

durante el período 2013-2017. La prevalencia de ERT se proyectó a partir de datos oficiales. Los costos se obtuvieron de distintas fuentes: casos reales para determinar uso de recursos, tarifarios oficiales (ISS 2001 ajustado) para procedimientos, y SISMED para medicamentos. Todos los datos fueron validados en reuniones de expertos, se siguieron las guías ISPOR para impacto presupuestal. **RESULTADOS:** Según nuestros estimados, el número de pacientes con ERT pasará de 27.890 en 2013 a 33.900 en 2017. En el Escenario 1 el costo pasará de COP\$837.882 millones (USD\$469,4 millones) a COP\$ 1.009.782 millones (USD\$565,7 millones), un crecimiento en pesos constantes de 20,5 %. En el Escenario 2 el costo llegará COP\$1.044.883 millones (USD\$585,4 millones), un incremento absoluto de 3 % con respecto al Escenario 1. El número de pacientes trasplantados pasaría de 3.601 a 4.145 mientras los muertos en el quinquenio se reducirían en 14; ello equivaldría a COP\$64,5 millones (USD\$36.134) por paciente trasplantado adicional o COP\$2.507 millones (USD\$1,4 millones) por muerte evitada. **CONCLUSIONES:** Un incremento del 5% anual del trasplante renal representa un aumento del 3% del costo de la atención de la ERT en Colombia. Parte del "ahorro" actual con la diálisis se debe a mayor mortalidad.

#### PUK5 COST-EFFECTIVENESS OF PARICALCITOL IN END STAGE CHRONIC KIDNEY DISEASE SECONDARY HYPERPARATHYROIDISM PATIENTS ON DIALYSIS, IN BRAZIL

Menezes FG<sup>1</sup>, Nita ME<sup>1</sup>, Peixoto RB<sup>2</sup>

<sup>1</sup>Abbott Laboratórios do Brasil Ltda., São Paulo, Brazil, <sup>2</sup>Abbott, São Paulo, Brazil

**OBJECTIVES:** To understand from the perspective of the Brazilian National Health System (SUS) the cost-effectiveness of treating secondary hyperparathyroidism with IV paricalcitol versus IV calcitriol in dialysis patients diagnosed with end stage chronic kidney disease. **METHODS:** A decision-analytic Markov model comparing the use of IV paricalcitol versus calcitriol. Main outcomes include parathyroidectomy, hospitalizations or death, life time costs and the results are reported as incremental cost-effectiveness ratios (ICER). The treatment costs are based on the DATASUS administrative claim database which includes individuals with an end stage chronic kidney disease secondary hyperparathyroidism diagnosis, who underwent hemodialysis at SUS, from 2009 to 2012. The main clinical outcomes are based on clinical trials or cohort studies reporting those outcomes. **RESULTS:** The reference case analysis was a 5-year time horizon based on a comparison of treatment with paricalcitol versus calcitriol, of end stage chronic kidney disease secondary hyperparathyroidism dialysis patient. The use of paricalcitol leads to savings amounting R\$ 113.999.601,06 to SUS and an increase in life-years gained (0.52 years). Paricalcitol was dominant over the comparator (calcitriol), indicating better health outcomes and lower costs. One-way sensitivity analyses and probabilistic sensitivity analyses confirmed the robustness of the model. **CONCLUSIONS:** In our model the substitution of IV calcitriol by IV paricalcitol can be a more cost-effective choice in the management of secondary hyperparathyroidism.

#### PUK6 CATHETER-ASSOCIATED URINARY TRACT INFECTIONS: COST COMPARISON STUDY FROM THE PUBLIC PAYER PERSPECTIVE

Tolentino AC, Schutz V

Universidade Federal do Estado do Rio de Janeiro, Rio de Janeiro, Brazil

**OBJECTIVES:** To compare costs of catheter-associated urinary tract infection (CAUTI) with the reminding intervention (RI) and without reminding intervention (WRI) from the public payer perspective. Urinary catheter (UC) is one of the most invasive devices used in health care, and its insertion contributes to the development of urinary tract infections (UTI), which accounts for 40% of all nosocomial infections. About 12%-16% of patients in the intensive care unit have a UC inserted at some point during hospitalization. Unnecessary use of UC may lead to CAUTI, which represents about 80% of UTI, contributing not only to excess morbidity and mortality, but also increasing costs. A prospective study published (Apisarnthanarak 2007) evaluated the effectiveness of a program to improve hospital quality, which included an intervention to remind physicians to remove unnecessary UC. **METHODS:** Efficacy data was obtained from the literature which compared RI to WRI. Data from the Brazilian Hospital Information System (SIH/DATASUS) from 2012 was used to define the annual number of high complexity admissions of adult patients in public hospitals, assuming WRI as current practice. Resource utilization was estimated through published data and unit costs were obtained from Brazilian official price lists. **RESULTS:** A total of 659.934 hospitalizations were identified in the database, with a mean length of stay of 6.7 days. According to Apisarnthanarak 2007, RI to WRI showed reductions of CAUTI of 9.4%. The estimated consumable costs associated were 1,222.45BRL/patient/7 days of treatment. For all admissions in 2012, the total cost of CAUTI represented 247,091,949.90BRL for WRI and 223,865,239.68BRL for RI, respectively (medical supplies only). The estimated savings were 23,226,710.22BRL/year for the Brazilian public system. **CONCLUSIONS:** RI showed that staff education generates benefits for the hospital and patients, decreasing costs and unnecessary hospitalization. Further researches including other clinical outcomes, longer follow-up and complications could result in higher savings for the public payer.

#### PUK8 FRECUENCIA Y COSTOS DE HOSPITALIZACIÓN EN UNA POBLACIÓN DE PACIENTES EN DIÁLISIS EN COLOMBIA

Sanabria M<sup>1</sup>, Astudillo K<sup>1</sup>, Sanchez R<sup>2</sup>, Camargo D<sup>1</sup>, Bunch A<sup>1</sup>

<sup>1</sup>Baxter RTS, Bogotá, Colombia, <sup>2</sup>Universidad Nacional de Colombia, Bogotá, Colombia

**OBJECTIVES:** Chronic renal disease patients are often hospitalized. The present study was carried out as no studies have measured such population's hospitalisation frequency and duration in Colombia nor has their economic burden been analysed. **METHODS:** This was a dynamic retrospective cohort study of 223 patients receiving dialysis therapy during 2010. Haemodialysis (HD) and peritoneal dialysis (PD) hospitalisation frequency was measured, as were the number of days spent in hospital, total hospital bill and average cost per day of hospitalisation. Multivariate analysis was used for evaluating factors related to hospitalisation cost (i.e. a gen-

eralised linear model with log link). **RESULTS:** Hospitalisation rate was 0.72 hospitalisations per patient/year, 6.32 days were spent in hospital per patient/year and average hospitalisation rate was 8.68 days. No differences were observed between haemodialysis patients and peritoneal dialysis regarding such rates. Average hospitalisation bill was \$2,567,680. **CONCLUSIONS:** The study population had higher hospitalisation rates and spent less days in hospital than that stated in other reports. No differences were observed between HD and PD patients regarding these rates.

#### PUK9 COSTO-EFECTIVIDAD DE LAS PRUEBAS PARA LA TAMIZACIÓN DE BACTERIURIA ASINTOMÁTICA DURANTE LA GESTACIÓN

Chicaiza L<sup>1</sup>, Garcia-Molina M<sup>1</sup>, Moreno M<sup>2</sup>, Urrego J<sup>1</sup>, Rincon CJ<sup>3</sup>, Amaya J<sup>4</sup>, Diaz L<sup>4</sup>, Rubio J<sup>4</sup>, Gomez P<sup>4</sup>

<sup>1</sup>Facultad de Ciencias Económicas, Universidad Nacional de Colombia, Bogotá, Colombia, <sup>2</sup>Universidad Nacional de Colombia, Bogotá, Colombia, <sup>3</sup>Universidad Nacional de Colombia, Bogotá, Colombia, <sup>4</sup>Universidad Nacional de Colombia, Bogotá, Colombia

**OBJECTIVOS:** Estimar la razón de costo-efectividad de las pruebas para tamizar la bacteriuria asintomática (BAS) durante la gestación en Colombia. **METODOLOGÍAS:** Se diseñaron dos árboles de decisión que presentan como unidad de desenlace el número de casos de pielonefritis evitados y el número de partos pretérmino evitados, respectivamente. La perspectiva es la del sistema de salud. Las cifras monetarias fueron expresadas en pesos colombianos de 2010. Se hicieron análisis de sensibilidad univariados y probabilísticos. **RESULTADOS:** La razón de costo-efectividad incremental (RCEI) del urocultivo para pielonefritis evitadas es de \$877.494; para partos pretérmino evitados es de \$13.895.576. La RCEI de la tinción de Gram para pielonefritis evitadas es de \$314.914 y para partos pretérmino evitados es de \$1.399.593. El urocultivo confirmatorio ante resultado positivo del parcial de orina es una estrategia dominada en todos los casos. **CONCLUSIONES:** El urocultivo es la alternativa que más casos de pielonefritis y de partos pretérmino evita. Si el umbral de disponibilidad a pagar es superior a \$970.000 por caso adicional de pielonefritis evitado, o superior a \$14.550.000 por caso adicional de parto pretérmino evitado, el urocultivo será costo-efectivo. Para umbrales entre \$350.000 y \$970.000 por caso adicional de pielonefritis evitada, o entre \$2.500.000 y \$14.550.000 por caso adicional de parto pretérmino evitado, la tinción de Gram será costo-efectiva. Para umbrales menores, el parcial de orina sin urocultivo confirmatorio será costo-efectivo.

#### PUK10 COST-EFFECTIVENESS OF CINACALCET CHRONIC KIDNEY DISEASE PATIENTS ON DIALYSIS WITH SECONDARY HYPERPARATHYROIDISM IN BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS)

Nishikawa AM<sup>1</sup>, Coutinho MB<sup>2</sup>, Custodio MR<sup>3</sup>, Pecoits-Filho RF<sup>3</sup>, Clark OAC<sup>1</sup>

<sup>1</sup>Evidencias, Campinas, Brazil, <sup>2</sup>Amgen Brazil, Sao Paulo, Brazil, <sup>3</sup>Brazilian Nephrology Society, Sao Paulo, Brazil

**OBJECTIVES:** Cinacalcet effectively reduces elevated levels of parathyroid hormone (PTH) in patients with CKD and consequently may reduce cardiovascular events, mortality and bone metabolism. This study assesses the cost-effectiveness of cinacalcet plus standard of care for the treatment of SHPT patients on dialysis compared to standard of care (SoC) alone, which includes vitamin D and phosphate binders, under the SUS perspective. **METHODS:** A Markov (state transition) cohort model with monthly cycles and 10-year time horizon was developed using published data from randomized controlled trials. The impact of cinacalcet treatment on mortality, cardiovascular events, fractures and parathyroidectomy were calculated based on a retrospective analysis. The Markov model consisted of the following health states: patient in target according to National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) targets (SHPT parameters in target range), patient not controlled (one or more parameters out target range) and death. Extensive one-way sensitivity analysis was conducted. Costs were extracted from official databases of prices of SUS. **RESULTS:** The life years gained (LYG) obtained with cinacalcet plus SoC and SoC alone was 4,42 and 3,55, respectively, resulting in an incremental cost-effectiveness ratio of USD 17,032 in a 10 year time horizon. Additional analysis showed that compared to SoC, cinacalcet was associated with more adequate levels of serum PTH, reduced the number of cardiovascular events (0,66 vs. 0,70), bone fractures (0,14 vs. 0,24) and parathyroidectomies performed (0,01 vs. 0,15). The sensitivity analysis showed that the main drivers of the result were the mortality probability in each of the SoC and cinacalcet groups, and the cost of cinacalcet acquisition. **CONCLUSIONS:** This model with data from the Brazilian Public Healthcare System shows that cinacalcet was cost-effective (cost per LYG gained) when compared to SoC.

#### PUK11 COST-EFFECTIVENESS ANALYSIS OF RABBIT ANTITHYMOCYTE GLOBULIN COMPARED TO BASILIXIMAB IN THE INDUCTION OF RENAL TRANSPLANT PATIENTS

Escudero P<sup>1</sup>, Misas JD<sup>2</sup>, Orozco-Cabal LF<sup>2</sup>

<sup>1</sup>Nephrology and Transplant Medicine, Bogotá, Colombia, <sup>2</sup>Sanofi-aventis de Colombia S.A., Bogotá, Colombia

Rabbit antithymocyte immunoglobulin (r-ATG) and basiliximab are used as induction treatment for renal transplant patients. Since the cost associated with these procedures is a limiting factor in their availability, it is necessary to determine the cost-effectiveness ratio, given the differences in clinical outcomes among them. **OBJECTIVES:** To determine the incremental cost-effectiveness ratio between r-ATG and basiliximab for defined clinical outcomes in patients undergoing induction treatment for renal transplantation. **METHODS:** We completed meta-analyses for r-ATG and basiliximab in induction treatment. The data was used to define global effectiveness outcome measures (i.e. relative risk-RR) necessary to perform a cost-effectiveness analysis for Colombia. The attributable risk was calculated using the RR for each clinical outcome. **RESULTS:** The quadrant analysis for the cost-effectiveness ratio showed that the simulations are in the first quadrant (I), except for the fatal outcome of high-risk patients located in quadrant IV. For every other outcome and analysis group, there was an increase in effectiveness and cost. The costs of reducing 1% the attributable risk

for each outcome (incremental cost-effectiveness) using r-ATG vs. basiliximab were: acute allograft rejection USD\$5,4 (standard-risk) - \$8,7 (high-risk); delayed graft function for high-risk patients USD\$57,4; graft failure USD\$20 (standard-risk)-\$31 (high-risk); death USD\$19,9 (standard-risk) - \$39,1 (high-risk). **CONCLUSIONS:** The results of the comparative analysis of r-ATG vs. basiliximab in induction of renal transplant patients showed that r-ATG is a cost-effective alternative for a significant proportion of the population for the examined outcomes in Colombia. The investment necessary to reduce the risk of the considered outcomes can be low considering its benefits, especially in a context where the availability of donors is limited.

#### PUK12

##### COST-EFFECTIVENESS OF BASILIXIMAB AS INDUCTION THERAPY FOR KIDNEY TRANSPLANTATION IN MEXICO

Lemus A<sup>1</sup>, Jimenez Aranda P<sup>2</sup>

<sup>1</sup>Novartis, Mexico City, Mexico, <sup>2</sup>Novartis, Coyoacan, Mexico

**OBJECTIVES:** In Mexico 2,200 kidney transplantations were performed in the last 5 years. The objective of this study was to assess the cost-effectiveness of Basiliximab, which is a chimeric interleukin (IL)-2 receptor monoclonal antibody, versus antithymocyte globulins (ATG) or do not apply an induction therapy. **METHODS:** Cost-effectiveness analysis of three strategies: Basiliximab, ATG, and no induction, for the induction stage of kidney transplantation. Effectiveness was measured by the incidence of acute-rejection within 12 months. Time horizon was 1 year, and no discount rate was applied. Brennan D, et al, 2006 showed non-statistically difference in efficacy between Basiliximab and ATG. However, Nashan B, et al., 1997 found a difference on acute-rejection risk in -17 percentage points (37.9% vs. 54.8%) between Basiliximab versus no-induction strategy. The costs included were the drugs cost and the kidney transplantation cost that was estimated in US\$29,334 according to DRGs at IMSS. Drug costs were from public tenders and from public health institution's perspective. **RESULTS:** The induction cost with Basiliximab was US\$31,191 and US\$76,621 with ATG. Basiliximab has the less average cost-effectiveness ratio (C/E) per acute rejection avoided with US\$512.46 compared to ATG. Basiliximab has the similar efficacy as ATG in patients at high risk for acute rejection, but with a lower cost which equals to 146% less per patient treated during the induction stage. Basiliximab compare to no-induction the Incremental cost-effectiveness ratio (ICER) per rejection avoided was US\$14,642. **CONCLUSIONS:** The analysis is not considering the whole opportunity cost of a kidney transplant beyond the cost of the intervention itself. However, Basiliximab represents a cost effective therapy for of acute-rejection in kidney transplantation with the lower average cost-effectiveness compared to no-induction and dominant vs ATG.

#### PUK13

##### COSTO-EFECTIVIDAD DEL TRASPLANTE RENAL COMPARADO CON LA DIÁLISIS EN COLOMBIA

Rosselli D, Rueda JD, Díaz CE

Pontificia Universidad Javeriana, Bogotá, Colombia

**OBJECTIVOS:** Evaluar costos, utilidad y efectividad del trasplante renal comparado con terapia dialítica en adultos con enfermedad renal terminal en Colombia, desde la perspectiva del sistema de salud. **METODOLOGÍAS:** Se diseñó un modelo de Markov con 60 ciclos mensuales (horizonte 5 años) y 8 estados, incluyendo muerte como estado absorbente. Las transiciones entre estado se obtuvieron de los registros internacionales (Collaborative Transplant Study, University of Heidelberg, y US Renal Data System). Los costos se presentan en dólares de 2012 (1 USD = COP\$ 1785) y se obtuvieron de diferentes fuentes locales: casos reales y validación de expertos para uso de recursos, tarifarios oficiales (ISS 2001 ajustado) para procedimientos, SISMED para medicamentos. Las utilidades, en años de vida ajustados por calidad (AVAC), se obtuvieron promediando las reportadas en la literatura. Los datos se validaron en reuniones de expertos. Se hicieron análisis de sensibilidad univariados, multivariados y probabilísticos. Otros indicadores de efectividad fueron meses de vida ganados, meses de diálisis evitados y muertes evitadas. La tasa de descuento fue 3% y el umbral de costo-utilidad de 3 veces el PIB = USD\$ 20,168. **RESULTADOS:** El costo promedio total del paciente trasplantado a 5 años fue de \$87,342, y el de diálisis \$77,451, para una utilidad de 2.9832 y 2.1037 AVAC respectivamente (razón de costo-efectividad incremental RCEI = \$11,246). Otros resultados fueron \$1434 por mes de vida ganado, \$282 por mes de diálisis evitado y \$48,487 por muerte evitada. Parte de la diferencia en costos entre las terapias es debida a la mayor sobrevida del paciente trasplantado. Si igualamos la mortalidad de ambas terapias los costos se igualarían al comenzar el tercer año. **CONCLUSIONES:** El trasplante renal es más costo efectivo, tiene mayor sobrevida y mejor calidad de vida; a partir del tercer año es costo-ahorrador al ajustar por mortalidad.

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

#### PUK14

##### QUALIDADE DE VIDA EM PACIENTES TRANSPLANTADOS RENAIIS

Maia RCF<sup>1</sup>, Monteiro WMS<sup>1</sup>, Silva MGC<sup>2</sup>

<sup>1</sup>Secretaria de Saúde do Estado do Ceará, FORTALEZA, Brazil, <sup>2</sup>UECE, Fortaleza, Brazil

**OBJETIVOS:** Descrever o estado de saúde autopercebido e quantificar a qualidade de vida relacionada à saúde dos pacientes submetidos a transplante renal em hospitais públicos de Fortaleza- Ceará. **MÉTODOS:** A amostra foi composta de 50 pacientes submetidos a transplante renal entre 30 a 90 dias de pós-operatório, atendidos nos ambulatórios dos hospitais do estudo, no período de janeiro a julho de 2012 e que concordaram em participar do estudo. A amostra foi aleatória sendo aplicado o Euroqol-5D-5L (EQ-5D-5L) para mensuração indireta de preferências por estados de saúde, acrescentando questões sobre perfil sociodemográfico. **RESULTADOS:** Os 5 domínios de avaliação do instrumento EQ5D mostraram que no item mobilidade, 42(84%) pacientes não apresentam problemas, quando aos cuidados pessoais, 44(88%) não tem problemas em realizá-los, 22(44%) deles não referiram problemas para realizar suas atividades habituais, enquanto 9(18%) sentem problemas

moderados e outros 9(18%) se sentem incapazes de realizar suas atividades habituais. No domínio dor/mal-estar, 33(66%) não refere dores ou mal estar. Sobre ansiedade e depressão, 36(72%) não se sentem ansiosos ou deprimidos. O estado de saúde autopercebido, medido pela escala analógica visual, mostra uma pontuação mínima de 30 e máxima de 100, numa média de 78,5. A grande maioria dos pacientes 24(48%) considera sua saúde excelente, 17(34%) afirmam estar com saúde regular. Apenas 9(18%) da amostra considera sua saúde ruim. Quanto às condições socioeconômicas da amostra, 40(80%) pacientes estão em idade produtiva (20-59 anos), média de 41 anos, sendo a predominância do sexo masculino 34(68%). A maioria dos pacientes entrevistados, 27(54%), recebe apenas o salário mínimo como renda individual, obtida por aposentadoria ou auxílio doença. **CONCLUSÕES:** Pelo resultado obtido nessa pesquisa infere-se que os pacientes transplantados renais apresentam uma boa qualidade de vida nos primeiros meses após transplante. Sugere-se pesquisa prospectiva com o intuito de observar sobrevivência e as mudanças na qualidade de vida desses pacientes.

#### PUK15

##### HEALTH-RELATED QUALITY OF LIFE OF HEMODIALYSIS PATIENTS IN INDONESIA

Perwitasari DA

Ahmad Dahlan University, Yogyakarta, Indonesia

**OBJECTIVES:** Health-Related Quality of Life (HRQoL) is one important outcome that should be monitored especially in chronic diseases. The long periode of treatment and the progress of diseases can give significant influence to patients' HRQoL. The study about HRQoL in developing countries will be important as one success parameter of treatment outcome. We conducted this study to understand the quality of life of the hemodialysis patients in Indonesia. **METHODS:** We carried out observational study in the public hospital during 2 months. The subjects involved in this study were chronic renal failure patients which have been at least two times hemodialyzed in a public hospital. All of the patients were covered with national health insurance to avoid to finance impact of quality of life. The quality of life was measured by Indonesian version of WHO-QoL questionnaire which included physical health function, mental health function, environmental function, and social function. The association between quality of life domain and other functions were evaluated as well. **RESULTS:** This study showed that in average the scale of fifty hemodialysis patients' quality of life was 70.38. In the other hand, the scale of physical, emotional, environmental and social function were 23.58, 18.10, 14.86 and 7.76, respectively. There were positive correlations between the functions and quality of life domain. The function that had highest impact on quality of life domain was physical function and the function smallest impact on quality of life of domain was social function. **CONCLUSIONS:** We understand that patients' physical function during hemodialysis could deteriorate their quality of life. Thus the better service of health care given to the hemodialysis patients in Indonesia could increase their quality of life.

#### RESEARCH POSTER PRESENTATIONS – SESSION II RESEARCH ON METHODS

##### RESEARCH ON METHODS – Clinical Outcomes Methods

#### PRM1

##### EFFICACY AND SAFETY OF PULMONARY VEINS ISOLATION WITH CRYO TECHNIQUE

Curnis A<sup>1</sup>, Cerini M<sup>1</sup>, Lipari A<sup>1</sup>, Vassanelli F<sup>1</sup>, Salghetti F<sup>1</sup>, Locantore E<sup>1</sup>, Belotti M<sup>1</sup>, D'Aloia A<sup>1</sup>, Vizzardi E<sup>1</sup>, Elmaghawry M<sup>2</sup>, Raweh A<sup>3</sup>, Bontempi L<sup>1</sup>

<sup>1</sup>University of Brescia, Brescia, Italy, <sup>2</sup>Aswan Heart Centre, Aswan, Egypt, <sup>3</sup>Faculty of Medicine, Lules University, Lugano, Switzerland

**OBJECTIVES:** Pulmonary vein isolation using cryoablation represents a recently developed technology for atrial fibrillation management. Its safety and efficacy need to be evaluated. **METHODS:** From February 2011 to December 2012, 58 patients underwent pulmonary veins isolation by cryoablation with Arctic Front Cryoballoon (40 men and 15 women) with a mean age of 64.2 ± 11.3 years (range 44-71), symptomatic paroxysmal atrial fibrillation refractory to medical therapy and at least two antiarrhythmic drugs. In 12 patients (20.6%) there was a normal left atrial diameter, while in the remaining 36 (79.4%) there was a documented mild to moderate dilatation (mean diameter 50 mm). The ejection fraction (EF) measured by echocardiography was normal in 47 patients (81%, mean EF 58.3%), while in 11 patients (19%) there was a moderate left ventricular dysfunction (mean EF 43 %). 76% of patients underwent 2 cryo applications for pulmonary vein, while in the remaining 24% of patients was not possible the cannulation of the lower right pulmonary vein for technical-anatomical reasons. We performed a clinical follow-up at 3 and 6 months with 24h Holter ECG (27 pts) and subcutaneous implant of Loop Recorder (28 pts). **RESULTS:** At the end of follow-up: 51 patients (87.9%) were asymptomatic for palpitations and in sinus rhythm, 4 patients (6.9%) went to the emergency department for palpitations with electrocardiographic evidence of typical atrial flutter and underwent SVC-tricuspid isthmus ablation and 3 patients (5.21%) experienced episodes of AF lasting less than 24 hours. **CONCLUSIONS:** The isolation of pulmonary veins ostium by cryoablation with Arctic Front Cryoballoon in our series is a safe and effective technique with a low incidence of recurrence of the arrhythmia in the short term.

##### RESEARCH ON METHODS – Cost Methods

#### PRM3

##### ESTUDIOS DEL COSTE DE LA ENFERMEDAD

Crespo C, Gisbert R, Brosa M

Oblikue Consulting, Barcelona, Spain

**OBJECTIVOS:** Analizar la producción de estudios del coste de la enfermedad (CoE) en el mundo durante 2000-2010. **METODOLOGÍAS:** Se realizó una revisión de los estudios de "Coste de la enfermedad" en inglés y español en PubMed y otras fuentes. Tras