

year of age (HR = 1.010; 95% CI, 1.007–1.013), a median dialysis period greater than 38 months (HR = 1.266; 95% CI, 1.182–1.356), a diagnosis of diabetes (HR = 1.211; 95% CI, 1.071–1.367) and a diagnosis of arterial hypertension (HR = 1.209; 95% CI, 1.134–1.288) as the primary cause of chronic kidney disease.

#### CONCLUSIONS:

In Brazil, the use of regimens mycophenolate, tacrolimus, tacrolimus+mycophenolate was associated a higher risk of graft loss, among other factors. The choice of drug therapy is one of the few factors that influence survival amenable to direct action by health professionals. Therefore, the results of this study are important and should be disseminated aiming to better outcomes for kidney transplant patients.

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## PD55 Diagnostic Accuracy Of Line Probe Assay Technique Compared To Sensitivity Test

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#### INTRODUCTION:

Antimicrobial resistance is a serious public health problem at the global level. The sensitivity test in liquid and solid media-based techniques is traditionally used in Brazil for the diagnosis of resistant tuberculosis (TB). However, the time required for the diagnosis of this test is, on average, 60 (sixty) days, a period considered to be very high, especially considering certain vulnerable populations (street dwellers), since the long time to the result of the test makes it difficult to establish a second contact between the health institution and the individual, resulting in people without access to diagnosis and appropriate treatment. The line probe assay (LPA) technique often replaces the use of the sensitivity test in many countries, being considered of low time for the diagnosis, ranging from 24 to 48 hours.

#### METHODS:

We searched the Medline databases (via Pubmed), Embase, and The Cochrane Library, with the aim of finding systematic reviews with meta-analyses. The articles were screened by titles and abstracts and later

the full text reading was carried out, according to the inclusion criteria.

#### RESULTS:

Three systematic reviews with meta-analysis were selected. The interventions evaluated the LPA technique compared to the conventional drug sensitivity test. The evaluated tests showed good performance as rapid screening tests for resistance to rifampicin in high prevalence sites. However, although the test results for resistance to isoniazid showed good specificity, there was a high variability in sensitivity estimates.

#### CONCLUSIONS:

This study reinforces the idea that the LPA technique may contribute to the previous diagnosis, and this is a probable strategy to control the disease, especially in vulnerable populations that are more likely to be affected by tuberculosis. For a broader analysis of the benefit of the technique, further studies are suggested.

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## PD56 Economic Evaluation Of Dalbavancin In European Countries

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#### INTRODUCTION:

Dalbavancin is a new innovative long-acting antimicrobial treatment that allows clinicians to endorse an early discharge program for patients suffering from acute bacterial skin and skin structure Infections (ABSSSI). The aim of this study was to develop a spending predictor model for evaluating the direct costs associated with the management of ABSSSI from the National Health Service (NHS) perspective of Italy, Spain, and Romania. The main purpose is to compare the hospitalization and drug costs due to the treatment of ABSSSI patients treated with standard antibiotics therapy or innovative long-acting treatment dalbavancin.

**METHODS:**

A decision-analytic model was performed to evaluate the diagnostic and clinical pathways of ABSSSI patients in the hospital, based on clinicians' expert opinion. The standard of care scenario was compared with the dalbavancin scenario. The epidemiological and cost parameters were extrapolated from national administrative databases (hospital information system) and from a systematic literature review for each country. Only direct costs in the national payer's perspective were considered. Probabilistic sensitivity analysis (PSA) and one-way sensitivity analysis (OSA) were performed to check the robustness of the model assumptions.

**RESULTS:**

Overall, the model estimated an average annual number of patients with ABSSSI equal to around 50,000 in Italy, Spain, and Romania. The introduction of dalbavancin reduced the length of stay of, on average, 3.3 days per ABSSSI patient. From the economic point of view, dalbavancin did not incur any additional cost from the NHS perspective with homogenous results between countries. The PSA and OSA demonstrated the robustness of the results.

**CONCLUSIONS:**

The preliminary results highlight that the introduction of dalbavancin could generate a significant reduction in term of length of stay with no incremental cost from the NHS perspective. This model could represent a good tool for policymakers to provide information on the early discharge approach in the ABSSSI management.

**PD58 Cost-Effectiveness Of Quinolone For Acute External Otitis In Brazil**

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**INTRODUCTION:**

In Brazil, the medicines marketed for acute external otitis are ciprofloxacin and the combination polymyxin B, neomycin, and fluocinolone. The aim of this study was to evaluate the proportion of cure and cost-effectiveness of quinolone versus polymyxin B,

neomycin, and steroid combined (PNS) for acute external otitis from the perspective of the Brazilian Public health system.

**METHODS:**

A systematic review was conducted using Medline, Cochrane Library, CRD and Lilacs databases. Studies evaluating quinolones versus PNS in the treatment of acute external otitis were included. A cost-effectiveness model was made using a decision tree, considering the direct cost of treatment. Univariate sensitivity analysis was conducted, considering the confidence interval of clinical outcomes and a 15 percent variation in cost.

**RESULTS:**

The proportion of cure in up to 10 days was 70.1 percent with quinolone and 60.4 percent with PNS (p = 0.004). The treatment costs were BRL 16.22 (USD 5.02) with quinolone and BRL 3.04 (USD 0.94) with PNS. The incremental cost-effectiveness ratio was BRL 136.25 (USD 42.15) per cure in up to 10 days for quinolone in relation to PNS. This value was more sensitive to clinical outcomes, ranging from BRL 95.48 (USD 29.54) to BRL 254.25 (USD 78.65) for cure with quinolone and from BRL 90.77 (USD 28.08) to BRL 262.57 (USD 81.23) for cure with PNS. These values should be considered with caution because acute external otitis is resolved within a few days and treatment effectiveness is not measured by life years.

**CONCLUSIONS:**

There are few studies on therapeutic alternatives available in Brazil. Through the available evidence, there is a lack of results on the effects attributed to each drug. Considering the higher effectiveness, low cost and rational use of antibiotics, quinolone is considered a cost-effective alternative for acute external otitis in Brazil.

**PD59 Formulation and Disclosure Of Information On Technologies In Health**

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