in 2009: 73% of all costs, cumulatively 300,805.5 Euro (2009-2013). Total average costs for patients were 15,212 Euro (2009-2013) per patient. Average costs were around 48,884,01 EUR, Year-by-year average costs for 1 patient were as follows: in 2009 24.795 EUR, in 2010 4.682 EUR, in 2011 10.531 EUR. We also found negative significant statistical correlation between age of patients and costs. CONCLUSIONS: We performed first direct costs analysis in adult patients with NETs. Most data are needed to explore exact costs associated with CF treatment that is based in solid background for decision making process at national level.

PSY48

ANALYSIS OF THE COST OF INVASIVE FUNGAL INFECTIONS IN PATIENTS WITH HEMATOPOIETIC STEM CELL TRANSPLANTATION

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OBJECTIVES: To analyze the cost of treating invasive fungal infections (IFI) in stem cell transplant (SCT) patients. A cohort study from the hospital point of view was performed in the major hematology clinic in Sofia for one year period. Bottom up cost analysis for the consumed health care resources and their cost was performed for all stem cell transplant patients. Medical resources included in the analysis was the clinical tests, medical devices, transplantation procedure, medicines, blood and blood formulating products, conditioning regime and cost of hospital stay. Cost of the resources was taken from the hospital tariff and insurance fund. Direct medical cost was calculated for the event retrieved from the longitudinal IMS Hospital Disease Database (HDD) and for the patients when IFI appears. RESULTS: Every patient with hemopoietic stem cell transplantation is considered for highly risky for fungal infection appearing due to suppressed immune system. Antifungal prophylactic is obligatory for allageneic transplantation (n=27) and for susceptible patients with autologues transplantation (n=64). For allogeneic transplantation prophylactic is provided with voriconazole and costs 2.86 EUR. For 10 patients usual treatment regimen is 2011 and 2013 (2 009 Euro mainly due to increasing the average cost of hemopoietic stem cell transplantation mainly due to the increase in the cost of medicines to manage the infection.

PSY49

COST ANALYSIS OF VORICONAZOLE VERSUS LIPosomal AMphotericin B AND CASpofungin FOR PRIMARY THERAPY OF INVASIVE ASPERGILLOSIS AMONG HIGH-RISK HEMATOLOGIC CANCER PATIENTS IN SAUDI ARABIA

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OBJECTIVES: Published real-world studies suggest voriconazole may provide reduced treatment to understand the value-cost relationship. We then generated an oncoologic therapies. We then generated an

$\text{\textbf{RESUMEN}}$

Los autores presentan el desarrollo de un metanálisis que comparó el tratamiento con almacenes con caspofungina (A) (87,67€) y voriconason (87,67€) por cento 0.001) correlaciones. The analysis of real-world hospitalization data showed how the burden and complexity of SLE management increases as the organ systems involved accrue. Extrapolating the HDD data to the total Belgian population, about 1,800 SLE patients might require hospital treatments every year, representing a substantial burden for patients and society.

PSY50

AMBULATORY MEDICINES COST WITH TRANSTHYRETIN FAMILIAL AMYLOID POLYNEUROPATHY (TTR-FAP) IN PORTUGAL

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OBJECTIVES: Transthyretin Familial Amyloid Polyneuropathy (TTR-FAP) is a rare, progressive, degenerative and life-threatening neurodegenerative disease. Treatment for clinical symptoms of the disease is a priority. Although a rare disease, Portugal has the largest TTR-FAP Foci in the world but data on treatment costs is lacking. The aim of this study is to estimate the ambulatory medicines costs of TTR-FAP in Portugal. METHODS: TTR-FAP patient’s medicines utilization is fully funded by National Health System in Portugal since 2001. Since March 2013 Portuguese electronic prescription database was reviewed in order to identify drugs prescribed for TTR-FAP patients. Medical records were reviewed to assess whether drugs were prescribed for TTR-FAP patients and costs were correlated with patient’s age and gender. We also found negative significant statistical correlation between age of patients and costs. CONCLUSIONS: We performed first direct costs analysis in adult patients with NETs. Most data are needed to explore exact costs associated with CF treatment that is based in solid background for decision making process at national level.

PSY51

ASSESSING THE BURDEN OF SYSTEMIC LUPUS ERYTHEMATOSUS IN BELGIUM USING A LONGITUDINAL HOSPITAL DATABASE

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OBJECTIVES: To describe the hospital stays of patients with systemic lupus erythematosus (SLE) in Belgium during one calendar year. METHODS: All adult patients having ≥1 stay with a primary or secondary diagnosis of SLE (ICD-9-CM code 710.0) in 2009 and 2010 (2,051 EUR vs 2,009 EUR) and then increasing the total length of stay/patient, annual cost/patient and the number of organ systems involved (estimated per patient, based on the ICD-9-CM codes of associated diagnoses, further classified into SLE-specific organ systems). RESULTS: In 2013, 434 adult SLE patients were identified (82% female; mean age 46.3+-/-17.0 years old) and 50/400 patients (12.5%) had ≥5 organ systems involved as follows: Musculoskeletal 97.9%, Circulatory/respiratory 54.4%, Mental/Nervous system 38.8%, Digestive 31.8%, Renal 29.0%, Haematologic 25.0%, Skin/subcutaneous tissue 15.4%, Ophthalmologic 6.1%. The mean annual hospitalization cost per patient was €8,741 [1,751-7,533]. These patients generated 939 stays (2.2 [1-2] stays/patient; 27.9% unplanned admissions; 56.4% full hospitalizations with mean length of stay 8.4 days [2-9]. The in-hospital mortality was 2.2% and the mean total hospitalization cost was €4,069 [366-4,202]. The number of organ systems involved was significantly (p<0.001) correlated to age (Pearson/Spearman: 0.40/0.38). Number of stays/patient (0.21/0.26), total length of stay (0.57/0.59) and annual cost/patient (0.53/0.55). CONCLUSIONS: The analysis of real-world hospitalization data showed how the burden and complexity of SLE management increases as the organ systems involved accrue. Extrapolating the HDD data to the total Belgian population, about 1,800 SLE patients might require hospital treatments every year, representing a substantial burden for patients and society.

PSY52

BIOFERMA INTERVENTION VALUATION: AN EVIDENCE-BASED APPRAISAL FRAMEWORK FOR ONCOLOGY DRUGS

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OBJECTIVES: A myriad of valuation techniques are used by various healthcare state system stakeholders to appraise drugs. The objective of this evaluation was to develop a systematic and evidence-based approach to appraising a drug’s relative performance. We developed a multi-attribute valuation methodology taking into account efficacy, safety and humanistic factors to synthesize relative value created by pharmaceutical interventions: We report on our findings for ten oncoologic therapies.

$\text{\textbf{RESUMEN}}$

Los autores presentan el desarrollo de un metanálisis que comparó el tratamiento con almacenes con caspofungina (A) (87,67€) y voriconason (87,67€) por cento 0.001) correlaciones. The analysis of real-world hospitalization data showed how the burden and complexity of SLE management increases as the organ systems involved accrue. Extrapolating the HDD data to the total Belgian population, about 1,800 SLE patients might require hospital treatments every year, representing a substantial burden for patients and society.

PSY53

COST EFFECTIVENESS OF PONATINIB FOLLOWED BY STEM CELL TRANSPLANTATION VERSUS BEST SUPPORTIVE CARE FOR UK PATIENTS WITH PHILIPIDIA CHROMOSOME-POSITIVE ACUTE LYMPHOLYTIC LEUKAEMIA AFTER FAILURE OF DACABASIN

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1Sistema Saúde(ACSS). International Non-proprietary Names (INN) were extracted from TTR-FAP anonymized patient’s utilization was requested to Administração Central do Sistema Nacional de Seguro Social (ACSS). The total cost with TTR-FAP medicines dispensed in ambulatory setting was 1,612 673 €. The mean annual cost per patient was 801 € (standard deviation 1 233 €). CONCLUSIONS: We can conclude that Portuguese ACSS electronic prescription database is a useful, relevant and accessible strategy to estimate medicines expenditure rough anonymized individual patient data. Access to additional individual patient data such as age/gender would enhance future studies. We can estimate that the cost of 1-TTR-FAP patient’s medicines utilization in ambulatory medicin, with a mean annual cost per patient of 801 €.

$\text{\textbf{RESUMEN}}$

Los autores presentan el desarrollo de un metanálisis que comparó el tratamiento con almacenes con caspofungina (A) (87,67€) y voriconason (87,67€) por cento 0.001) correlaciones. The analysis of real-world hospitalization data showed how the burden and complexity of SLE management increases as the organ systems involved accrue. Extrapolating the HDD data to the total Belgian population, about 1,800 SLE patients might require hospital treatments every year, representing a substantial burden for patients and society.