1. When considering the quality-adjusted life expectancy over a lifetime horizon, the range was from 11.75 to 12.20 years for catheter ablation compared to 11.00 to 11.35 years for AAD therapy.

2. Costs were specific to SNM in the Norwegian Union of Gastroenterology trial, and the model was developed to analyze the cost-effectiveness of catheter ablation versus AAD therapy among patients who had drug refractory paroxysmal AF in the UK population when using a cost-effectiveness threshold of £20,000.

3. The study concluded that NASHA/Dx was cost-effective under all scenarios modeled. WTP analyses demonstrated that NASHA/Dx was highly probable to be cost-effective in the US context.

4. The study found that catheter ablation was cost-effective compared to AAD therapy for the treatment of paroxysmal AF, and the model was developed to analyze the cost-effectiveness of catheter ablation versus AAD therapy among patients who had drug refractory paroxysmal AF in the UK population when using a cost-effectiveness threshold of £20,000.

5. The study concluded that NASHA/Dx was highly probable to be cost-effective in the US context.
programs, participation rates remain low in countries that have implemented such a screening program. Besides the diagnostic accuracy and the risks of the screening techniques that affect the health of the participants, additional factors, such as the burden of the test, may impact the individuals’ decisions to participate. The aim of this study was to explore the impact of preferences for the attributes of screening tests on intention to attend a colorectal cancer screening program. METHODS: We conducted a discrete choice experiment to elicit the preferences of Dutch men aged 55 to 75 years for alternative colon screening techniques, and to measure their intention to attend the screening. The Analytic Hierarchy Process (AHP), a technique for multi-criteria analysis, was used to estimate the colorectal cancer screening preferences using EQ-5D, Colonoscopy, and Virtual Colonoscopy.

RESULTS: We included 167 respondents that were consistent in their judgments on the relevance of the criteria and the preferences for the screening techniques. The results indicate that the most preferred screening methods with the highest intention to attend were Colonoscopy, Colorectal Cancer Screening, and Colitis. Sensitivity and safety of the screening methods were the strongest determinants of the overall preference for the screening techniques. However, safety and inconvenience were most strongly related to intention to attend. CONCLUSIONS: Even though for the long term the respondents may recognize the importance of diagnostic effectiveness, a short term decision to attend the screening tests appears to be less driven by this consideration. Our analysis suggests that intention and safety will be the strongest technique-related determinants of the respondents’ decision to participate in the new screening program in the Netherlands.

PMID3
QUALITY OF LIFE AND RESOURCE USE AFTER TRANSCATHETER AORTIC VALVE IMPLANTATION. PRELIMINARY RESULTS OF AN OBSERVATIONAL MULTICENTRE STUDY
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OBJECTIVES: Although transcatheter aortic valve implantation (TAVI) is effective and less invasive than surgery, its superiority in terms of costs and quality of life is controversial and has not been well demonstrated in “real life” patients. The primary objective of the TEVAS study is to evaluate cost-utilty of TAVI vs conventional surgery and conservative treatment. In this preliminary analysis we present clinical results, resource use, and changes in quality of life during the first month after TAVI in a real life setting. METHODS: Candidate patients were recruited prospectively at the time of admission in 7 Spanish hospitals. A centralized follow-up was performed by phone one month after intervention. We measured utility with EQ5D and specific quality of life with the Heart-Qol questionnaire. RESULTS: A total of 109 patients were recruited in the TAVI group and follow-up at one month was available for 66. Mean age: 80.8 (SD:6.6), mean logistic EuroSCORE: 14 (SD:12.6) (median:10.32, Q1-Q3:6.2-18.6). Four patients (6%) had severe complications after TAVI (AMI, stroke or need for a second valve) and 8 (12.1%) died in the first 30 days after TAVI. Among survivors, EQ5D score improved significantly from baseline (0.61, SD:0.33 to 0.72, SD:0.31; p-value:0.01) and so did the Heart-Qol overall score (1.44, SD:0.77 to 2.07, SD:0.58; p-value:<0.001). During the first month of follow-up there were a mean of 0.89 visits per patient to the family physician, 0.40 to a specialist and 0.44 to the nurse. Six patients (10.3%) had at least one readmission (7% for infections) with mean hospital stay of 4.4 days per patient. CONCLUSIONS: Although quality of life improves substantially in the first month after TAVI, in preliminary analysis resource use still remains high.

PMID4
THE RELATIONSHIP BETWEEN TREATMENT SATISFACTION AND HEALTH STATUS AMONG THOSE WITH TYPE 1 DIABETES
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OBJECTIVES: Patients with type 1 diabetes (T1D) can achieve glycemic control either through multiple daily injections or by using insulin pump therapy (IPT). However, real-world data on these treatments is lacking. The objective of this study was to compare the levels of treatment satisfaction between patients using IPT versus those not and to examine the relationship between treatment satisfaction and health status. METHODS: Unique respondents from the 2009, 2010, and 2011 U.S. National Health and Wellness Surveys were pooled together for analysis. All respondents who reported a diagnosis of T1D and were using insulin, those who reported using IPT were compared with those who were not using IPT on summary and domain scores of the SF-12v2 using general linear models controlling for sociodemographic and health history differences. RESULTS: A total of 1,441 patients reported being diagnosed with T1D and were currently using insulin. Of these patients, 379 reported using an insulin pump (26.3%). Patients using an insulin pump had been diagnosed for longer (26.8 vs. 21.2 years) and were significantly more likely to be female (53.8% vs. 43.3%), non-Hispanic white (87.6% vs. 68.6%), have an annual household income of $75K or more (27.7% vs. 18.9%), and possess health insurance (90.5% vs. 84.8%) (all p<0.05). Adjusting for these differences, patients using an insulin pump reported significantly better physical health status (44.6 vs. 42.5) and health utilities (0.71 vs. 0.65) (all p<0.05). CONCLUSIONS: Although T1D patients with greater health care access were more likely to use IPT, even after adjusting for these differences, a significant effect of IPT was observed on health status. These results suggest that IPT may be associated with greater real-world effectiveness, though additional research is necessary.

PMID5
CONTRIBUTION OF INDIVIDUAL EQ-5D DIMENSIONS TO IMPROVED QUALITY OF LIFE AFTER BALLOON KYPHOPLASTY FOR VERTEBRAL COMPRESSION FRACTURES
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OBJECTIVES: The acute back pain arising in relation to vertebral compression fractures (VCFs) has traditionally been viewed as the most important driver for the health-related quality of life (QoL) decrement associated with the fracture. The objective was to quantify the impact of different health dimensions on overall