GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

UTILIZATION OF TOTAL PARENTERAL NUTRITION IN A SOUTH INDIAN TERTIARY CARE HOSPITAL
Sreedharan N1, Venitha M1, John P1, Girish T1, Vijayanarayana K2, Gabriel R2
1Manipal University, Manipal, India, 2New Medical Center Specialty Hospital, Madinat Zayed, United Arab Emirates

OBJECTIVES: Total Parenteral Nutrition (TPN) is an essential pharmaceutical prepa-
ration used in hospitalized patients to whom enteral feeding is not possible or for critical care patients with compromised gastrointestinal tract function. Use of TPN reduces the incidence of malnutrition, which is a leading complication associated with various medical and surgical conditions. Hence the purpose of the study is to assess TPN utilization in surgical in-patients and its outcomes. METHODS: Retrospective analysis of surgical in-patients receiving TPN from Jan 2013 to Dec 2012. All patients receiving TPN were included in the study. Patient characteristics and treatment details were collected. Data were analyzed using SPSS @ version 20.0. RESULTS: A total of 120 patients were recruited for the study. The age of the patients ranged from 26 to 84 years old. Majority of patients (67.5%) were males. A large proportion (40.8%) of the patients received TPN were those who underwent surgical procedures and had intestinal obstruction. Major metabolic complication included hypernatremia (25.7%), hypokalemia (11.3%), and hypoproteinemia (11.1%). Highest incidence of recovery rate among patients who received TPN peripherally compared to those who received it via a central line. Among the patients receiving TPN, mortality was higher in patients who had infections (31.5%) than without infection. In 93.3% of the cases, TPN were considered to be appropriate indications and rest inappropriate. From an economic standpoint, the total avoidable cost with TPN mounted to 2,48,200 Indian Rupees. CONCLUSIONS: Practical TPN reduced mortality in post-surgical patients. Greater attention to nutritional assessment to determine caloric need and nutritional requirement for individual patients should further improve benefits, reduce mortality and save treatment costs in hospitalized patients.

DIAGNOSIS AND MANAGEMENT OF MODERATE-TO-SEVERE IRritable bowel syndrome (IBS-C) IN SPAIN: THE IBRS-C STUDY
Mean F1, Cortes X2, Mackintosh C3, Hamza W4, Koolhoven E5, 6
1Servicio de Emergencias, Hospital Infanta Elena, Madrid, Spain, 2Hospital Clínico San Carlos, Madrid, Spain, 3Ironwood Pharmaceuticals, Cambridge, MA, USA, 4Institutionen for Geriatric Medicine, Örebro University, Örebro, Sweden, 5Consulting, Mayo Clinic, Rochester, Minnesota, USA

OBJECTIVES: To investigate the health technology-related costs of Italian inflam-
atory bowel disease (IBD) centers dealing with Crohn’s disease (CD). METHODS: Following the hospital staypoint, a questionnaire-supported cost description was performed on a convenience sample of 38 Italian IBD centers participating in the ongoing Survey on Quality Of Life in Crohn’s Patients (SOLI). Consistently with their average useful life, a 5-year straight-line depreciation approach was adopted for calculating the yearly cost for each health technology. Cost description was undertaken either considering all centers as an undifferentiated sample, or stratifying them according to their complexity (number of beds for in-ward and day-
hospital; personnel dedicated to CD patients; number of cross-border CD patients; availability of dedicated centers for biological drugs administration; feasibility of electronic patient forms). Costs (€2012) were reported as mean (standard devia-
tion, SD). RESULTS: Half of centers (19/38) were public teaching hospitals, whereas 18/38 were regional referral centers for CD (15/38). The study sites were located in Northern (12/28, 31%), Central (11/31, 28% and Southern (15/38, 39%) Italy, and could be classified as high (32/38, 84%), moderate (1/38, mild (3/38), and low (2/38) complexity centers: Endoscopy, capsule endoscopy and ultrasonography were the most widespread health technologies available in 92.1%, 78.9% and 34.2% centers, respectively. Considering the non-differentiated sample, mean yearly cost for health technologies amounts to €23,557.50 (€24,277.90). High complexity centers report the highest mean yearly cost of €55,380 (€25,706.90), whereas the lowest mean yearly cost of €5,113.60 (€0) refers to the unique moderate complexity center. Regardless of site complexity, the cost-driver was endoscopy, which accounts for a percentage of the mean yearly cost that ranges from 36.9% (high complexity) to 57.8% (moder-
ate complexity). CONCLUSIONS: Considering the undifferentiated sample, the site complexity is taken into account, remarkable differences exist about costs for health technologies managing CD patients.

CHRONIC HEPATITIS C TREATMENT PATTER N AND RESOURCE USE
Crawford F1,2, Tang A1, Li H1, Burns L4, Wads K1, McDonald J1,3,4
1Adelphi Values, Tokyo, Japan, 2Japan and Asia, 3Bristol-Myers Squibb, Wallingford, CT, USA, 4Bristol-Myers Squibb, Hopeville, NJ, USA

OBJECTIVES: While discussions on health technology assessment (HTA) in Japan continue, platforms for real-world population-based studies are lacking. We attempt...
to compare two large commercial databases focusing on GH patients' characteristics and treatment. METHODS: We analyzed the Medical Information Database System (MIDS) database containing employer-based health insurance claims and the Medical Data Vision (MDV) database containing administrative data from acute care hospitals. Patients aged 20 years or above and diagnosed with GH were included in the study. The datasets were linked with hepatitis C antibody status for humans. GH viruses were excluded. Patient characteristics and treatment patterns for GH were compared. RESULTS: 3,590 (MIDS) and 29,702 (MDV) confirmed GH patients were included in the study. Patients treated in MIDS were younger than those in MDV (age 51.6±11.9 and 63.2±13.4) and had fewer comorbidities (Charlson Comorbidity Index 1.3±1.7 and 1.9±2.1). More patients in MIDS were found to have prior GH treatment (37.2% vs. 24.6%). With an index date of September 2011, about a third of the patients were treated with peginterferon (in MIDS n=2,777, 35.4%; in MDV n=4,791, 31.0%; MDV) treated for GH, comprising of 10.2% (n=365, MIDS) and 5.5% (n=1,620, MDV) on antiviral treatments (interferon or direct acting antiviral combinations) and 25.2% (n=906, MIDS) and 15% (n=875, MDV) on liver protection treatments, respectively. The mean total treatment duration was 19.3 weeks (MIDS) versus 21.9 weeks (MDV). The mean duration of telaprevir therapy was 10.8 weeks (MIDS) and 10.1 months (MDV), followed by 11.7 weeks (MIDS) and 3.4 months (MDV) of peginterferon/ribavirin therapy. CONCLUSIONS: Both databases found low treatment rates for GH. Although the findings are consistent, there are differences in database populations and treatment patterns that warrant further research. Using these administrative databases for real-world research may be useful depending on research objectives.

PG147 COHORT OF GH PATIENTS IN ITALY: SIZING AND TREATMENTS IN A SAMPLE OF ITALIAN HEPATOLOGY CENTERS Lanati EP1, 2, Gazzarrini D3, Gasbarrini A1, Ruggeri M1, Sacchini D2, Caporaso N2, Foglioli S2 1Department of Public Health, Università degli Studi di Milano, Milan, Italy, 2Medical Oncology, San Raffaele University Hospital, Milan, Italy, 3Department of Gastroenterology and Endocrinology, University of Bari, Bari, Italy

OBJECTIVES: The aim of this study is to give an overview of the treatment available for the patients with Hepatitis C Virus (HCV) through the segmentation of HCV patients in Italy. METHODS: The study was carried out in 9 hepatology centers, treating HCV patients in 9 Italian Regions. The structures selected constitute a representative sample of the Italian scenario, including both public and private hospitals, centers of Centers of Excellence, managed in northern, southern, and center of Italy (representing about 24% of the 2.000 patients treated with first generation Triple Therapy in Italy according the PARI group). The study demonstrated that, concerning the treatment of HCV, there are significant differences among the hepatology centers, both in terms of life years (LY) relative to the general population's life expectancy. The natural care in HCV in Belgium.

PG148 THE COSTS-EFFECTIVENESS OF SOFOSBUVIR VERSUS STANDARD OF CARE (SOC) IN CHRONIC HEPATITIS C FROM A BELGIAN REIMBURSEMENT PERSPECTIVE (PHRIS) De Grote K1, Delwaide J2, Michielsen P3 1INNOSENS Ijba, Brakel, Belgium, 2Centre Hospitalier Sart-Tilman, Liège, Belgium, 3UZ Antwerp, Edegem, Belgium

OBJECTIVES: Hepatitis C Virus (HCV) infection resulting in chronic liver disease has an estimated prevalence in Belgium of 0.87% (Beutels, 1997) with 59% of patients having genotypic 1 HCV (GT1), 6% GT2, 19% GT3 and 16% GT4-5. Sofosbuvir (SOF), a novel HCV treatment, has demonstrated high rates of sustained virological response (SVR) when given with ribavirin to subjects with chronic HCV infections (all GT's). The objective of this analysis was to assess the cost-effectiveness of sofosbuvir vs SOC in the treatment of chronic hepatitis C (CHC) in the following: 1) GT1 (GT1b & 1c) & 2) GT4-5. The primary outcome measure is incremental cost-effectiveness ratio (ICER) using a Markov-based model. Comparisons were made with the current standard of care (SOC) with pegylated interferon plus ribavirin (in patients with GT1) and pegylated interferon plus ribavirin with the addition of ribavirin (in patients with GT4-5).

PG149 WHAT METRIC TO CHOOSE FOR INDIRECT COMPARISON OF TREATMENTS WHEN MULTIPLE COMPARISONS ARE FEASIBLE: LUBIPROSTONE VERSUS PRUCALOPRIDE IN CHRONIC CONSTIPATION Hatswell A1, 2, Gruffiths A1, Lichten 3, Loisch-Beridon T1, Pennington B1 1Exigo Consultores, Alhos Vedros, Portugal, 2OptumInsight, Uxbridge, UK, 3Hospital Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal, 4Hospital do Jale, Porto, Portugal, 5Hospital General Universitario de Alicante, Alicante, Spain

OBJECTIVES: For a recent health technology appraisal in the treatment of chronic idiopathic constipation, direct evidence of the effectiveness of a new intervention (lubiprostone) against the standard of care (prucalopride) was not available. The aim of this study was to review the available data from clinical trials and perform indirect comparisons between the two treatments where possible. METHODS: A literature search (in Medline and other databases) was conducted in December 2013 for trials of lubiprostone or prucalopride. Data for any comparable endpoints to those of lubiprostone were extracted from the papers, and indirect comparisons performed using the Sudoku meta-analysis model. RESULTS: There were 18 randomised clinical trials for lubiprostone were identified (three company-sponsored, and a small clinician-led trial), as well as three company-sponsored clinical trials for prucalopride. After data extraction, indirect comparisons were possible for seven different endpoints, including the primary efficacy parameter of the prucalopride studies (‘Spontaneous Complete Bowel Movements’), and a range of symptom comparisons. In total, five of the seven indirect comparisons favoured lubiprostone, with statistical significance reached in favour of lubiprostone once and prucalopride once. CONCLUSIONS: The indirect comparisons showed that lubiprostone is likely to be at least as effective as prucalopride, with numerical superiority in five out of seven comparisons. However, the number of feasible indirect comparisons on a range of endpoints raises a wider question: which to use in cost-effectiveness modelling? Although analyses generally agree about the relative efficacy of the two products, given the range of endpoints with associated relative risks, to reduce these to a single comparison (as is current practice) may omit important and relevant information about relative efficacy.

PG150 HIGH THERAPEUTIC EFFICIENCY WITH SOFOSBUVIR FOR THE TREATMENT OF CHRONIC HEPATITIS C in EU countries Félix I1, Silva M2, Ferreira D3, Wanndelle B4, Queria F5, Cure S5, Aldir P6, Carvalho A7, Macedo G8, Marinho RT9, Pedrotto I10, Ramalho P11 1Exigo Consultores, Alhos Vedros, Portugal, 2OptumInsight, Uxbridge, UK, 3Hospital Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal, 4Hospital do Jale, Porto, Portugal, 5Hospital General Universitario de Alicante, Alicante, Spain, 6Hospital Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal, 7Hospital de São João, Porto, Portugal, 8Coimbra hospital, Coimbra, Portugal, 9Hospital de São João, Porto, Portugal, 10Hospital de Santa Maria, Lisbon, Portugal, 11Hospital do Porto, Porto, Portugal

OBJECTIVES: The efficacy of treatment with sofosbuvir (SOF) versus placebo in patients with chronic hepatitis C (CHC) with genotype-1, regardless of whether or not they have previously been treated with interferon, is well-established and the drug has been approved in all major public health regions of the world. However, recent decades have seen numerous health policy changes in many countries, including changes in CHC treatment policies, particularly in the European Union (EU). METHODS: Based on the available evidence, the aim of this study is to describe the current state of SOF treatment in Europe, including the stage of development of the drug in each country.

PG151 COMPARISON OF THE BURDEN OF IBS WITH CONSTIPATION ON HEALTH-RELATED QUALITY OF LIFE (HRQOL), WORK PRODUCTIVITY, AND HEALTH CARE UTILIZATION TO ASTHMA, MIGRAINE, AND RHEUMATOID ARTHRITIS IN THE United States, UK, AND FRANCE Taylor DCA1, 2, Kosinski M3, Reilly K1, Lundrigan L1 1Pharmaceutical Outcomes, Inc, Coralville, IA, USA, 2QualityMetric, OptumInsight Life Sciences, Lincoln, RI, USA, 3AbbVie Inc, ABBV, USA, Barcellona, Spain

OBJECTIVES: Studies have shown that irritable bowel syndrome (IBS) and its subtype irritable bowel syndrome with constipation (IBS-C) have a significant burden on health-related quality of life (HRQOL), work productivity, and health care utilization. However, no studies have compared the burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions. Objective was to evaluate burden of IBS-C to similar chronic conditions.