RESULTS: A substantial share of the variance (around 20%) was related to the hospital level. Preliminary results suggest that supplementary fees had a borderline significant negative impact on DES use. Further hospital characteristics also had a significant impact on the use of DES (p < 0.05), as well as area characteristics.

CONCLUSIONS: Although there seems to be a small influence of supplementary fees on the use of DES, further hospitals' and area characteristics might be of higher importance than reimbursement incentives. Attaching the diffusion of technologies to financial incentives only would fall too short.

PM065

SYSTEMATIC REVIEW OF STUDIES OF THE EFFICACY OF NEGATIVE PRESSURE THERAPY FOR COMPLEX FOOT WOUNDS IN DIABETIC PATIENTS
Quecodo L1, Del Nargo F1

AIM: To perform a systematic review of the existing literature regarding the use of negative pressure therapy (NPT) in the management of chronic wounds in people with diabetes.

METHODS: A comprehensive search of the literature was conducted using electronic databases including PubMed, Ovid, and Embase. The search was limited to studies published in English.

RESULTS: The search identified 12 studies, of which 7 were included in the systematic review. The included studies were of varying quality, and the results were heterogeneous. However, the overall findings suggested that NPT may be effective in managing diabetic foot wounds.

CONCLUSIONS: Further research is needed to confirm the effectiveness of NPT in the management of diabetic foot wounds.

PM066

PURCHASING AND ADOPTING CARDIOVASCULAR DEVICES: A GLOBAL SURVEY OF HOSPITALS IN THE USA AND AUSTRALIA
Neuman P1, Dzakovic K2, Woodward RA3, Friedman M1, Outlaw B1, Dutshel A1

OBJECTIVES: To explore the factors influencing hospital purchasing and adoption of cardiovascular devices.

METHODS: A global survey was conducted with hospitals in the USA and Australia. The survey included questions on the decision-making process, budget constraints, and the role of device manufacturers.

RESULTS: Hospitals in both countries reported budget constraints as the primary factor influencing purchasing decisions. Device manufacturers were found to be highly influential in the decision-making process, with many hospitals relying on their recommendations.

CONCLUSIONS: Hospital purchasing and adoption of cardiovascular devices are influenced by a range of factors, including budget constraints and the influence of device manufacturers.

PM067

TREATMENT OF URINARY TRACT INFECTIONS IS COMMON AMONG SWEDISH PATIENTS IN NEED OF CHRONIC CATHETERISATION
Kroste B1, Lofstroth K2, Knuutson B3, Bostell T4, Myrén K3

OBJECTIVES: To explore the prevalence of urinary tract infections (UTIs) among patients in need of chronic catheterisation.

METHODS: A retrospective analysis of patient records from a university hospital in Sweden was conducted.

RESULTS: Among 100 patients in need of chronic catheterisation, 30% had at least one UTI within the study period. The most common organisms were Escherichia coli and Staphylococcus aureus.

CONCLUSIONS: UTIs are common among patients in need of chronic catheterisation, highlighting the need for effective infection control practices.

PM068

THE COST-EFFECTIVENESS OF TRANSATHELTER AORTIC VALVE REPLACEMENT IN ELDERLY PATIENTS WITH SEVERE AORTIC STENOSIS WHO ARE CONTRAINDIATED FOR CONVENTIONAL SURGICAL AORTIC VALVE REPLACEMENT
Campbell J1, Fairve P2, Kumar P3, Drummond M4

OBJECTIVES: To assess the cost-effectiveness of transcatheter aortic valve replacement (TAVI) versus medical management (MM) for severe aortic stenosis (AS) in elderly patients with severe aortic stenosis (AS) who are contraindicated for conventional aortic valve replacement (CAVR).

METHODS: A Markov model was developed to simulate survival, quality-adjusted life-years (QALYs) and medical costs, in elderly patients in the UK with severe AS and excessive risk for conventional aortic valve replacement (CAVR). Incremental cost-effectiveness ratios (ICERs) were estimated as cost per QALY-gained, from the National Health Service (NHS) perspective, over 3 years. Clinical and utility outcomes over the first year were derived from published randomized controlled trials (RCTs) of head-to-head randomized controlled trial comparing transcatheter aortic valve implantation (TAVI) versus medical management (MM). TAVI and MM analyses assumed no additional procedures-related adverse events after the first year—excluding re-hospitalizations due to cardiovascular events—and constant treatment-specific mortality after the first month. Costs of procedures, adverse events, re-hospitalizations and long-term health state utility were calculated using health economic data from the NHS perspective.

RESULTS: The base-case ICER of £26,100 was sensitive to variations in several key assumptions. Sensitivity analyses showed that the ICER was highly sensitive to the rate of re-hospitalizations (net costs of £45,500 vs. £23,700). Further study is needed to determine the cost-effectiveness of TAVI compared with MM.

CONCLUSIONS: The results of this study suggest that TAVI may be a cost-effective treatment option for elderly patients with severe AS who are contraindicated for CAVR. Further research is needed to determine the cost-effectiveness of TAVI compared with MM.
external data using Bayesian MCMC methods. Economic analysis was undertaken using 1) standard cost-utility decision rules within each topic, and 2) constrained optimisation methods. RESULTS: The guideline included 15 individual economic evaluation topics. Under usual practice, all 15 topics, including 7 which were not usually modelled would have been used to evaluate between one and three guideline topics. The Whole Disease Model provided a consistent platform for the economic evaluation of eleven of the fifteen guideline topics, ranging from alternative diagnostic technologies through to cytoreductive treatments for metastatic disease. The constrained optimisation analysis identified a configuration of colorectal services which was expected to maximise QALY gains without exceeding current expenditure levels. CONCLUSIONS: This study demonstrates that Whole Disease Modelling is feasible and can allow for the economic analysis of virtually any intervention across a disease service within a consistent conceptual and mathematical infrastructure. The approach may be especially valuable in instances whereby a substantial proportion of a disease service has not previously been subjected to economic evaluation.

PCN194

THE USE OF LARGE GPS LONGITUDINAL DATABASE IN THE RESEARCH OF CAUSAL ASSOCIATIONS AMONG PATHOLOGIES: THE CASE OF DIABETES AND CANCER INCIDENCE

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OBJECTIVES: To study the association between Diabetes Mellitus (DM) and the incidence of Cancer, focusing on type-specific and sex-specific cancers. METHODS: Study's data were obtained from CSD LDP, an Italian General Practitioner's longitudinal database. We have evaluated the risk of Cancer incidence among people with DM compared with those without this pathology, in patients who had no reported history of Cancer at the start of the follow-up on January 2006. For the DM group, patients with a diagnosis of DM and a GP contact between January 2005 and December 2005 have been selected, whereas for the DM group, patients without a diagnosis of DM and a contact with the GPs in the same period have been selected. Both groups have been followed-up for 5 years. In order to evaluate an association between the presence of DM and the Incidence of Cancer in multivariate logistic models adjusted by age and sex have been implemented. RESULTS: A total of 73,146 (6%) patients with a diagnosis of DM and 1,119,652 (94%) patients without DM diagnosis were selected. Among follow-up 8,824 and 82,477 incident cases of Cancer were documented from the DM and DM free groups respectively. Statistic analysis showed an Adjusted (age and sex) Odds Ratio of 1.06 (95% CI 1.06-1.20) suggesting that patients with DM have a 6% increased risk of Cancer incidence (all types). Regarding type-specific Cancer analysis the OR for Liver cancer (2.44 [95% CI 2.11-2.82]) and Pancreas cancer (2.27 [95% CI 1.95-2.66]) were higher for DM patients. Regarding sex-specific cancers, the risk of Uterine body cancer was higher for diabetic women (OR 1.57 [95% CI 1.37-1.99]), while in men DM seems to have a protective effect, for example in Prostate cancer (OR 0.88 [95% CI 0.79-0.95]). CONCLUSIONS: Patients with DM may be at increased risk of total, type-specific and sex-specific Cancer.

PCN195

BAYESIAN CALIBRATION OF A CERVICAL CANCER MODEL USING MARKOV CHAIN MONTE CARLO

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OBJECTIVES: Simulation models are an essential tool in estimating the impact of various screening and treatment on cancer rates. Model calibration is the process of identifying reasonable values for model parameters, such that the outputs of the model are close to values observed in a real population. The purpose of this work was to calibrate an existing model for cervical cancer using Irish data and Markov Chain Monte Carlo (MCMC) in a Bayesian framework. This is compared and contrasted with a previous random search calibration. METHODS: An existing multisimulation model for cervical disease which was coded in C was embedded in a loop running in R. MCMC, which is an iterative algorithm was implemented in parallel on multiple desktop machines and the results were collated for analysis. The calibration method used differs from pure optimisation strategies and identifies a probability distribution on the parameter space, which is of benefit for models requiring probabilistic sensitivity analysis. RESULTS: Estimates of the model parameters were obtained from both MCMC and from the fitting of existing reference parameter sets resulting from a random search of the parameter space. These corresponded with the distribution of goodness of fit statistics (the sum of squared errors between targets and fitted values). Of 20 MCMC chains that were run, 5 of them gave better fits than the best fit sets for the random search method. However, 8 of the 20 chains had not reached parameter sets that gave good fits when compared with the best 15 fitted sets from the random search method. CONCLUSIONS: MCMC calibration of a Cervical Cancer model provides probabilistic estimates of the parameters of interest in a calibration exercise. Care is needed with starting values and proposal distributions to ensure that the chains have converged and that the parameter space is properly explored.

PCN196

REVIEW OF COST EFFECTIVENESS OF TRASTUZUMAB IN EARLY BREAST CANCER

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OBJECTIVES: The treatment of breast cancer is associated with high costs, influenced by the introduction of more effective but expensive drugs, such as trastuzumab. This study aims to review cost-effectiveness studies of trastuzumab in the adjuvant setting of early breast cancer and to explore the relation between (methodological) differences in study design and cost-effectiveness outcomes. METHODS: A systematic review was performed to identify cost-effectiveness studies of trastuzumab published between January 1996 and March 2011. All costs were converted to 2009 Euros. Sources of variation in study design were identified and grouped into: 1) methodological differences (not restricted to guidelines); and 2) extrinsic factors, such as methodological or practical choices made by the principal researchers; 3) extrinsic factors, such as the price of trastuzumab. RESULTS: Fourteen cost-effectiveness studies were identified of which one was a meta-analysis integrating data of multiple clinical trials. All were modelling studies. ICERS of chemotherapy – trastuzumab vs. chemotherapy alone ranged from being the dominant strategy to € 87.889/QALY gained. The level of detail presented regarding study design and outcomes differed strongly, hampering the identification of factors influencing this wide range of outcomes. However, the study setting and primary endpoints, especially the treatment regimen of the underlying clinical trial seemed to influence outcomes. Variation among studies using the same clinical trial appeared related to methodological factors prescribed by national guidelines, such as perspective and time horizon, extrinsic factors, such as assumed duration of benefit and extrinsic factors, e.g. country specific practice variation. CONCLUSIONS: Cost-effectiveness levels of trastuzumab did not strongly, even between modelling studies based on the same clinical trial. Outcomes were influenced by methodological aspects such as time horizon chosen and assumed duration of benefit. A higher level of detail presented in the articles is needed to increase insight in causes of variation in cost-effectiveness outcomes.

PCN197

HEALTH RELATED QUALITY OF LIFE IN LONG TERM SURVIVORS OF LYMPHOMA: A POPULATION BASED STUDY

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OBJECTIVES: To assess the health related quality of life (HRQOL) in the growing group of long term lymphoma survivors with preference based instruments. METHODS: Population based cross-sectional data was collected in patients diagnosed with Hodgkin lymphoma (HL) or non-Hodgkin lymphoma (NHL) (N=778). HRQOL was measured using both a generic and a disease specific preference-based instrument: EQ-5D-5 level and a time-trade-off valued version of the EORTC QLQ-C30. RESULTS: On average patients with HL or NHL were diagnosed 4.5±SD (2.5) years prior to the study. Mean QoL was 0.83 using EQ-5D [-SD 0.16, Range -1.1-1] and 0.88 using EQ-5D-C30 [-SD 0.10 Range -0.8-1.0]. Mean EQ-5D score for lymphoma survivors is significantly lower than the average HRQOL found in the Dutch population (p<0.001). However, mean QLQ-C30 score for lymphoma survivors did not differ from the Dutch population. Regression analysis identified a significant lower HRQOL with having active disease (measured by treatment activity) and comorbidities depression, high blood pressure, respiratory diseases, osteoarthritis, and back pain. Age, type of lymphoma, and time passed since diagnosis did not influence HRQOL. CONCLUSION: HRQOL among lymphoma survivors is significantly below that found in the Dutch general population. First, the quality of life in lymphoma survivors is compromised by active disease and concomitant disease. Secondly, the high prevalence of comorbidities (85.8%) among lymphoma survivors in the Dutch population is likely to be caused by better discrimination of worse health states in the EQ-SD. CONCLUSIONS: The average HRQOL in long-term lymphoma survivors seems relatively high, especially when measured by the QLQ-C30. However, subgroup analyses revealed HRQOL was affected by active disease and concomitant disease. Further analysis of this kind of HRQOL study is needed to further understand the health impact of lymphoma. Finally, population-based studies need to incorporate comorbidities to adequately assess and forecast HRQOL in lymphoma survivors. Secondly, in economic evaluations the modelling of cancer free survival needs to be reconsidered since HRQOL in life years is affected by comorbidities. Future economic evaluations could incorporate these two implications to obtain more accurate HRQOL estimates.

PCN198

REVIEW OF ECONOMIC ASSESSMENTS OF EMERGING GENOMIC TECHNOLOGIES IN ONCOLOGY

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OBJECTIVES: A systematic review of the economical assessment studies on genomics and proteomics in the field of oncology. Our aim is to analyze those emerging diagnostic and therapeutic technologies whose cost effectiveness ratio make them suitable for its adoption in the different health systems from a social point of view. METHODS: We locate the most relevant studies in the last 10 years in Medline, Embase, Cancerit, Cochran Library databases and we analyze the results. The following knowledge were used: genetic screening, gene, pharmacogenomics, proteomics, microarrays, bioships, cost analysis, cost effectiveness, cost benefit, cost minimization, neoplasms, tumour and cancer. RESULTS: We aned 23 articles from which, only 14 perhaps related to cancer. This has two main implications. Firstly, population-based studies need to incorporate comorbidities to adequately assess and forecast HRQOL in lymphoma survivors. Secondly, in economic evaluations the modelling of cancer free survival needs to be reconsidered since HRQOL in life years is affected by comorbidities. Future economic evaluations could incorporate these two implications to obtain more accurate HRQOL estimates.