appear amenable to education and a more active role in performing tobacco cessation interventions in their offices.

FACTORS RELATED TO STOP SMOKING'S ATTEMPTS AMONG A FRENCH COHORT OF SMOKERS: (FOCUS STUDY)
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OBJECTIVES: This study aims at evaluating the attempts to stop smoking and the factors related to these attempts in a cohort of smokers followed during 2 years. METHODS: A sample of 6032 individuals aged 15 years or more, representative of the French population, received a self-administered questionnaire in November 2006. Eight hundred and nine smokers were identified and contacted again in June 2007, November 2007, June 2008 and November 2008. A statistical analysis was performed on smokers who were reached and interviewed in all phases. RESULTS: In total, 277 smokers (34%) responded to all interviews. Among them, 10%, 12%, 15%, and 18% were quitters in June 2007, November 2007, June 2008, and November 2008, respectively. Seven percent of smokers were consistently quitters at all follow-up interviews. Thirty four percent of smokers quit smoking at least once more than one month between two interviews. Smokers who attempted to quit smoking during the follow up period (43%) were less dependent to tobacco (p < 0.01) and lighter smokers (p < 0.01). The probability to stop smoking longer than one month decreased in more dependent smokers: Odds Ratio = 0.77 (CI 95%: 0.67-0.89) and increased in smokers with fear of cardiovascular diseases and cancers: Odds Ratio = 2.38 (CI 95%: 1.03-5.50), and medical conditions such as High Blood Pressure, Dyslipidemia, Asthma and Diabetes: Odds Ratio = 2.42 (CI 95%: 1.10-4.37). Among 42% of smokers who declared having intention to stop smoking at the beginning of the study, 30% actually did an attempt to quit smoking after a follow up of 2 years. CONCLUSIONS: Half of smokers reporting intention to quit did not make an attempt within 2 years. Quitting smoking more than one month was related to dependence to tobacco and current health care conditions while fear of smoking-related diseases motivate smokers to quit smoking.

URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

USE OF A BAYESIAN MIXED TREATMENT META ANALYSIS TO SUPPORT REIMBURSEMENT DECISION MAKING OF PHOSPHATE BINDER THERAPY IN END-STAGE RENAL DISEASE
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OBJECTIVES: Comparative data is routinely preferred by reimbursement decision makers. The study objective was to estimate the dose relativity of two non-calcium based phosphate binders, lanthanum carbonate (LC) and sevelamer hydrochloride (SH) in the treatment of end-stage renal disease (ESRD). METHODS: An indirect comparison based on a systematic literature review and Bayesian mixed treatment meta-analysis methodology was used to determine the equipotent doses of LC and SH. The methodology met Australian Pharmaceutical Benefits Advisory Committee standards, a rigorous Health Technology Assessment Agency. The outcome measure of interest in ESRD was the mean daily dose required to control serum phosphate at target levels. The data were analyzed using WinBUGS software. Posterior results were estimated after a burn-in of 25,000 iterations and thinning the MCMC chain every 25 iterations to account for autocorrelation. Goodness-of-fit was also assessed. RESULTS: The literature review identified nine trials and three treatments comparing LC to calcium (6), SH to calcium (2) and SH to LC (1). An unconstrained baseline model using a gamma likelihood for the sample mean doses (and sample variances) required to achieve a specific phosphate reduction and control was fitted. An a priori assumption was that the population standard deviations between treatments were different. The analysis showed that the dose required to achieve phosphate reduction and control was 2.33 (95% CI: 1.75, 3.01) times greater with SE versus LC. The dose relatively is consistent with the ratio calculated using the World Health Organization’s defined daily dose for LC and SH. CONCLUSIONS: This study illustrates how a mixed-treatment comparison can be used to aid in drug therapy decision making when direct head-to-head data is limited. Using this approach, the dose relativity of the mean daily dose of sevelamer to the mean daily dose of lanthanum carbonate was determined as 2.33.

EFFECTIVENESS AND COST-EFFICACY OF PHOSPHATE BINDERS IN HEMODIALYSIS
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OBJECTIVES: In Germany, 66,508 patents were on haemodialysis because of chronic renal insufficiency in 2006. Hyperphosphataemia is the strongest independent risk factor for mortality in renal patients. Because a reduction in the ingested phosphate intake and hemodialysis are not able to reduce serum phosphate concentrations to recommended values, phosphate binders (P-binders) are used to bind ingested phosphorus in the digestive tract. Besides the traditional therapies calcium- and aluminum salts, sevelamer and lanthanum are recent developments on the market. The purpose of the present Health Technology Assessment (HTA) was to compare the effectiveness, safety and economic efficiency of different P-binders in chronic renal insufficient patients. METHODS: The systematic literature search yielded 1251 abstracts. Following a two-part selection process with predefined criteria 18 publications were included into the assessment. RESULTS: All P-binders effectively controlled serum phosphate, calcium and intact parathyroid hormone concentrations. The number of hypercalcemic episodes were higher when using calcium-containing P-binders compared to sevelamer and lanthanum. Regarding mortality rate, cardiovascular artery calcification and bone metabolism no definite conclusions could be drawn. Economic studies showed higher costs for sevelamer and lanthanum compared to calcium-containing P-binders. CONCLUSIONS: The validity of the present HTA is limited due to the limited number of available publications, the low sample size of treated patients and the fact that the majority of studies were funded by industry and are based on the same patient collectives. From a medical point of view, sevelamer showed superiority over calcium-containing P-binders at least for special indications.

FORECASTING SPANISH RENAL REPLACEMENT THERAPY TRENDS FROM REGISTRY DATA: A QUANTILE REGRESSION APPROACH
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OBJECTIVES: To forecast Spanish Renal Replacement Therapy (RRT) trends from registry data. METHODS: In Spain, RRT figures are published yearly by the Spanish Nephrology Society (Spanish acronym, SEN) registry. States described include hemodialysis (HD), peritoneal dialysis (PD), and transplant (TX). Both incidence and prevalence figures are provided. The SEN registry gathers data from several regional registries. However, an unbalanced panel is faced, as some relevant registries enter or exit the analysis from year to year. Drop-outs make SEN figures highly volatile and impractical for epidemiologic or economic studies. Firstly, original data from the SEN registry were collected and weighted in order to account for the whole Spanish popula-

THE IMPACT ON COSTS OF TREATING COMPLICATIONS DUE TO CRONIC KIDNEY DISEASE IN PATIENTS UNDERGOING HEMODIALYSIS IN THE PUBLIC HEALTH CARE SYSTEM IN BRAZIL
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OBJECTIVES: To evaluate the impact on costs of treating complications derived from chronic kidney disease (CKD) in patients undergoing hemodialysis in the public health care system in Brazil. METHODS: Owing to the lack of local databases, a survey with experts was conducted to collect data about the main causes of hospital admissions which resulted from complications during the dialysis period of CKD patients. A group of 600 patients from reference centers in Brazil was studied. Later, the experts answered to a questionnaire about the procedures needed to manage complications. Then, a micro-costing was performed, only direct costs were considered: length of staying, medical procedures, physician fees and drugs. Sources used for costing were: SAISP/SPS—SUS (the government reimbursement procedures list), Revista Kairos (materials price list). The time horizon of this analysis was 1 year, thus no discount was assumed. The perspective assumed was that of the public payer with hospital admissions caused by CKD complications significant in the period 1996/2007, as shown by graphical analyses, trend coefficients significance (p < 0.05), and goodness-of-fit of QRs. Positive trends were found in HD (R2 = 0.718), PD (R2 = 0.538), and TX (R2 = 0.652) prevalences; and in HD (R2 = 0.719, quadratics), PD (R2 = 0.526), and TX (R2 = 0.535) incidences. Overall, the predictive performance of the regression models considered was good. CONCLUSIONS: SEN registry weighted RRT data display strongly significant trends, during the period of study, as shown by both graphic analyses and QRs results. Fore-casted RRT figures are very useful in epidemiologic or economic studies, overcoming the problems, namely the high volatility, observed in published registry data.