incremental cost per QALY gained is 21.074 reais. In HCV non-
1 genotype patients, PEG2B increases LY by 1.02 and QALY by
0.47 years in comparison to non-PEG. The incremental cost per
QALY gained is 15.057 reais. The weighted average incremental
cost-effectiveness ratio, using population-based HCV geno-
type distribution estimates, for all genotypes was 17.832 per
QALY. CONCLUSIONS: Peginterferon alfa-2a (12 KD)/
ribavirin are a cost-effective therapy for treatment of naive adults
with CHC compared with standard interferon alfa-2b/ribavirin,
regardless of HCV genotype.

ESOMEPRAZOLE IS COST-EFFECTIVE COMPARED WITH
PANTOPRAZOLE IN THE ACUTE AND MAINTENANCE
TREATMENT OF REFLUX ESOPHAGITIS IN FINLAND

OBJECTIVES: To assess the cost-effectiveness of two treatment
strategies for reflux esophagitis (RE) in Finland: acute treatment
with esomeprazole 40 mg qd followed by maintenance treatment
with 20 mg qd, or acute treatment with pantoprazole 40 mg qd
followed by maintenance treatment with 20 mg qd. METHODS:
A decision analysis model was developed to compare the two
treatment strategies with regard to direct medical costs (drugs,
physician visits, investigations, procedures) and productivity
costs (absence from work and reduced productivity while at work)
using a 7-month time horizon. Probabilities for treatment
success were based on results from a large multinational, ran-
domised, double-blind clinical study of up to 8 weeks acute (n
= 3170) and 6 months maintenance (n = 2766) treatment of RE.
The proportion of patients with treatment success and an esti-
minated number of weeks with symptoms of gastro-esophageal
reflux disease (GERD) were used as effectiveness measures. Sen-
sitivity analyses were made by using upper and lower 95% con-
fidence limits of the clinical study results, as well as by changing
patient management assumptions. RESULTS: The proportion of
patients with treatment success, defined as healed RE within 8
weeks acute treatment and no relapse during subsequent main-
tenance treatment, was 83.4% and 69.6% for esomeprazole and
pantoprazole, respectively (i.e. an absolute difference of 13.8%).
This corresponded to 1.1 weeks less with GERD per patient by
using esomeprazole. In the base case analysis, the mean estimated
direct medical cost per patient was slightly lower for the
esomeprazole treatment strategy (€33) and the estimated productivity
loss per patient was considerably lower for the esomeprazole strat-
egy (€114). Sensitivity analyses supported robustness of main
findings. CONCLUSION: The esomeprazole treatment strategy
was found to be cost-effective compared with the pantoprazole
treatment strategy, since esomeprazole provides better effective-
ness and savings in work productivity costs at similar or lower
direct medical costs.

ECONOMIC EVALUATION OF ADACOLUMN® APHERESIS FOR
THE TREATMENT OF PATIENTS WITH MODERATE TO SEVERE
CROHN’S DISEASE (CD)/ULCERATIVE COLITIS (UC)

The two inflammatory bowel diseases (IBD), Ulcerative colitis
CD and Crohn’s disease UC are chronic relapsing diseases. As
the major part of the health care costs of IBD consists of hospi-
talizations and surgery, there is a great potential for novel ther-
apies to reduce costs and improve quality of life (QoL) if they
could reduce the relapse rate and maintain patients in remission.
A novel treatment option in these patients is the Granulocyte
and monocyte/macrophage apheresis (Adacolumn®). OBJECTIVES:
To estimate the cost-effectiveness of treating (CD) and (UC)
patients with Adacolumn® apheresis compared to standard
treatment. METHODS: We developed a Markov model for the
treatment of UC and CD. The model and our cost-effectiveness
application for CD and UC is based on four data sources: (a) an
uncontrolled clinical study of the first 100 patients treated with
Adacolumn® apheresis for IBD in clinical practice [The Scandi-
navian study], (b) a cohort of 147 IBD patients treated with
usual care from Denmark [Danish Crohn Colitis Database-
Copenhagen County]) including 1 304 patient years (c) prices of
health care and pharmaceuticals from Sweden, (d) and QALY
data from literature. RESULTS: Surgical operations and days in
hospital were reduced by %90 cent. The cost per QALY gained
by treating patients for three years with Adacolumn® is
US$19,015 for UC and US$70,142 for CD, respectively.
CONCLUSION: The comparison between the usual care treat-
ment and the Adacolumn® treatment is based on the matching of two
cohorts. Our results will be compared with forthcoming data
from a randomized clinical trial. Compared to usual care Ada-