study (6S, 57 in G1 and G5 groups, respectively). The mean ± SD age of the patients was 59.9 ± 7.8 years. G4 and G6 monthly costs available for the patients on G4 are $7178 (G4) and $7097 (G6) per year ($6291). Through analysis of sub-groups of patients, it was found that funding from employer/Insurance, dialysis, lower socioeconomic status, lower education, and pre-existing renal health care are key factors associated with chronic kidney disease. CONCLUSION: Monthly cost of illness for the patients in G1-G4 and G5 were $13 882 ($224) and $13 882 ($224). The study is in progress.

PUK11 LACK OF ADHERENCE TO IMMUNOSUPPRESSIVE TREATMENT IN KIDNEY TRANSPLANT PATIENTS: ESTIMATION OF ASSOCIATED DIRECT MEDICAL COSTS

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OBJECTIVES: To evaluate and compare the medication adherence rate among the patients undergoing maintenance Hemodialysis at different hospital setups in India. METHODS: A prospective comparative study was conducted at academic, corporate and government hospital after the approval of protocol by the Ethics Committee. The patients on hemodialysis of both gender aged between 18-75 years were enrolled in the study after obtaining the written informed consent from the patients. The validated instruments were used to evaluate the adherence among the patients. The medication adherence rate was scored from 0-8 with higher scores representing better adherence. ANOVA test was used to assess the difference in mean scores in medication adherence ratings of the three hospital setups with p-value less than 0.05. RESULTS: Among the 183 patients included in the study, 100 patients, 104 from academic hospital, 70 from corporate hospital and 16 from government hospital. The mean age and vintage of hemodialysis of the study population were 51.56 years and 41.75 months.

PUK12 COST MINIMIZATION ANALYSIS OF IMMSUNOPRESSIVE TREATMENT ON KIDNEY TRANSPLANT PATIENTS

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OBJECTIVES: Kidney transplantation remains limited by toxicities of calcineurin inhibitors (CNIs) and is a less toxic therapeutic alternative, but its cost limits its use (whether the reduction of renal transplant hospitalization balance of this higher cost has been addressed in two situations: 1- first line therapy 2-as a second line immunosuppressive for CNIs intolerant patients). METHODS: A Cost-minimization analysis has been performed for 2 groups of patients: Group 1- 7 patients treated with CNIs; Group 2- 10 patients treated with Belatacept. The study has been conducted from a payer's perspective. The annual cost of illness for the patients on in G1-G4 and G5 were $12 739 ($224) and $13 882 ($224). The study is in progress.

PUK13 COST-EFFECTIVENESS ANALYSIS OF MANAGEMENT OPTIONS FOR SMALL RENAL MASSESES: A SYSTEMATIC REVIEW

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OBJECTIVES: Surgical and non-surgical management options with pre-treatment biopsy are small renal masses (SRMs). The cost-effectiveness of these options is unclear. This study aimed to systematically review the cost-effectiveness of various management options for SRMs, and evaluate these cost-effectiveness studies. METHODS: A systematic literature review was conducted for SRMs, and management options for SRMs. Three electronic databases were searched. RESULTS: Among the 557 articles retrieved, 6 were included, all of which were cost-utility analyses and used Markov models with a lifetime horizon except for one study that adapted a 5-year horizon. One to 30-year time horizons were used for each study. Three studies were from a societal perspective whereas the others were from a payer's perspective. Health states included no evidence of disease, recurrence, metastases and death. Transition probabilities were obtained from economic models used in other studies. The strategies in the management of SRMs are needed to inform better decision-making for physicians and patients.

URINARY/KIDNEY DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PUK14 SELF-EFFICACY, HEALTH LITERACY AND ADHERENCE TO SELF-CARE BEHAVIORS IN KIDNEY TRANSPLANT RECIPIENTS

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OBJECTIVES: kidney transplant recipients (KTRs) must manage several self-care behaviors. They have to take multiple daily medications, look for signs of acute rejection, have frequent blood draws and often manage additional chronic conditions. There is limited understanding of underlying behavioral factors that may influence self-care behaviors. This study aimed to explore the association between self-efficacy, health literacy and adherence to self-care behaviors and to describe variations of self-efficacy based on individual KTRs' characteristics. METHODS: KTRs who were 5 to 1 years post-transplant, over the age of 18 at the time of transplants and had a single organ transplant were eligible. Four hundred and thirty-five eligible KTRs received a mailed survey inquiring about self-efficacy, health literacy, medication adherence, and self-care behaviors. Self-efficacy was tested as a mediator or as a moderating factor of health literacy on adherence to self-care behaviors. Linear regression analysis was performed on self-efficacy in KTRs. RESULTS: One hundred and eighty-two KTRs completed the survey (87% participation rate). The mean age of participants was 52.9 ± 7.8 years. 61.0% were male; and 38.1% were African American. The mean time since transplant was 38.0 ± (18.1) months. African Americans had lower self-efficacy compared to other patient groups (p=0.01, p=0.03). Self-efficacy correlated with functional health literacy (r=0.37, CI: 0.11-0.51). Self-efficacy was a partial mediator of functional and communicative health literacy on adherence to self-care behaviors (functional: α=0.32, CI: 0.11-0.60; communicative: α=0.37, CI: 0.11-0.71). CONCLUSIONS: This study provides new insights into the factors influencing KTRs' adherence to self-care behaviors. Clinicians need to monitor patients with low self-efficacy and low health literacy. The teach-back method and frequent communication can help increase self-efficacy. Use of larger font, photos and visual cues will help patients with limited health literacy. These methods may optimize KTRs' adherence to self-care behaviors.