56% were men. The mean total cost of hospitalizations per patient for the 5-year follow-up period was €15,532±15,973. Mean costs drivers were the serious events related to the disease, specifically acute exacerbation (37% of patients, with a 10% in-hospital mortality rate and a cost of €4,591±4,425/event), cardiac events (48% of patients with a 14% in-hospital mortality rate and a cost of €5,731±5,636/event), acute respiratory infections (44% of patients with a 18% in-hospital mortality rate and a cost of €7,471±7,381/event) and arterial thrombosis (12% of patients with a 20% in-hospital mortality rate and a cost of €7,467±7,216/event). Finally, 11% of patients received palliative care with a mean cost for the last year of life of €14,807±11,979 per deceased patient. CONCLUSIONS: This study is the first providing extensive data on hospital management for patients with IPF in France, demonstrating high burden and hospital cost, especially for acute respiratory deteriorations. These results could be used in economic evaluations for IPF patients in France.

PSY39
DIRECT COSTS MEDICAL CARE ASSOCIATED WITH ANKLYOSING Spondylitis in CHINESE PATIENTS: ESTIMATIONS FROM CHINA PUBLIC HEALTH INSURANCE CLAIM DATA
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OBJECTIVES: To estimate direct medical costs associated with ankylosing spondylitis (AS) in publicly insured Chinese patients.

METHODS: China Health Insurance Research Association (CHIRA) data claiming patients randomly selected from publicly insured urban residents and workers across China was used as the data source to identify patients with AS and their insurance claim records in 2013 for in-patient care and out-patient care. The identified patients were stratified by AS-related medications for the comparisons on drug costs and non-drug medical costs. Generalized linear model (GLM) was conducted to assess the impact of the classified medications on on-drug medical costs after full adjustment of patient baseline characteristics including age, gender, AS-related comorbidities. RESULTS: Among the identified 1299 patients with diagnosed AS, the AS-related medications included nonsteroidal anti-inflammatory drugs (NSAIDs) and immunosuppressant (n=146), combination of NSAID and immunosuppres-
sant (n=626), biologics (n=60), and Chinese medications (n=233). The total medical costs associated with AE-related treatments ranged from RMB 4,565 for Chinese medication to RMB 24,585 for biologics treatment (1 RMB = 0.16 €). However, bio-
lógics treatment and the combination treatment of NSAID and immunosuppressant had similar non-drug medical costs (RMB 7,039 versus RMB 7,450, p=0.16). GLM regression analysis further confirmed highly comparable non-drug medical costs associated with biologics (coefficient: 0.004, p=0.741) and the combination treatment of NSAID and immunosuppressant. CONCLUSIONS: Among publicly insured Chinese patients with AS, biologics treatments were associated with highly comparable non-drug medical costs as the combination treatment of NSAID and immunosuppressant and with significantly lower biological cost. Results could be used to improve health resource utilization through their superior treatment effects.

PSY40
COSTS OF ABSENTEEISM IN PSORIATIC AND ENTEROPATHIC ARTHROPATHIES BASED ON REAL-LIFE DATA FROM POLAND'S SOCIAL HEALTH INSURANCE DATABASE IN 2013
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OBJECTIVES: The aim of this study was to assess the indirect costs caused by absen-
teeism associated with biologic treatments for psoriatic and entero-pathic arthropathies. PSY41
DIRECT COST OF MYELODYSPLASTIC SYNDROMES ASSOCIATED WITH A DELETION 5q CYTOGENETIC ABNORMALITY (DEL5q MDS) IN PATIENTS WHO ARE RECEPTOR-CELL TRANSFUSION DEPENDENT IN MEXICO
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OBJECTIVES: To estimate the direct cost of Del5q MDS from the perspective of the public healthcare system in Mexico. METHODS: We evaluated the amount of resources utilized by patients with Del5q MDS from an expert panel of eight hematol-
ogists through the Delphi technique. Consensus was reached after two expert panel rounds and patterns of use were analyzed statistically. Unit costs of resources were extracted from institutional catalogues and annual cost estimations were performed for all health states. All values were expressed in US dollars of 2015. RESULTS: From the consensus of panel experts we found that management of patients with Del5q MDS at Mexican public healthcare institutions consisted of best supportive care with red blood cell (RBC) transfusions and erythropoiesis-stimulating agents, and since these patients are RBC-transfusion dependent, they receive 33 units of RBC per year resulting in a cost of US$256,620. Iron overload is the main complication of transfusion dependency resulting in an annual cost of US$1,782.11 attributable to congestive heart failure. Other resources used for the treatment of the disease are drugs, labs, and visits that contribute to the total annual cost of US$30,647.78 per patient. CONCLUSIONS: MDS patients with 5q deletion impairs a high economic burden to public healthcare system in Mexico, although the incidence is lower than other hematological malignancies

PSY42
PHARMACOECONOMICAL CONSIDERATIONS ABOUT BREAKTHROUGH CANCER MEDICINES
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