tobacco use is important as a source of revenue. The objectives of this research is to quantify the general public value several aims of tobacco policy and the amount of tax revenue and to estimate “ideal” tobacco price where the price elasticity of tobacco consumption is given. METHODS: We conducted a web-based survey from 9-15, Aug 2012 including a discrete choice experiment (DCE) to elicit general public’s preferences for targeted smoking rate, tax revenue, tobacco policy for the younger generation and the usage of tax. Then, we numerically forecast general public’s support rate of a tobacco policy as a function of tobacco price where price elasticity is given. RESULTS: 1,077 completed questionnaires and were eligible for analysis. They statistically prefer the tobacco policy which results in lower prevalence of smokers, higher tax revenue, targeted for young people and tax revenue is used for general purposes. Given the price elasticity of 0.3, 0.4 and 0.5, highest tobacco price, which provides the highest support from general public including (β = 1.45; p < 0.001). CONCLUSIONS: The present price of cigarette per one pack is around JPY460 (EUR 3.3). When smokers are highly responsive to the price, they are successfully price elasticity when we price of cigarette is suitable when we consider public’s preference for tax revenue as well as normal policy measures. Rooms for further price elevations depends on the price elasticity of cigarette consumption.

**SENSORY SYSTEMS DISORDERS – Clinical Outcomes Studies**

**PS1**

**EFFICACY OF TREATMENTS FOR MACULAR OEDEMA SECONDARY TO BRANCH RETINAL VEIN OCCLUSION: A NETWORK META-ANALYSIS**

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OBJECTIVES: To indirectly compare the efficacy of approved treatments for macular oedema caused by branch retinal vein occlusion (BRVO) using a Randomized, controlled trials (RCTs) evaluating the at month 6 (or month 12) of at least two of ranibizumab 0.5mg re ne ra (after 6 monthly doses), aflibercept (4 mg, every 4 weeks), and dexamethasone implant (Ozurdex) (at treatment interval) as the primary outcome. The price of cigarette was comparable with aflibercept (RFR), 57% for ranibizumab, 15% for ranibizumab plus laser and 28% for aflibercept (RFR).

RESULTS: The analysis included seven RCTs. Patient-level data for three ranibizumab trials were re-analysed to match key inclusion criteria (BCVA, measured as Early Treatment Diabetic Retinopathy Study letters), and the percentage of patients gaining ≥15 letters. For two studies, the standard deviation around mean BCVA gain was estimated. A Bayesian network meta-analysis with random treatment arm effects model was used. Aflibercept (≥4 mg, every 4 weeks) was the most efficacious treatment option for treatment of BRVO.

**PS2**

**COMPARATIVE EFFECTIVENESS OF AN ACCELLULAR SYNTHETIC MATRIX AS AN ADJUNCT TO STANDARD CARE IN THE TREATMENT OF VENOUS AND MIXED LEG ULCERS: MODELING OF CLINICAL DATA AND ROUTINE DATA**

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OBJECTIVES: Recently, advanced treatments such as topical growth factors, biological dressings, and tissue engineered products have been developed in order to promote healing as well as to reduce the time of healing of chronic leg ulcers. Nevertheless, if standard care fails, there is no widely accepted, easy to use second-line care. Objective: To estimate costs and outcomes associated with omalizumab 300mg/every 4 weeks vs placebo. The population of interest was refractory to licensed dose of H1 antihistamines. The study was undertaken from 2011-2013.

METHODS: This is a cost-effectiveness study. Cost-effectiveness was assessed by estimating costs and outcomes associated with omalizumab 300mg/every 4 weeks vs placebo. Costs and outcomes were evaluated over a lifetime and discounted at 3%. Results were presented as incremental cost-effectiveness ratio (ICER) when compared with the standard care in the treatment of CIU patients in Turkey. CONCLUSIONS: A Markov model of 10 years horizon was developed to estimate costs and outcomes associated with omalizumab 300mg/every 4 weeks vs placebo. The ICER showed that omalizumab is a cost-effective treatment for patients with refractory CIU in Turkish setting.

**PS3**

**OUTCOMES OF PATIENTS WITH NEOASCAL AGE-RELATED MACULAR DEGENERATION (NAMD) IN GREECE UNDER RANIBIZUMAB**

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OBJECTIVES: To evaluate the efficacy of treatment with ranibizumab in a sample of Greek patients with NAMD. METHODS: In this observational, non-interventional, retrospective study, 194 cases with NAMD were enrolled from the Ophthalmology Department of Attikon hospital. Patients treated with ranibizumab for at least one year in one eye under routine clinical practice, and had at least one follow-up visit, were considered eligible. Patients participating in another study and/or were receiving pharmaceutical product containing VEGF inhibitors were excluded. Primary endpoints were the mean change in Best Corrected Visual Acuity (BCVA), and in Central Retinal Thickness (CRT), assessed by Optical Coherence Tomography. RESULTS: The average BCVA score per eye at baseline was 0.284 in decimal points (Snellen equivalent= 20/80; ETDRS letters= 57.7), which improved at final visit (-14 months after baseline) reaching 0.336 (Snellen equivalent= 20/60; ETDRS letters= 61.9), i.e. 59.4% of baseline. The mean CRT improved by 587.4 μm (p < 0.001) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3) with 4.9 ranibizumab injections overall (4.3 injections/year). CRT similarly improved as it decreased by 28.4%, from 290 to 207.7 μm (p < 0.001, r=0.683). An extra ranibizumab injection per eye per year reduced the mean CRT increase by 15.7% (95% CI 10.1-21.3). CONCLUSIONS: RANIBIZUMAB provides significant benefits in patient with NAMD under routine clinical practice by improving BCVA and reducing CRT, benefit which may be more important in a more frequent dosing regimen.

**PS4**

**RESULTS OF A DECUBITUS PREVENTION AND WOUND CARE PROJECT**

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OBJECTIVES: Background: The project focused on the preventive use, effectiveness and the better knowledge about the potential effects and mechanisms of dressings. Aims: To improve the effectiveness of wound care, to prevent effectively the appearance of pressure ulcers, to improve the quality of pressure ulcers, to improve the quality of dressing and wound management. METHODS: During 3 months of the project 80 patients of 3 active and 2 chronic care departments were involved, treatment of 84 pressure ulcers of 46 patients occurred. After the health check the attachment of dressings and the wound management were carried out according to the protocols and were documented on special datasheets. Subsequently, the checking and processing of questionnaires – continuing the monitoring of patient pathways – were done. RESULTS: Pressure ulcers did not develop in case of 79% of the patients after prevention, effectiveness of targeted prevention reached 95.5%. The incidence of decubitus fell by 1.6-1.7 % in the project (formation rate was 58.8-90.9 % lower in average). In the background of successful prevention min. 3-day use was observed, the preventive dressing was not cost-effective. The average length of wound care was 14 days, frequency was 8.2 times/patient. The healed or recovering wounds were more frequently treated, but rather for more days, how- ever the prevention was more cost-effective. CONCLUSIONS: Wound care starts with prevention. The quality of wound care should not decrease after the patient’s discharge, the home follow-up would be essential, nevertheless its “best practices” has not spread widely in Hungary yet. In the short term Decubitus Team doctors should be involved in patients’ discharge planning, however in the long term creation of a so-called Wound Care Centre could offer a sustainable solution. Hereinafter controlled trials of higher number of cases could prove the cost-effectiveness of intelligent dressings in wider aspects of the health care system.