ADAB-screening as compared to no screening. METHODS: A literature-informed decision tree model. Patients at 1-year horizon was used for moderate-to-severe RA patients who failed 1stTNF-a blocker from a United States payer perspective. The model consisted of two alternatives as ADAB screening or non-screening. In ADAB screening arm, there was test positive or test negative branches. Each screening result included the probability of receiving a 2nd TNF-a blocker or non-TNF-a biologic. Each treatment resulted in a likelihood of response or failure. Response was defined as an improvement of 28-joint count Disease Activity Score > 1.2 units. The path of non-screening was similar to ADAB-screen, but with screening naive probabilities of treatment and response/failure. RESULTS: Over 1-year treatment period, ADAB-screening was more costly but more effective than no screening. Patients who received ADAB-screening had 82.0% chance of treatment response with an average cost of $28,218, while patients who did not get screened had a 78.5% chance of treatment response with an average of $28,053. The incremental response was 3.5% with additional cost of $164. The incremental cost-effectiveness ratio was $4,641 per additional response gained. CONCLUSIONS: The test generated an extra reduction of the number of initial ablative treatments. The results clearly show, within the parameters of our model, the increased effectiveness of the intervention and running the analysis on top of the reported data.

OBJECTIVES: The Cancer Cell Progression (CCP) score is a validated genomic assay that assesses risk of prostate cancer-specific disease progression and mortality when combined with standard clinic-pathologic parameters to identify patients at low and high risk of prostate cancer who are candidates for treatment observation or surveillance. This study assesses the cost-effectiveness of the use of the CCP score versus actual risk-stratification practice in France in making treatment decisions for men undergoing prostate biopsy with low-risk prostate cancer. We applied a time horizon of 10 years and modeled the difference in costs and outcomes resulting from using the CCP score in comparison with the current French practice. The inclusion criteria were men aged between 55 and 79 years old, at the time of diagnosis, who had never undergone previous prostate biopsy or prostate cancer treatment. Sensitivity analyses were conducted to assess the robustness of the results to the variation in parameters. The results showed that the implementation of CCP score testing resulted in lower lifetime discounted costs of the strategies.

OBJECTIVES: The use of the CCP score at the time of diagnosis led to a 41% reduction of the number of initial ablative treatments. The test generated an extra cost varying between €12 and €644, according to different price assumptions. In the long run, a savings of 17.2 days of treatment was estimated at a price of €2,000. However, further evidence on the risk of neurodevelopmental disorders. The incidence of preterm births (before 37 weeks of gestational age) has increased and survival rates in very preterm infants have improved over the past two decades. EL has been used in the clinical setting with the aim of improving the overall outcome for preterm infants and the CareToy project – funded by the European Commission within the FP7 – has developed and validated the CareToy system as a new technological tool for an intensive, individualized, home-based and family-centred EI in preterm infants. METHODS: A decision model was developed in order to assess the likely cost-effectiveness of the innovative tele-rehabilitation system in comparison with the Standard of Care (SoC) to treat preterm infants at risk from a neurodevelopmental perspective. In addition to the data collected by the Randomized Controlled Trial (RCT) study within the CareToy project, a structured search was carried out to identify evidence of relevant facts concerning clinical outcomes, costs and effectiveness in order to populate the entire model. The model was then validated through a set of cross-validation tests. The data were used to populate the entire model. It should be stressed that a small amount of literature on the topic of EI and its treatment was found. The incidence in the future was estimated at 50%. The model was then used to estimate the cost-effectiveness of the intervention in the future.

OBJECTIVES: To assess the cost-effectiveness of telemonitoring for involuntary movements called ‘dyskinesia’ as a result of levodopa medication. LEVODOPA-induced dyskinesia (LID) can be improved by adjusting the dosage to find a tolerable balance between the benefits and side effects. LID fluctuations in severity are inevitable despite the double-blind, placebo-controlled trials performed at home. The intervention is ClearSky’s LID-Monitor which demonstrates the severity of involuntary movements in relation to drug doses, enabling clinicians to make informed decisions regarding the treatment. Aims: To determine whether the CareToy system in health economic terms.

A study of 30 patients with Parkinson’s disease, who were treated with levodopa, was conducted to determine the effectiveness of Motiva telehealth system in reducing levodopa-induced dyskinesia (LID) and improving quality of life.

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