stroke care would prevent stroke-related death in 25,000 patients, serious disability in 71,000, and nursing home admission in 25,000. Despite the costs associated with such a program, the net savings in health care costs over a 20-year period would amount to Can$12 billion. CONCLUSION: Implementing proven stroke therapies and practices across Canada will result in significant improvements in both lives and health care costs. Analyses based on this model will support national and provincial stroke strategies appropriate to their needs and resources.

PST4
COST-EFFECTIVENESS OF RECOMBIANT ACTIVATED FACTOR VII IN THE TREATMENT OF INTRACEREBRAL HEMORRHAGE OVER A TWO-YEAR MANAGED CARE ENROLLMENT PERIOD
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OBJECTIVES: To estimate cost-effectiveness of rFVIIa compared to standard care in treating ICH over an average MCO enrollment period of two years from a third-party payer perspective. METHODS: A decision-analytic model estimating cost-effectiveness of rFVIIa 80 mcg/kg compared to standard care in treating ICH was adapted to measure cost-effectiveness over a time horizon (enrollment period) of two years. Input parameters were obtained from clinical trial, claims data, and published literature. Cost of rFVIIa was based on wholesale acquisition cost. Costs were in 2006 US dollars. Outcomes included life-years and quality-adjusted life years (QALY). In addition, population characteristics were considered, including age (over/under 65) and gender comparisons. One-way and multivariable sensitivity analyses were conducted to assess robustness. RESULTS: Assuming a cost-effectiveness threshold of $50,000 QALY, the incremental cost-effectiveness ratio (iICER) showed rFVIIa to be cost-effective compared to standard care alone ($2924/QALY gained). Use of rFVIIa was found to be cost-effective in both the under- and over-65 populations ($532/QALY gained and $3323/QALY gained, respectively). Results did not differ substantially across gender. Results were robust to changes in model parameters. CONCLUSION: Treating ICH with rFVIIa 80 mcg/kg within an MCO is cost-effective over the average patient enrollment period of two years compared to standard care. Due to potential improvements in long-term clinical outcome, treatment with rFVIIa may have an even greater positive impact in health plans with a younger population.

STROKE—Patient-Reported Outcomes
PST6
GENERIC AND DISEASE-SPECIFIC HEALTH RELATED QUALITY OF LIFE (HRQOL) IN STROKE SURVIVORS
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OBJECTIVES: To measure and compare generic and disease-specific HRQoL in stroke survivors one to two years post hospital discharge. METHODS: The SF-36 and the Stroke Impact Scale (SIS) were administered to 33 stroke survivors. The standard gamble method was used to elicit utilities regarding stroke health states. RESULTS: Of the 33 patients, 79% were male, 67% had mild stroke, 24% had moderate stroke, and 9% had severe stroke; mean age was 66.9. Study participants scored significantly lower (p < 0.05) than the general population on seven of the eight multi-item scales of the SF-36: Physical Functioning, Role-Physical, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health. Participants scored significantly lower (p < 0.001) than the general population on both physical and mental health component summary measures. Using the SIS, participants had a mean score of 57.23 on the physical summary score. On the four component scales of the physical summary score, participants had mean scores of: 44.14 on Strength, 50.31 on Hand Strength, 65.93 on Mobility, and 71.26 on Activities of Daily Living (ADL). Participants had mean scores of 79.55 on Memory, 85.91 on Communication, 73.18 on Emotional, and 57.68 on Social Participation. SIS Physical was significantly correlated (p < 0.05) with both SF-36 physical measures. Both the SF-36 mental component scores and Mental Health domain measure were significantly correlated with the SIS measures of ADL, Memory, Communication, Emotional, and Social Participation (p < 0.05). The mean standard gamble utility score for all participants was 0.83. CONCLUSION: Stroke survivors one to two years post stroke had significantly lower scores than the general population on most of the SF-36 health domains with the exception of bodily pain. Positive correlations with major domains of the disease-specific SIS indicate that the SF-36 was sensitive to stroke health states. Further research with