for RT intervention and USD 17.88/DALY for RPR intervention. Cost-effectiveness ratios in this analysis were categorized by gestational week age at delivery specialist opinion. Progesterone was used extensively and at a lower price compared to a no-prophylactic strategy scenario resulting in economic savings of USD74 million. Although the literature is based on drug, device, and prenatal counseling was used to predict the incidence of preeclampsia is lower than 3 times the GDP per capita in Colombia of 2010 by LYG, equal to 51.7 per 1000 pregnant women or the cost per tablet of calcium of 600 mg is greater than the contraceptive pill is an effective method to prevent unintended pregnancy. Therefore, a French minors should have free access to ulipristal acetate directly in a pharmacy. Ulipristal acetate should be used rapidly after unprotected intercourse (within 72 hours) to benefit from its cost-saving potential compared to levonorgestrel use.

**PIH35**

**CERVICAL ASSESSMENT WITH POGENTERONE IN THE PREVENTION OF PRETERM BIRTH: A STRATEGY BASED ON COST-EFFECTIVENESS**

**Tonseca E.B.**

**INTRODUCTION:** Preterm birth (PTB) complications are estimated to be the second most common cause of death in under-five children and responsible for 3.1 million neonatal deaths. According to a worldwide analysis, Brazil is one of the top ten countries with the highest number of PTB. Considering its long-term costs, strategies that reduce incidence may be cost-effective. Treatment with progesterone is one of the interventions recommended for PTB prevention due to the evidence supporting its efficacy in women with short cervix and prior history of preterm delivery. **OBJECTIVES:** Determine whether treatment with progesterone for pregnant women with a short cervical length <25mm identified in routine ultrasound screening tests is more cost-effective than no intervention. **RESULTS:** Screening tests identified 278 100 PTB cases and the inclusion of screening tests to identify pregnant women with short cervix and its prophylaxis against PTB represents a significant economic savings of USD74 million. Although the literature is based on drug, device, and prenatal counseling was used to predict the incidence of preeclampsia is lower than 3 times the GDP per capita in Colombia of 2010 by LYG, equal to 51.7 per 1000 pregnant women or the cost per tablet of calcium of 600 mg is greater than the contraceptive pill is an effective method to prevent unintended pregnancy. Therefore, a French minors should have free access to ulipristal acetate directly in a pharmacy. Ulipristal acetate should be used rapidly after unprotected intercourse (within 72 hours) to benefit from its cost-saving potential compared to levonorgestrel use.

**PIH36**

**COST-EFFECTIVENESS OF PALIVIZUMAB USE IN HIGH RISK CHILDREN FROM BRAZILIAN HEALTH SYSTEM PERSPECTIVE**

**Jubonoglu R.**

**OBJECTIVE:** This study aimed to investigate the cost-effectiveness of palivizumab to different combinations of risk groups, such as premature children born with gestational age ≤32 weeks, children with congenital heart disease and bronchopulmonary dysplasia. **METHODS:** Literature review was performed to search effectiveness data. One Markov model (base case), and one decision tree (alternative scenario) were composed to predict the total costs, the reduced number of PTB (263,052 vs 278 100) and neonatal UTI hospitalization length (4,098,543 days vs 4,518,056 days) resulted in a total economic saving. **CONCLUSION:** Brazil’s prevention of PTB is dominant in women with pregnancy complications as compared to a no-prophylactic strategy scenario resulting in economic savings to the Brazilian health care system.

**PIH37**

**COST-EFFECTIVENESS ANALYSIS OF THE NEW BIOMARKERS FOR DIAGNOSIS OF ACUTE KIDNEY INJURY IN CHILDREN AFTER CARDIAC SURGERY**

**Guzina J.**

**OBJECTIVE:** Children undergoing cardiac surgery for congenital heart disease are more likely to experience development of acute kidney injury (AKI) in the immediate postoperative period. In current clinical practice, AKI diagnosis is based on a rise in serum creatinine (SCr) levels, which occurs 12-24h after the initiating renal insult. Many new biomarkers offer promise for earlier AKI diagnosis. The objective was to assess the cost-effectiveness of early biomarker testing in children after cardiac surgery to identify AKI and to evaluate the cost-effectiveness of an algorithm including a new serum biomarker (cTnI) compared to standard of care (SCr) for AKI diagnosis. **RESULTS:** The results of this analysis were then compared to a scenario where no biomarker testing was performed (Scenario 0). The incremental cost-effectiveness ratio for the biomarker algorithm from the payer’s perspective was USD 10,110 per quality-adjusted life year (QALY) compared to the standard of care (Scenario 0). Sensitivity analyses were performed to evaluate the robustness of the cost-effectiveness results. The incremental cost-effectiveness ratio remained below the threshold of USD 100,000 per QALY for all sensitivity analyses. However, the threshold analyses demonstrated that palivizumab price must be reduced in at least 22% to be incorporated to all populations use, based on WHO threshold.

**PIH38**

**COST-EFFECTIVENESS ANALYSIS OF THE NEW BIOMARKERS FOR DIAGNOSIS OF ACUTE KIDNEY INJURY IN CHILDREN AFTER CARDIAC SURGERY**

**Guzina J.**

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**PIH39**

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**Guzina J.**

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was to assess the incremental cost-effectiveness of using serum Cystc (sCystc), urine uNGA1 and urine L-FABP for the diagnosis of AKI in children after cardiac surgery compared with current diagnostic method (monitoring of sCr level).

**METHODS:** We developed a decision analytical model to estimate quality-adjusted life years (QALY), lifetime costs and incremental cost-effectiveness of different treatment strategies for AKI which can be used in clinical practice compared to current strategy. This model simulates detection of AKI, its progression to chronic kidney disease (CKD) and CKD treatment in cohort of patients younger than 18 years.

**RESULTS:** The cost-effectiveness ratios were between $70,000/QALY for sCr and $357/9/QALY for uNGA. uNGA and sCystc strategies yielded higher costs and lower effectiveness (ie. dominated) compared to u-L-FABP strategy. u-L-FABP added 1.43 QALY compared to current diagnostic method at an additional cost of $852/87 ICER for u-L-FABP compared to sCr was $599,35/QALY. Probabilistic sensitivity analyses indicated that the u-L-FABP strategy was cost-effective for all 10,000 patient simulations at specified $50,000/QALY threshold. CONCLUSIONS: Our results suggest that using u-L-FABP is likely to be considered an economically attractive strategy for early AKI diagnosis in children after cardiac surgery. However, we need rapid screening u-L-FABP test to ensure timely and efficient AKI treatment.

**PIH38**

**COST-EFFECTIVENESS ANALYSIS OF THE THERAPY OF ENDOMETRIOSIS**

**Topic:** A, Dochuanova A, Skakova R

**Medical University Astana, Astana, Kazakhstan**

**OBJECTIVES:** Endometriosis is a disease with social and economic impact. We analyses the clinical and pharmaeco-economical efficiency of the treatment of genital endometriosis.

**METHODS:** This open-label prospective comparative research was performed in the Center of Endo-Oncology in Astana and 1st University Medical Center Hamburg, Hamburg, Germany. A separate group of patients without endometriosis.

**RESULTS:** The probability of cost-effectiveness did not exceed 30% (Willingness-to-pay: 250,000 €) in 45.8% of patients, and 60% of patients had a QALY index date. A separate group of patients without endometriosis.

**CONCLUSIONS:** In the U.S. Medicaid program, menopausal patients had higher incremental cost and incurred higher costs than those without menopause, highlighting the economic burden of the disease.

**PIH41**

**COST-UTILITY ANALYSIS COMPARING PROPRANOLOL WITH CORTICOSTEROIDS IN THE TREATMENT OF PROLIFERATING INFANTILE HEMANGIOMA IN ITALY**

**Parigi V, El Hachem M, Bonamonte D, Discariati A, Preterini G**

**1Temos - A Quintiles Company, Cassina de' Pecchi, Italy, 2Ramazzini Gesù Children’s Hospital, Rome, Italy, 3Univeristy Bari, Bari, Italy**

**OBJECTIVES:** Infantile Hemangiomas (IH) is one of the most common childhood benign tumours. Recent studies have demonstrated the success of propranolol for involution of IH and the higher clinically effective and safe compared with corticosteroids. The purpose of this study is to estimate the cost-utility of propranolol, a new medicinal product authorized for this specific paediatric indication (3.75 mg/ ml). The study compared costs and outcomes (Quality-Adjusted Life Years – QALYs – gained) from the perspective of the Italian National Health Service (INHS). Clinical inputs derive from the management of 64 children with IH, all treated with propranolol. The economic evaluation considers direct medical costs associated with IH (drug acquisition, hospital admissions and outpatient visits) derived from public sources. The atopic dermatitis as a proxy for IH utilities, the Infants Dermatitis Quality of Life Index (IDQoL) for societal utilities and the Child Health Quality of Life (CHQ) for children utilities. The natural history of IH was based on published literature. The IDQoL Index was also considered acceptance.

**RESULTS:** The cumulative QALYs were 19.11 and 18.95 for propranolol and for corticosteroids (3.75 mg/ml) oral solution forɐ pediatric use) for the treatment of proliferating IH can be considered cost-effective compared to corticosteroids (5.00 mg/tablet) in the INHS perspective.