in reducing antibiotic exposure in adult ICU patients with sepsis, compared to current practice of empirical antibiotic therapy in the Netherlands (NL). The group of patients with sepsis in this study included patients from five hospitals in the Netherlands. The costs were estimated from a societal perspective using a micro-costing approach. The results showed that the incremental cost savings of a PCT-strategy were estimated for NL. Cost-effectiveness is expressed as incremental cost savings of a PCT-algorithm compared to current practice increase per-patient costs in both strategies, but less so for the PCT-algorithm. As a result, 4.5% and 3.9%, respectively. Including ABR and CDI costs in the analyses increases the net cost savings of approximately $4 billion over 40 years.

The economic consequences of a PCT study, we perform clinical-economic comparisons of co-testing with genotyping and sequencing for women aged 30-65 years. Though patients with cardiac complications post-PCI consumed significantly more health-care costs than those without. At 36 months, cardiac related mean total costs were £14,754 95% CI [£14,571, £14,936] for those with angina vs. £8,407, 95% CI [£8,324, £8,489] for those without. Significant cost differences continued to 36 months post-PCI. These were £10,215, 95% CI [£10,083, £10,348] vs. £6,552, 95% CI [£6,503, £6,601] for those with and without angina, respectively. Total costs were highly correlated with the number of patients and exons. "Conclusions: The cost-effectiveness of PCT in the management of patients with COVID-19 is high, with a cost-effectiveness ratio of 38% and 39% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively. The cost-effectiveness of PCT is highest in patients with severe COVID-19, with a cost-effectiveness ratio of 52% and 68% for the Netherlands and the United States, respectively.

Methods: Two diagnostic algorithms were compared to the reference standard, which was defined as a combination of Pap smear and HPV testing. The reference standard was used to determine the metastases and cost of PET. Therefore, all costs were included in the analysis. The costs were expressed in 2014 Euros. Sensitivity analysis was performed.

Conclusions: This real-world study demonstrated that patients with cervical cancer, particularly those at high risk of recurrence, benefit significantly more from more aggressive primary care than those without, with all cost categories and, across all services considered. Decision makers, and clinicians, should be aware that interventions that target both primary and secondary prevention strategies associated with lower incidence of cardiovascular complications could significantly reduce unplanned admissions and associated financial burden to the NHS.
by applying the meta-analytic results to U.S. lengths of stay, costs, and practice patterns to estimate the annual ARI visit rate for the one million member cohort, by setting (inpatient, ICU, outpatient) and ARI diagnosis. RESULTS: In the inpatient setting, the costs of procaine-aided guided care for the one million member cohort was $2,083,545, compared to $2,780,322, resulting in net savings of nearly $700,000 to the payer over one year. The ICU and outpatient settings were $73,326 and $5,329,824, respectively, summing up to overall net savings of $6,099,927 for the cohort. Results were robust for all ARI diagnoses. For the whole U.S. insured population, procaine-aided guided care would result in $1.6 billion in savings annually. CONCLUSIONS: Our results show substantial savings associated with procaine-aided protocols of ARI across common U.S. treatment settings. These results are robust to changes in key parameters, and the savings can be achieved without any negative impact on treatment outcomes.

PMDS5 A MICROSCOPING STUDY OF RADIATION THERAPY IN LOCALIZED PROSTATE CANCER PATIENTS IN A HUNGARIAN TERTIARY ONCOLOGY CENTER Zemplényi A1, Kaló Z2, Boncz F1, Endrei D1, Mangel L2

1University of Pecs, Pécs, Hungary; 2Édesvíz Loránd University (ELTE), Founder & CEO, Syne Reconstructive Medicine, Ltd., Budapest, Hungary.

OBJECTIVES: The purpose of our analysis was to determine the costs of the conventional three-dimensional radiation therapy (3D-CRT) and the normal and hyper-fractionated intensity-modulated radiation therapy (IMRT and HF-IMRT) for the treatment of localized prostate cancer, and to compare the treatment costs with the reimbursement fees.

METHODS: The cost-analysis was performed with micro-costing method based on the data of a Hungarian oncology center from the perspective of the health care provider. We estimated the usage rate in each phase of the radiation therapy process through face-to-face interviews with radiation oncologists, radiation therapists and physicists. The average positioning and treatment delivery time were assessed from the data of 100 fractions delivered in 20 patients. A unit cost for each cost component was calculated based on the actual costs retrieved from the accounting system of the oncology center. We assumed the irradiation scheme to be: 40.5% in the 3D-CRT and IMRT, and 56% in the hypofractionated scheme. Capital costs were taken into consideration in the calculation. Costs were converted to EUR by applying actual exchange rates (1 EUR = 309 HUF).

RESULTS: Based on our calculations the expected mean cost of patients treated by 3D-CRT, IMRT and HF-IMRT were 3,395,036 EUR, 3,066,038 EUR and 2,864,036 EUR respectively. The current reimbursement fee for 38 and 25 fractions were 3,513 EUR and 2,635 EUR respectively. CONCLUSIONS: Although IMRT and HF-IMRT has already been proven to be cost-effective compared to 3D-CRT, the current reimbursement fees do not encourage healthcare providers to use the more effective therapy techniques. The revision of intervention codes, DRGs and cost-weights in terms of radiation therapies for prostate cancer is desirable in order to resolve this anomaly.

PMDS6 ANALYSIS OF COSTS FOR DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF PATIENTS WITH POSSIBLE TEMPOROMANDIBULAR DISORDERS IN UKRAINE Telishhevskaya O, Makeyev V, Telishchevska UV, Shebyinsky L, Piniazhko O

Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

OBJECTIVES: According to a number of publications frequency of complaints on temporomandibular joint (TMJ) ranges from 2% to 7% on a placebo in modern dentistry after other dental diseases such as caries and its complications. The necessity of high-quality, relevant and available modern dentistry after other dental diseases such as caries and its complications was based on a decision-analytic simulation model. More than one billion different screening designs was recently revised. The revised standard, ISO 15197:2013, tightens the range of results compared to previous 0.4-4% deviation from the reference value to ± 1.5%. The objective of this analysis is to evaluate the economic value of accuracy differences between ISO compliant and non ISO compliant meters in Spain, using a modelling approach.

METHODS: Clinical and economic outcomes were simulated over a 20 years treatment period for mean age 65 years old, 30% women, and 70% men. The costs and incremental net savings were calculated based on the costs of procalcitonin -guided care for the one million member cohort. 3% of all patients were included in the Australian and Dutch study. The total cost savings would exceed 51% billion annually. Conclusions: MONITORING blood glucose is a key component of diabetes management as it is often used in clinical decision making. It can also be used to save money. The analysis of this study might encourage the conversion of all patients using non ISO compliant meters to ISO compliant meters in the European Union, where ISO 15197:2013 will become mandatory in May 2016. It might also enhance stricter standards in countries where these requirements will not be mandatory.

PMDS7 HIGHER ACCURACY OF BLOOD GLUCOSE MONITORING SYSTEMS IN TYPE 2 INSULIN TREATED DIABETIC PATIENTS IN SPAIN: CLINICAL AND ECONOMIC IMPACT Khan-Miron A

Universitat Pompeu Fabra, Barcelona, Spain

OBJECTIVES: Accuracy standards of blood glucose monitoring systems have been recently revised. The revised standard, ISO 15197:2013, tightens the range of results compared to previous 0.4-4% deviation from the reference value to ± 1.5%. The objective of this analysis was to evaluate the economic value of accuracy differences between ISO compliant and non ISO compliant meters in Spain, using a modelling approach.

METHODS: Clinical and economic outcomes were simulated over a 20 years treatment period for mean age 65 years old, 30% women, and 70% men. The costs and incremental net savings were calculated based on the costs of procalcitonin -guided care for the one million member cohort. 3% of all patients were included in the Australian and Dutch study. The total cost savings would exceed 51% billion annually. Conclusions: MONITORING blood glucose is a key component of diabetes management as it is often used in clinical decision making. It can also be used to save money. The analysis of this study might encourage the conversion of all patients using non ISO compliant meters to ISO compliant meters in the European Union, where ISO 15197:2013 will become mandatory in May 2016. It might also enhance stricter standards in countries where these requirements will not be mandatory.

PMDS8 HEXAMINOLEVULINATE BLUE-LIGHT FLEXIBLE CYSTOSCOPY IN ADDITION TO STANDARD WHITE-LIGHT CYSTOSCOPY IN THE FOLLOW-UP OF NON-MUSCLE INVASIVE BLADDER CANCER: COST-CONSEQUENCES DURING OUTPATIENT SURVEILLANCE IN SWEDEN Daníel M, Malmintrum P, Blackberg M, Malminis M

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OBJECTIVE: Bladder cancer (BC) can be life-long and requires intensive and routine monitoring and treatment, which makes it costly and impacts on patients’ health perception. Hexaminolevulinate is a photosensitizing agent selectively absorbed by cancer cells which light up in red when illuminated with blue light, approved for improving detection and removing of BC. The objective is to evaluate the cost- consequences of using Hexaminolevulinate-guided blue-light flexible-cystoscopy (HBLFC) as an alternative to white-light flexible-cystoscopy (WLFC), compared with WLFC alone, in the follow-up of non-muscle invasive carcinoma (NMIBC) one year after diagnosis and recurrence. METHODS: A cost-consequence model using a combination of a decision tree and Markov cohort state transition model structure was developed using a Swedish setting. Swedish guidelines and a hospital perspective perspective. 20% of patients were followed in the diagnostic arm. All patients were followed in the surveillance arm. The model was initially run for 5 years and successively treated with an initial transurethral resection of bladder tumour (TURB) The 231 patients were distributed across all risk groups. The model captured costs ($/145 SEK) of surveillance and treatment of recurrence and progression over a 5-year period using 3-month-cycles.

RESULTS: The total cost over five years was marginally higher, 1.6%, for HBLFC (SEK 14,033,864) compared to WLFC (SEK 13,815,155) although cost-saving from year 2. HBLFC resulted in reduced resource demand versus the comparator (TURB: 124.1 vs 126.1, cystectomies: 56.3 vs 58.8, operating room [OR] time [hours]: 428.9 vs 447.4; bed days: 18.7 vs 19.5). High-risk patients represented the largest share of the costs but also the main benefits in clinical outcomes. CONCLUSIONS: HBLFC was cost neutral over 5 years and reduced the number of bed days and OR time compared to WLFC alone, remaining mainly from fewer TURBTs and cystectomies. The greatest overall benefits were seen among high-risk patients, but other risk-groups are likely to benefit as well. Future model development will include quality-of-life data.

PMDS9 A DECISION TREE MODEL TO EVALUATE THE COSTS AND CONSEQUENCES OF USING DUAL ANTIBIOTIC BONE CEMENT VERSUS SINGLE ANTIBIOTIC BONE CEMENT IN HIP HEMIARTHROPLASTY Goffin M, Slatte D, Hanstorp M

1Castello Medical Consulting Ltd, Cambridge, UK, 2Henesa Medical GmbH, Wuehlheim, Germany

OBJECTIVES: The use of antibiotic-laden bone cements in surgical operations of the hip to help prevent surgical site infections (SSI) and avoid their negative consequences During the perioperative period are associated with significant morbidity and mortality. The objective of this study was to evaluate the costs and consequences for the NHS in England and Wales associated with the use of a dual antibiotic cement (CPOLAG® G+) compared to a single antibiotic cement (PALACOS® R+G) in the treatment of fracture healing with hemiarthroplasty for femoral neck fractures. A de novo decision tree model was developed, incorporating relevant clinical events of 30-day mortality, superficial and deep SSIs, and revision procedures, over a 1 year time horizon. Probabilities were informed by published literature and results of a key randomised controlled trial comparing the two interventions. Costs were sourced based on a decision-analytic simulation model.