

Total overall medical costs averaged \$10,817 for ablation patients versus \$14,922 for hysterectomy patients ($p < 0.001$) over the two years.

Conclusion: On average, ablation patients utilized fewer health resources and incurred 76% lower DUB-related medical costs in the short term than hysterectomy patients. Savings of 67% persisted two years post-procedure. Endometrial ablation appears to be a durable, cost-saving alternative to hysterectomy.

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Novasure Impedance Controlled Endometrial Ablation System. Long-Term Follow-Up Results

Fulop T. St. Imre Hospital, Budapest, Hungary

Study Objective: Assess the efficacy and safety of the NovaSure system in women with severe menorrhagia secondary to DUB.

Design: A prospective, single-arm, pilot study.

Setting: St. Imre Teaching Hospital, Budapest, Hungary.

Patients: Seventy-five pre-menopausal women with menorrhagia secondary to DUB.

Intervention: Endometrial ablation using NovaSure Impedance Controlled Endometrial Ablation System.

Measurements and Main Results: No intra-operative or post-operative complications were observed. Treatment time averaged 90 seconds. The results over the course of follow-up are as follows: at 12 (n=75), 24 (n=74), 36 (n=69), 48 (n=68), 60 (n=57), 72 (n=41) and 84 (n=21) months of follow-up amenorrhea was reported by 72%, 73%, 75%, 75%, 82%, 90% and 95% of patients, with reduction in bleeding to normal or less observed in 96%, 98%, 100%, 100%, 98%, 100% and 100% respectively. Six patients (all treatment successes) underwent hysterectomy due to pelvic pain. Five were diagnosed with adenomyosis and/or endometriosis and one with fibroids. One patient underwent a repeat (rollerball) ablation.

Conclusion: Long-term follow-up results demonstrate that the NovaSure procedure is very effective and allows for sound data durability. Hysterectomy due to menorrhagia was avoided in 100% of cases and in 92% of cases for all other reasons. Additional long term follow-up data will be available and presented at the time of the meeting.

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Analysis of Incremental Cost-Effectiveness of ThermoChoice Vs. NovaSure for Menorrhagia

Munro MG, Broder MS, Magee G. David Geffen School of Medicine at UCLA, Los Angeles, California; Partnership for Health Analytic Research, LLC, Los Angeles, California; Ethicon, New Brunswick, New Jersey

Study Objective: To compare the incremental cost-effectiveness of ThermoChoice and NovaSure for the treatment of menorrhagia.

Design: MEDLINE and the Cochrane database were searched for studies evaluating ThermoChoice and NovaSure that 1) allowed determination of both amenorrhea rates and rates of bleeding that could be defined as eumenorrhea and less; and 2) assessed outcomes at one year post-treatment.

Setting: One RCT and one prospective, observational study were used for ThermoChoice. Two RCTs (one multicenter and one single center) and two single arm series were identified for NovaSure.

Patients: A meta-analysis of the observed efficacy rates was performed. Charges for ThermoChoice and NovaSure were obtained from the ECRI PriceGuide. Intervention: Cost-effectiveness was assessed by dividing the difference in charges of the treatment by the difference in effectiveness.

Measurements and Main Results: For the 294 patients treated with ThermoChoice, the rate of eumenorrhea or less was 83.3% and the amenorrhea rate was 15.0%. For the 354 patients treated with NovaSure the corresponding rates were 88.7% and 47.2%. Cost of capital is contingent on the number of procedures performed so results for various cost effectiveness scenarios were calculated. For 40 patients treated annually, the incremental costs per NovaSure patient achieving eumenorrhea and amenorrhea were \$1781 and \$297 more than for ThermoChoice, respectively. For 100 patients, the incremental costs per NovaSure patient achieving eumenorrhea and amenorrhea were \$1447 and \$241 more than ThermoChoice, respectively.

Conclusion: Reimbursement for the procedure is the same for either product, therefore it is important to understand the incremental cost incurred for any improvement in efficacy. NovaSure is significantly more costly in treating menorrhagia when the outcome of interest is eumenorrhea or return to normal bleeding. When the outcome of interest is amenorrhea or total cessation of menstrual bleeding, NovaSure costs an additional \$241-\$297 for each successful patient.