heterogeneous extensive metabolizer, which had the incremental cost effectiveness ratio of $57,410 per QALY gained. Probabilistic sensitivity analysis suggests that the results are robust with 97% probability that ilaprazole is consider cost effective when 3 times China average GDP per capital threshold is used. CONCLUSIONS: The cost-effectiveness analysis results demonstrated that ilaprazole would be consid- ered more cost-effective combined with oniprazole compared to placebo in moderate/severe ulcer patient in China. When treating the duodenal ulcer patients who are CYP2C19 subpopulation of heterogeneous extensive metabolizer, ilaprazole is highly cost-effective, compared with oniprazole.

PG10
STRENGTHS AND WEAKNESSES OF CURRENT CLINICAL AND ECONOMIC EVIDENCE FOR THE COMPARISON OF LAPAROSCOPIC VERSUS OPEN REPAIR OF INCISIONAL HERNIA

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OBJECTIVES: Incisional hernias are common following abdominal surgery and place a significant burden on patients and healthcare resources. There are two main approaches to mesh-based surgical repair of an incisional hernia: open surgery and laparoscopy. To date, however, no consensus has been reached as to which approach is preferred. The aim of this study was to review the strengths and weak- nesses of current clinical and economic evidence comparing laparoscopic with open repair of incisional hernias. METHODS: Studies investigating clinical and economic outcomes of laparoscopic and open incisional hernia repair published between 2003–2014 were identified. Due to the paucity of available data, evidence is supple- mented using findings from large database studies. Other types of study were con- sidered for specific outcomes only when no other evidence was available. RESULTS: Overall, there is a relatively large body of consistent evidence to conclude that laparoscopic repair of incisional hernia is at least equal to open repair in terms of mortality and morbidity, with a shorter length of hospital stay and lower recurrence rates. In a systematic review, and meta-analysis of 23 trials comparing laparoscopic and open repair of ventral hernia, there is consistent evidence from studies that compared the costs for both laparoscopic and open repair of incisional/ventral hernia to suggest that the higher operational costs associated with laparoscopic repair, which have been attributed, variously, to a longer operative time, need for more expensive mesh or greater supply costs in a few studies appear to be offset by the shorter hospital stay associated with the procedure. CONCLUSIONS: There is consistent evidence to suggest that laparo- scopic repair is associated with lower rates of infection and shorter hospital stays (and consequently lower overall costs) than open surgery.

PG11
PHARMACOECONOMICAL ANALYSIS OF DIFFERENT STRATEGIES OF REPLACEMENT THERAPY IN RUSSIAN PATIENTS WITH PANCREATIC EXOCRINE INSUFFICIENCY

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OBJECTIVES: To perform comparative pharmacoeconomic study of the application of IV generation of pancreatic drugs in patients with pancreatic exocrine insufficiency on the hospital stage of medical care. METHODS: A pharmacoecono- nomic model of administration of IV generation of pancreatin drugs (creon and erbispor) in patients and in total of 1000 persons in different groups) during 21 days. Economic analysis of pancreatic functional insufficiency was developed. Dosage of the drugs was 1,237.20 for ermital, depending on the dose. CER values were: pain relief in the patient: 518,974 Euro (57,914,00 RSD) and total indirect costs per patient-year in group with ulcerative colitis were 233,13 Euro (28.014,00 RSD). Total direct costs per patient-year in group with Crohn’s disease were 233,13 Euro (28.014,00 RSD). Total direct costs per patient-year in group with ulcerative colitis were estimated on 1,833,97 Euro (182.76,15 RSD) and total indirect costs per patient-year in group with Crohn’s disease were 233,13 Euro (28.014,00 RSD). The greatest part of direct costs were incurred by hospitalization (52.350.00 RSD per patient-year for Crohn’s disease, and 47,895,00 RSD for ulcerative colitis), due to prolonged stay in hospital (31 days per patient-year for Crohn’s disease, and 34 days for ulcerative colitis). CONCLUSIONS: Costs of IBD in Serbia are lower than in developed countries for two reasons: relatively expensive biologic therapy is under-utilized, and prices of health services largely used by the IBD patients are controlled by state on a very low level.

PG12
REAL-WORLD MEDICAL COSTS OF ANTIVIRAL THERAPY AMONG PATIENTS WITH CHRONIC HCV INFECTION AND ADVANCED HEPATIC FIBROSIS

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OBJECTIVES: To explore the economic and quality of life (QoL) results from Germany. METHODS: The aims of our multicenter study were to quantify direct medical costs during interferon (IFN)-based antiviral treatment for chronic hepatitis C-virus (HCV) infec- tion or pegylated interferon-alpha (PEG)-based antiviral treatment in patients with chronic hepatitis C and liver fibrosis or cirrhosis. The primary endpoint was time to sustained virologic response (SVR) among patients with chronic hepatitis C-virus (HCV) infec- tion and advanced hepatic fibrosis in the Netherlands, Switzerland, Germany, and Belgium. METHODS: Direct medical costs were quantified during IFN-based treat- ments received by all consecutive patients (N=452) with chronic HCV infection and biopsy-proven bridging fibrosis or cirrhosis ( Ishak score 4-6). The components of care from initiation of therapy were divided into three distinct categories: treat- ment, safety-monitoring and complications. Total medical costs attributable to each cost component were calculated and expressed in 2013 Euros. Sensitivity analyses were performed to explore the influence of components of care and the SVR rate on medical costs. RESULTS: In total, 672 IFN-based treatments, administered to 455 patients were included in the analysis. At time of inclusion, mean age was 48 years (IQR 43–56), 317 (70%) patients were male, and 346 (76%) presented with cir- rhosis. Platelet counts were available for 432 (95%) patients, of whom 226 (52%) had thrombocytopenia. Total medical costs per treatment were €14,559 (95% CI, €13,323–€15,836). Among patients with a normal platelet count and thrombocytopenia, mean costs were €12,419 (95% CI, €10,974–€13,937) and €14,416 (95% CI, €12,503–€16,598), respectively. The costs per SVR patients were €39,105 (95% CI, €36,503–€41,707). Patients with normal platelet counts and €50,907 (95% CI, €44,151–€56,612) for patients with thrombocytopenia. In patients with severe thrombocytopenia (platelet count below 100×10⁹/L) the costs per SVR were €74,961 (95% CI, €53,463–€103,541). The correspond- ing costs for patients with platelet counts of 100–150×10⁹/L were €57,683 (95% CI, €47,375–€67,991). A substantial part of the budget was under-utilized, and prices of health services largely used by the IBD patients are controlled by state on a very low level.

PG15
ECONOMIC BURDEN IN STUDIES PUBLISHED IN 2014: WHAT TYPE OF GASTROINTESTINAL DISORDERS, INTERVENTIONS AND OUTCOMES HAVE BEEN MOST COMMONLY ASSESSED?

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OBJECTIVES: To determine the economic burden studies with data about utiliza- tion, costs, quality of life and productivity in patients with gastrointestinal disorders and treatments. METHODS: A systematic review was carried out that searched MEDLINE and EMBASE and hand searched the reference sections of the identified studies. We assessed the economic burden studies in terms of the gastrointestinal disorders. RESULTS: Our review found 249 economic burden studies for year 2014. The most common ICD classification related gastrointestinal disorder was lower gastrointestinal system (20.36%) followed by upper gastrointestinal system (19.65%) and liver (12.76%). The most common gastrointestinal disorder was inflammation of the large intestine (33.16%) followed by hemorrhoids (18.97%) and esophageal varices (11.92%). The most common outcome assessed was health care use (45.39%) followed by productivity (35.73%) and quality of life (22.04%). The most common treatment assessed was lifestyle modification (43.63%) followed by pharmacological therapies (17.01%) and interventions (12.76%). The most common intervention assessed was medical (35.73%) followed by surgical (17.01%) and psychological (10.84%). The most common economic burden studies outcomes assessed were cost (77.09%) followed by quality of life (11.92%) and productivity (10.84%). The most common economic burden studies with data about utilization, costs and quality of life and productivity in patients with gastrointestinal disorders and treatments were chronic constipation (7.83%), inflammatory bowel disease (7.07%), irritable bowel syndrome (6.94%) and peptic ulcer disease (6.94%).