

70 percent in patients receiving HIFU compared to active observation.

Recent clinical guidelines do not mention HIFU as a therapeutic option for fibroadenomas/nodules.

Major United States health insurers do not cover HIFU and consider it experimental, investigational or unproven. In Germany, HIFU for breast fibroadenomas and benign thyroid nodules are covered by some insurers under special integrated care contracts.

CONCLUSIONS:

HIFU for fibroadenomas/nodules is a technology still developing its evidence base. The peer-reviewed literature comprises a few small case series and two controlled trials showing fibroadenoma/nodule reduction in the short term (up to 12 months) but no long term outcomes. Professional opinion from current guidelines does not mention HIFU as an option.

It may be prudent to await stronger evidence on long-term patient-important outcomes before offering the treatment as a hospital service. HIFU may be suitable for further clinical research.

VP46 Cost Analysis Of Popliteal Aneurysm Management

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INTRODUCTION:

Popliteal artery aneurysm (PAA) is the most common peripheral arterial aneurysm and the second most common aneurysm after abdominal aortic aneurysm (AAA). It presents a risk of occlusion, which may lead to acute ischemia and leg amputation. To prevent these risks, asymptomatic PAA >2cm and symptomatic PAA must be treated. Although open PPA repair (OPAR) is still the gold standard, endovascular PAA repair (EPAR) is increasingly used to manage PAA. The objective of this

study is to compare the cost of these two medical procedures from the hospital perspective.

METHODS:

Data were retrieved from the administrative database of Lausanne University Hospital (CHUV – Switzerland). Based on diagnostic codes and medical procedure codes, we selected all patients who underwent OPAR or EPAR between 2011 and 2015. Patient's age, length of stay and cost were compared between both groups using Student t-test.

RESULTS:

We included seventy-three patient stays (OPAR forty and EPAR thirty-three). Gender balance was identical between groups (97 percent of male), but age was statistically significantly different (OPAR 67.5, EPAR 73, $p = .04$). EPAR induced shorter mean length of stay (5.1 days versus 11.7 days, $p = .0000$) and lower mean global cost (CHF 16,555 versus CHF23,514, $p = .0085$). Cost of procedure amounted to CHF 9,536 for OPAR versus CHF 3,848 for EPAR, medical supply and implants amounted to CHF 1,284 for OPAR versus CHF 7,041 for EPAR and other costs of hospital stay amounted to CHF 12,694 for OPAR versus CHF 5,666 for EPAR. (CHF 1.00 = USD1.00 = EURO 0.93)

CONCLUSIONS:

With higher patency rate, OPAR is still associated with better medical outcomes than EPAR. But EPAR is significantly less costly than OPAR. Implant cost of EPAR is more than offset by longer length of stay and operating time of OPAR.

VP47 Health Technology Assessment Of Intensive Care Ventilators For Pediatric Patients

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INTRODUCTION:

The purpose of the study was to evaluate different type and manufacturers of intensive care ventilators in order to support the healthcare decision-making process about the choice to adopt the best available technology for ventilation of pediatric patient in intensive care units at Bambino Gesù Children's Hospital.

METHODS:

The technology assessment process was developed by using a new methodology, the Decision-oriented Health Technology Assessment (HTA) (DoHTA), a new implementation of the European Network for Health Technology Assessment (EUnetHTA) CoreModel, integrating the Analytic Hierarchy Process (1). A literature review was carried out to gather evidence on safety and overall effectiveness of different kind of intensive care ventilators, with several ventilation modalities and strategies. The synthesis of scientific evidence, and results of the specific context analysis resulted in the definition of components of the decisional hierarchy structure, consisting in detailed characteristics of the technology's performances covering the aspects on feasibility, safety, efficacy, costs, and organizational and technical characteristics of the technology. A subgroup of these indicators has been included in a checklist form for the evaluation of different type and manufacturers of intensive care ventilators, each of which was tested in three independent runs performed in three different departments. In addition, an economic evaluation was also carried out.

RESULTS:

Preliminary DoHTA results showed that the domains with the highest impacts within the evaluation are safety and clinical effectiveness (34.8 percent and 25.7 percent, respectively) followed by organizational aspects, technical characteristics of technology and costs and economic evaluation. The final objective is to define the alternatives' ranking through a comparison between alternative technologies' performances.

CONCLUSIONS:

The technology assessment project allowed to identify strengths and limits of the most recent intensive care ventilator' models in the specific contexts of use by involving all health professionals interested, and eventually identify the best option for the hospital.

REFERENCES:

1. Ritrovato M, Faggiano F, Tedesco G, Derrico P. Decision-Oriented Health Technology Assessment: One Step Forward in Supporting the Decision-Making Process in Hospitals. *Value Health*. 2015;18(4):505-11.

VP48 The Costs And Cost-Effectiveness Of Bacillus Calmette-Guérin (BCG) Vaccination In Estonia

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INTRODUCTION:

Many countries that have used Bacillus Calmette-Guérin (BCG) vaccine against tuberculosis (TB) have switched from universal vaccination of infants and children to selective vaccination, or discontinued with vaccination at all. The aim of the study is to assess the costs and cost-effectiveness of BCG vaccination in Estonia.

METHODS:

A Markov cohort model and budget impact analysis were used to compare the current, universal BCG vaccination to selective and non-vaccination strategies. The epidemiological and economic impact of BCG vaccination were estimated for the period 2018–2032 following the hypothetical change in the vaccination policy in 2018. The results were presented as the cost per case of TB averted, changes in the occurrence of TB and yearly (undiscounted) costs associated with vaccination and TB treatment.