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Title:	PROJECTED COST SAVINGS OF INTRODUCING FECAL MICROBIOTA TRANSPLANT TREATMENT FOR CLOSTRIDIUM DIFFICILE INFECTION IN CANADA
Author(s):	<u>Zowall H</u> , Brewer C, Deutsch A Zowall Consulting Inc., Westmount, QC, Canada
Content:	<p style="text-align: center;">View Presentation</p> <p>OBJECTIVES: To project the cost savings of introducing Fecal Microbiota Transplant (FMT) treatment for Clostridium difficile infection (CDI) as compared to current practice, by age, and three major subpopulations; hospitals, long-term care facilities (LTCF), and communities. METHODS: We modified our existing CDI decision analytic model to project the total cost savings of FMT as compared to current antibiotic treatment for CDI over five years (2015-2019), by integrating current annual trends in CDI, and population projections for Canada, by age, gender, and three major subpopulations. To estimate current annual trends in CDI we conducted a systematic analysis of the latest provincial and federal CDI data in Canada. RESULTS: Over the next five years, CDI treatment with FMT is estimated to result in a potential cost savings of \$300.4 M as compared to current practice. We projected 20,700 fewer cases of CDI in the FMT treatment arm, due to fewer recurrences for FMT. The recurrence rates for current antibiotic treatment were estimated at 25.3% and 35.9% for first and second recurrences, respectively. The recurrence rate for FMT was 10.4%. Over 90% of the cost savings for FMT as compared to antibiotic treatment are for ages 60 and over, with \$127.3 M for ages 60 to 79 years, and \$148.3 M for ages 80 and over. By subpopulation, over the next five years FMT would result in a potential cost savings of \$216.5 M for hospital-acquired CDI (HA-CDI), and \$68.7 M for community-acquired CDI (CA-CDI). CONCLUSIONS: Introducing FMT could result in a substantial cost savings over the next five years in Canada. As the Canadian population ages, and the numbers of CDI cases among the elderly might grow, FMT holds the promise of higher potential cost savings.</p>

[Back to Search](#)