ended and open ended multi-country questionnaire was designed to collect data from 1,000 clients (500 bars and 500 C-ports). Blood samples were withdrawn after obtaining an informed consent and were tested for HBV and HCV markers by Chromatography, enzyme-linked immunosorbent assay (ELISA) and polymerase chain reaction (PCR). RESULTS: The mean age was 28.4±9.7 years in both groups of bars (n=500) and C-ports (n=500). Among both groups, the sero-prevalence of HBV and HCV was 5.7% and 1.4%, respectively. Clients knew about hepatitis B and C viruses and whether barbers knew about them was not clear. The knowledge about the route of transmission was poor among barbers and good among clients. Half of the respondents in both groups knew about hepatitis B vaccination and only 15% were vaccinated. Sixty percent of the clients claimed disinfecting the instruments between clients and (88%) claimed using of new blades. During actual observation of practices, only 28% disinfect instruments between clients and 62% used new blades for each client. CONCLUSIONS: There is some awareness among barbers and clients about hepatitis B and C viruses but poor knowledge about the mode of transmission. This warrants to hold more awareness campaigns to increase awareness about these two blood borne viruses and the risk factors associated with their transmission particularly at barbers’ shop and to implement interventions to prevent spreading Hepatitis.

GASTROINTESTINAL DISORDERS – Cost Studies

PG16
AN ASSESSMENT OF THE ECONOMIC IMPACT OF MECHANICAL VERSUS HAND-SUTURED FIXATION OF INTRA-PERITONEAL ONLAY MESH (IPOM) IN OPEN VENTRAL HERNIA SURGERY: cost difference

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OBJECTIVES: Reduction in operative time has been shown to offer significant clinical benefits in many procedures including hernia repair surgeries. Ethicon Securestrap™ Open mechanical mesh is a new mechanical mesh fixation system that has been shown to significantly shorter time compared to hand-sutured fixation of IPOM mesh in open ventral hernia surgery. This analysis assesses the potential economic value of reduction in operative time with mechanical fixation compared to suture fixation. METHODS: A decision model was developed to evaluate the budget impact to hospitals of adopting Ethicon Securestrap™ Open repair of ventral hernia. A reduction in mean fixation time comparing suture to mechanical fixation was included based on a preclinical study that demonstrated about 89% reduction. Related benefits in terms of risk of surgical site infections, owing to shorter operative duration were included based on the literature. Costs of the mechanical fixation device and suture supplies, OR time, anesthesia time, and potential avoided complications were considered in the economic model. RESULTS: Based on the model inputs, an overall potential saving of $259,604 (43%) was estimated for 100 fixations if they were done using Ethicon Securestrap™ Open versus suture. Although the use of Ethicon Securestrap™ Open added $50,000 in supplies costs, this was completely offset by potential savings in OR time costs ($186,570), potential reduction in avoided surgical site infection or seroma costs due to shorter operating room time ($104,210), and in anesthesia costs ($41,324). Use of Ethicon Securestrap™ Open was found to be potentially cost-effective with a cost difference of a total of about 58 hours in OR time per 100 conversions. CONCLUSIONS: This analysis represents the first economic evaluation of Ethicon Securestrap™ Open repair of ventral hernia. Adoption of Ethicon Securestrap™ Open fixation device would likely result in significant savings for hospitals, driven by shorter procedure time and its related clinical benefits.

PG17
COST ANALYSIS OF A FIBRIN SEALANT PATCH FOR PARENCHYMAL BLEEDING DURING ELECTIVE HEPATIC SURGERY: A GERMANY HOSPITAL PERSPECTIVE

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OBJECTIVES: Hemostasis after resection may be difficult to achieve and there is thus an increased focus on reducing blood loss and resource use with hemostatic products. This study estimated the cost impact of a novel fibrin sealant patch (i.e., EVARREST®) vs. standard of care (SoC) for bleeding control in hepatic resection. METHODS: An economic analysis quantified 30-day cost impact of EVARREST® vs. SoC from a German hospital perspective. This analysis used data from a randomized trial, which included aggregated resource use reported within 30 days. Resources included initial treatment and re-treatment, operating time, hospitalization, transfusions, and ventilator. SoC was composed of manual compression with a small percentage using hemostats. The primary analysis included resources clinically related to the significant hemostasis benefit of EVARREST® vs. SoC (i.e., initial treatment and re-treatment with hemostats methods, operating time, transfusions, and blood units). A secondary analysis included all resources evaluated in the primary analysis with the addition of hospital stay, proportion of patients with re-treatment, and was performed widely across geographic regions. EVARREST® was evaluated using based on average USD to Euro exchange rate over the last 10 years. Published data on German costs were applied to resource use. Sensitivity analyses were performed on several variables including EVARREST® costs ($472 to $735) for available sizes. RESULTS: The primary analysis predicted that EVARREST® acquisition cost is offset with cost impact reduced to $82 per patient vs. SoC (sensitivity range: $86 to $125). Secondary analyses predicted further resource reduction with EVARREST®. CONCLUSION: Initial treatment and re-treatment with EVARREST® patch and EVARREST® hospital stay were important analysis drivers. CONCLUSIONS: This analysis suggests that EVARREST® may result in cost savings, in addition to meeting an important unmet need for controlling bleeding in hepatic surgery. Further study in more patients may be required to confirm findings.

PG18
SMALL NAVICULAR HEPATITIS C PATIENTS – ARE PATIENTS UNDER 65 DIFFERENT?

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OBJECTIVES: Previous studies have shown that the majority of Medicare patients with hepatitis C (HCV) treated with DAAs were age 65 or older. The cost difference between Medicare patient age groups. METHODS: An analysis of HCV patients was conducted using the 2010-2011 Centers for Medicare and Medicaid Services Part A and B fee-for-service claims. Patients with an HCV ICD-9 code and 6 months of follow-up were included. Patient characteristics, resource utilization and 6-month costs were compared between patients age-65 and age-65. The impact of age on medical costs adjusting for demographics, reason for initiation (SoC), Medicare status, and overall health status (measured by CGI) was assessed using generalized linear models fit with a gamma distribution and log link function. RESULTS: 16,417 HCV patients with complete data were identified. Patients age 65 (n=11,258) were significantly older compared to patients age 65+ (n=5,159), while patients 65+ OREC was primarily due to old age and survivors insurance (80%). ESRD accounted for 8.8% of patients age-65 and 1.7% aged-65. Medicaid dual-eligibility was twice as common among younger patients (38% vs. 66.8%, p<0.01). Younger patients had a higher prevalence of alcoholism (35.6% vs. 30.6%, p<0.01) and drug abuse (43.3% vs. 12.2%, p<0.01), comorbidities that also risk factors for HCV. Yet overall health, as measured by CGI, was higher for younger patients (1.82 vs. 2.51, p<0.01). Younger patients had more hospitalizations (0.48 vs 0.33, p<0.01) and emergency department visits (2.04 vs. 1.77, p<0.01). 6-month medical costs for patients age-65 were $1,285 higher than those 65+ (p=0.01). After adjusting for OREC, HCV-related comorbidities, CGI, demographics and Medicaid status, age was no longer associated with cost. CONCLUSIONS: The results of this analysis represents the first economic evaluation of Ethicon Securestrap™ Open re-fixation of IPOM mesh in open ventral hernia surgery. Adoption of Ethicon Securestrap™ Open fix was no longer associated with cost.

PG10
ESTIMATION OF HEPATITIS C COSTS IN TURKEY VIA EXPERT OPINION: DELPHI PANEL

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OBJECTIVES: The aim of the study is to estimate the cost of Hepatitis C in Turkey through reaching consensus on the current clinical practice, resource use and the course of treatment. METHODS: This study uses the Delphi method to reach experts’ consensus on the clinical practices currently being used in Turkey. Delphi method is a multi-stage, panel-based method for obtaining high quality judgments. The survey conducted for this study includes questions to understand the clinical resource use in order to calculate the associated costs. According to the literature, there are no studies with similar exercises after the second round of the Delphi panel including hepatologists, infectious diseases specialists and a gastroenterologist with transplanta-tion experience. According to panel consensus, among all of the experts that an expert follow, the rate of patients who need hepatitis C treatment (regardless of diagnosis) is 1% for gastroenterologists and 20% for infectious diseases specialists.
50% of Hepatitis C patients in Turkey are female and the mean age of patients is 50. Approximately 60% of patients are treatment naïve. Approximately 90% liver transplant procedures are performed in Turkey per year and the success rate is around 85%. From the payer’s perspective, the average annual cost (excluding hepatitis C drug costs) of a chronic hepatitis C, compensated cirrhosis, decompensated cirrhosis, hepatocellular carcinoma (HCC) or HCV-related deaths (LRD). We also projected the number of new HCV infections in society due to HCV-infected people released from prisons. RESULTS: The total costs under no and SYR screening were $6.9 million and $8.3 million per 10,000 people, respectively for 30 years. The cost per life years saved was $19,248 per year. The incremental cost-effectiveness ratio of SYR screening was $43,000 per QALY. In comparison with no screening, SYR screening can avoid 136,000 new HCV infections in 30 years, where 7% of these infections can be attributed to infected persons released from prisons back in the society. The 5-year screening can also reduce the cumulative incidence of DC, HCC, LT and LRD by 14-17%. CONCLUSIONS: SYR screening followed through treatment in prisons is cost-effective at $50,000 per QALY. Resources spent in prison substantially reduce the burden of HCV in both prisons and the society at large.

PG14 COMPARISON COSTS OF ERCP AND MRCP IN PATIENTS WITH SUSPECTED BILIARY OBSTRUCTION BASED ON A RANDOMIZED TRIAL

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OBJECTIVES: A decision-analysis Markov model was developed to predict the health and economic outcomes in the genotype 1 HIV and HCV co-infected population. Patients co-infected with HIV and HCV with a mean age of 54 years and 25% with chronic HCV infection, 50% with chronic HIV infection, and 25% with both chronic HIV and chronic HCV infection were included, adopting a societal perspective. The cost values are expressed in 2012 Canadian dollars. RESULTS: Direct costs attributable to visits were CAN$335 in the ERCP and CAN$5750 in the MRCP group. The procedures costs were CAN$233,852 and CAN$52,689 for the ERCP and MRCP groups, respectively. Indirect costs were incurred twice more in the MRCP than in the ERCP group. Direct costs of complications amounted to CAN$207,086 (ERCP group) and CAN$253,347 (MRCP group). Total direct costs added up to CAN$464,910 for the 126 patients in the ERCP-first strategy and CAN$852,689 for the 131 MRCP-first patients. With regards to indirect costs, MRCP group patients spent more days in scheduled GI visits (8 days) and hospitalizations (49 days), but less days in procedures (18 days) and in time away from activity of daily living (48 days). Overall total indirect costs were quite similar (ERCP-first CAN$92,219 versus MRCP-first CAN$90,912). CONCLUSIONS: This cost analysis suggests only a small difference in total costs, favoring the ERCP-first, and is principally attributable to procedures and hospitalizations with little impact from indirect cost measurements.

PG15 HEALTH AND ECONOMIC OUTCOMES OF SOFOSBUVIR THERAPY AS PREDICTED BY A MARKOV MODEL IN THE HCV/HIV CO-INFECTED COHORT

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OBJECTIVES: A decision-analytic Markov model was developed to predict the health and economic outcomes in the genotype 1 HIV and HCV co-infected population. Patients co-infected with HIV and HCV with a mean age of 54 years and 25% with chronic HCV infection, 50% with chronic HIV infection, and 25% with both chronic HIV and chronic HCV infection were included, adopting a societal perspective. The cost values are expressed in 2012 Canadian dollars. RESULTS: Direct costs attributable to visits were CAN$335 in the ERCP and CAN$5750 in the MRCP group. The procedures costs were CAN$233,852 and CAN$52,689 for the ERCP and MRCP groups, respectively. Indirect costs were incurred twice more in the MRCP than in the ERCP group. Direct costs of complications amounted to CAN$207,086 (ERCP group) and CAN$253,347 (MRCP group). Total direct costs added up to CAN$464,910 for the 126 patients in the ERCP-first strategy and CAN$852,689 for the 131 MRCP-first patients. With regards to indirect costs, MRCP group patients spent more days in scheduled GI visits (8 days) and hospitalizations (49 days), but less days in procedures (18 days) and in time away from activity of daily living (48 days). Overall total indirect costs were quite similar (ERCP-first CAN$92,219 versus MRCP-first CAN$90,912). CONCLUSIONS: This cost analysis suggests only a small difference in total costs, favoring the ERCP-first, and is principally attributable to procedures and hospitalizations with little impact from indirect cost measurements.