

scenarios from removing a PA on lubiprostone when cost per PA >\$15.34 or PA approval rate >74.83%, or expected increase in prescriptions from lifting PA <19.99%. **CONCLUSION:** PA program for lubiprostone offers no financial savings to a health plan based on current approval rates and annual utilization for patients suffering from CC in the base case as well as in sensitivity analyses.

## PGI27

**INFLAMMATORY BOWEL DISEASES (IBD) PATIENTS PROFILE: FACTS EXTRACTED FROM A MULTICENTER RETROSPECTIVE STUDY**

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**OBJECTIVE:** Access the Brazilian inflammatory bowel diseases patients' profile **METHODS:** A retrospective database study was performed in 23 IBD treatment centers in 14 Brazilian reference cities. The centers collected data from the last 5 years about personal data, disease important aspects (like race and smoking habits), diagnosis and disease treatment. **RESULTS:** A total of 2529 medical records were analyzed. Crohn's disease was the most prevalent (49%) IBD. Sixty-five percent of the patients are Caucasian and 9% are smokers. The median weight of the patients are 62.5 kg and the median age 40.18% of the patients came to the actual medical center with a previous IBD diagnostic and 64% of this diagnosed group came with a previous treatment. **CONCLUSION:** This is the first time that significant information about the Brazilian IBD patient profile is evaluated. Knowledge of the IBD could be a useful tool for supply policy interventions. Combined with clinical data, this patient profile could contribute to the qualitative and quantitative evaluation of disease management policy for this group of illness.

## PGI28

**IMPORTANT FACTORS WHEN CONSIDERING TREATMENT FOR ULCERATIVE COLITIS**

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**OBJECTIVE:** To quantify preferences that ulcerative colitis (UC) patients place on treatment attributes when making therapy choices. **METHODS:** A telephonic survey of patients with UC > 18 years old who requested information from the website [www.LivingWithUC.com](http://www.LivingWithUC.com) from January to April 2006. Patients were presented with nine factors that might impact a UC patient's decision-making process regarding whether to use a biologic medication such as infliximab. A discreet choice methodology was employed using a complete block design, which presented 9 factors being tested in 36 discreet pairs and patients were asked to select the more important factor from each pair presented. **RESULTS:** A total of 427 UC patients were contacted to get 294 completed interviews. The median age was 50 years and 204 (69.4%) were female. Of respondents currently on medication, 71% indicated their symptoms were under control and 75% of these respondents were experiencing  $\geq 2$  flares per year. One third (34%) of respondents classified their UC as being moderate to severe. When asked about treatment options presented by their doctor, 42% had discussed surgery and 18% said doctors indicated surgery was a cure for UC. Half (50%) recalled their doctor presenting only one drug option, and of those presented with several options, 20% recall the physician emphasizing a particular drug. Respondents indicated healing the damage of the intestinal lining (74%) and avoiding surgery (73%) were important characteristics when deciding to use a product like infliximab to treat UC. Method of administration (23%) and cost

of co-pay (19%) were given least importance. **CONCLUSION:** While doctors may focus on surgery as a cure for UC, patients in this study state healing intestinal damage and avoiding surgery would be their most important reasons to use a medication. Doctors and patients may need to discuss a wider variety of therapeutic options for treating UC before surgery is considered.

## INFECTION—Clinical Outcomes Studies

## PIN1

**TREATMENT OF HEPATITIS C INFECTION FOR CURRENT OR FORMER SUBSTANCE ABUSERS IN A COMMUNITY SETTING**

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**OBJECTIVE:** The Ontario Addiction Treatment Centres (OATC) operates 26 clinics offering methadone maintenance treatment (MMT) to clients with a dependence on opiates. Until recently, MMT was a contraindication to antiviral therapy for the treatment of Hepatitis C virus (HCV) infected patients. The purpose of this study was 1) to describe a care model for treating HCV infected MMT clients in a community-based setting, 2) to describe clinical and demographic characteristics of these clients, 3) to assess rates of adherence to antiviral therapy, and 4) to assess rates of sustained virological response (SVR). **METHODS:** A review of patient medical records was employed. Clients considered for antiviral therapy at the OATC had achieved "functional stability", characterized by stable housing and a low frequency of substance abuse, in addition to meeting clinical criteria. Clients were followed by a hepatitis nurse, clinic physician or infectious disease specialist at the clinic where they received methadone. Use of illicit substances was monitored before, during and after antiviral therapy with regular urinalysis. **RESULTS:** Between November 2002 and January 2006, 109 clients (75 with genotype 1/4 and 33 with genotype 2/3) received at least one injection with pegylated interferon. The majority of clients were single (60%), living in a permanent apartment or house (94%), with a high frequency of self-reported psychiatric disorders (68%). A large proportion had a criminal history (71%) and many had been incarcerated (52%). Rates of adherence to treatment of 57% and 70% were achieved for genotypes 1/4, and 2/3, respectively. Rates of SVR in an intention to treat analysis were 51% for genotypes 1/4 and 64% for genotypes 2/3. Six clients discontinued therapy due to on-going problems with substance abuse. **CONCLUSION:** HCV antiviral therapy for current or former substance abusers can be successful in the context of specialized care for substance abuse.

## PIN2

**A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PEGYLATED INTERFERON, LAMIVUDINE, ADEFOVIR AND ENTECAVIR FOR THE TREATMENT OF HEPATITIS B**

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**OBJECTIVE:** To systematically review the effectiveness of pegylated interferon (PEG), lamivudine (LAM), adefovir (ADF) and entecavir (ENT) in treating CHB. **METHODS:** Pubmed, Embase, Cochrane, and Econlit were searched for randomized controlled trials assessing the efficacy of the selected drugs for treating CHB