Cardiac, renal and pulmonary disease). Inpatient and long-term results suggest lower all cause mortality in the current population compared to published trials. Preoperative stay was longer (2.8 vs. 1.9 days) in the retrospective data, while post-operative hospital stay was shorter (6.4 vs. 6–8.4 days). Time spent in the operating theater was 14–36% lower. Despite similar general (systemic) and EVAR related complication rates, fewer patients required conversion OR (0% vs. 1.5%) or re-interventions (10.1% vs. 15%).

**CONCLUSION:** Although this study was not comparative and prospective, results indicate that, due to additional experience, current EVAR procedures may have improved efficacy, decreased resource use and increased cost-effectiveness, compared with published trials undertaken earlier in the uptake of EVAR.

**SURGERY—Health Care Use & Policy Studies**

**SYSTEMATIC REVIEW OF PATIENT REPORTED OUTCOMES FOLLOWING INTRADISCAL ELECTROTHERMAL THERAPY (IDET) OR SPINAL FUSION FOR DISCOGENIC LOW BACK PAIN**

Andersson GB1, Melhaim NA2, Block IE3

1Rush Medical College, Chicago, IL, USA, 2Cleveland Clinic Foundation, Cleveland, OH, USA, 3Jon E Block PhD Inc, San Francisco, CA, USA

**OBJECTIVES:** Almost every individual will suffer an episode of low back pain (LBP) that disrupts normal activities; however, 5% of patients will experience severe pain and functional impairment chronically. This group consumes approximately 90% of health care costs for LBP, and the prognosis for recovery with nonsurgical management alone is poor. Current surgical preference is spinal fusion (SF), which is being utilized with escalating frequency. Intradiscal electrothermal therapy (IDET) is a minimally invasive, less costly alternative to SF. This systematic review compared clinical outcomes in patients undergoing IDET or SF for discogenic LBP. **METHODS:** English-language articles published from January 1995 through December 2006 were identified through searching the PubMed database and bibliographies. Articles were selected if disc degeneration or disruption was the primary indication, and if follow-up outcome data included evaluations of back pain severity, functional impairment and/or quality of life. Data were extracted and summarized on patient characteristics, surgical methods and clinical outcomes.

**RESULTS:** The search yielded 231 articles; 53 met stated criteria (20 IDET, 33 SF). Overall, there were similar median percentage improvements realized after IDET or SF, respectively, for 2 of the 3 outcomes evaluated: pain severity (52%, 50%), back function (14%, 42%) and quality of life (43%, 46%). Perioperative complications were common with SF (median: 14%) whereas adverse events were rare with IDET (median: 0%). The median percent-age of IDET patients experiencing a minimal clinically important improvement in pain severity was 61%. **CONCLUSION:** Patients with intractable discogenic LBP have a poor prognosis for recovery with few treatment options. IDET offers a minimally-invasive intermediate step in their continuum of care, with symptom amelioration comparable to SF without the surgical invasiveness, attendant complications and high costs. It may be prudent to offer IDET prior to SF in carefully-selected patients with definitive evidence of internal disc disruption.

**PHARMACOECONOMIC EVALUATION IN THE IRISH HEALTH CARE SETTING**

Usher C, Tilson L, Ryan M, O’Leary A, Barry M

National Centre for Pharmacoeconomics, Dublin, Ireland

**OBJECTIVES:** Following the September 2006 agreement between the Irish Pharmaceutical Healthcare Association (IPHA) and Health Service Executive (HSE) pharmacoeconomic assessment of technologies that may be of high cost or significant budget impact, may now be requested prior to reimbursement. The aim of this paper is to describe the pharmacoeconomic process in Ireland, currently conducted by the National Centre for Pharmacoeconomics (NCPE). **METHODS:** The Department of Health & Children (DoHC) determines which technologies will be subject to pharmacoeconomic assessment. Following notification from the DoHC, a preliminary meeting between the NCPE and the relevant pharmaceutical company is arranged, to determine information requirements. Further meetings precede the submission of a formal cost-effectiveness evaluation. The NCPE prepares a report based on the company submission. Finally, the company has an opportunity to review the NCPE report, and if necessary, to appeal it. The report is then submitted to the DoHC, where it can be used as an aid to the pricing and reimbursement decision making process. The whole process must take place within a 90 day period. **RESULTS:** Since the 2006 agreement, approximately 14 evaluations have been carried out by the NCPE, four of which were full economic evaluations of new drugs prior to reimbursement. The time from submission of the NCPE report to reimbursement ranged from 1 to 2 months. Two evaluations to inform public health policy were also conducted (hepatitis B and pneumococcal conjugate vaccines).

**CONCLUSION:** Following recent developments, the demand for pharmacoeconomic evaluation is set to increase. A major strength of this process is the timeliness to the reimbursement decision. The influence on public health interventions is already evident, where both vaccination strategies have been adopted into the routine infant immunisation programme. Evidence also suggests that the evaluation process is having a positive impact on prescribing in primary care.