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(For Immediate Release)

i3 Innovus To Deliver 17 Presentations at ISPOR'S 2008 European Congress

ATHENS, GREECE November 8, 2008-- i3 Innovus researchers will present the results of 12 studies and will lead five key workshops and symposia at the 11th annual European Congress of the International Society for Pharmacoeconomic and Outcomes Research (ISPOR) this week. These presentations include:

A COST EFFECTIVENESS ANALYSIS OF INFLIXIMAB TREATMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA) IN SWEDEN, BASED ON DATA FROM THE STURE REGISTRY

In order to analyze the cost-effectiveness of infliximab as a first-line biological treatment of rheumatoid arthritis (RA) in Swedish clinical practice, Lekander, et al, conducted a modeling study using 637 patients from Sweden's STURE registry to classify health states of functional status in five categories, and by active vs. non-active disease. The patients had a mean follow up of 5.1 years since initiating infliximab therapy, giving a high degree of external validity to the results. Infliximab was associated with an incremental gain in Quality Adjusted Life Years of 1.02 and produced an incremental cost-effectiveness ratio that indicates it has been used in a cost-effective manner compared to no biologic treatment in patients with RA in Sweden.

Podium Session AR2: Monday 10 November 2008, 14:00-15:00

ESTIMATING TARGET POPULATION SIZE FOR BUDGET IMPACT: AN EPIDEMIOLOGICAL MODEL OF BREAST CANCER AND PROGRESSION TO BONE METASTASIS IN THE UK

The size of the target population and possible patient subgroups is a critical determination in budget impact analyses. Gauthier, et al, used a demographic model and statistics from the UK's Office of National Statistics to estimate the number of patients with bone metastases subsequent to breast cancer from 1992 to 2020 in the UK. They predicted that the population of women suffering from bone metastases will reach 50,000 in 2020. By modeling the disease progression at the national level, they were able to validate absolute numbers of patients over time, using national statistics. Comparison of model predictions with historical data shows that the benefit of new treatments for breast cancer is directly measurable at the national level.

Podium Session CN2: Monday, 10 November 2008, 11:30-12:30

CHALLENGES OF DEVELOPING ECONOMIC EVALUATIONS FOR ORPHAN DRUGS

In recent years, the number of orphan drugs evaluated by regulatory and pricing and reimbursement bodies has increased substantially, and the trend is expected to increase. With an ongoing debate about whether these new drugs should be evaluated in a similar manner as non-orphan drugs, Mike Drummond, PhD and Aline Gauthier, MSc will lead a workshop on the practical implications of developing economic evidence for a new orphan drug. The workshop will examine the perspectives of the manufacturer and payer, discuss ethical issues in relation to clinical controlled trials and equity-related issues, and will provide practical solutions to aid those having to use imperfect available data to develop sound economic evidence for submission to reimbursement agencies.

Workshop W2: Monday, 10 November 2008, 15:15-16:15

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GUIDELINES FOR APPROPRIATE SELECTION OF MODELING APPROACH IN PHARMACOECONOMIC EVALUATION

David Thompson, PhD, Linus Jonsson, MD, PhD, Monique Martin, MSc, MBA, Peter Lindgren PhD, will lead a pragmatic workshop to help researchers select the most appropriate methodological approach of modeling a given disease area and set of treatments under the typical constraints imposed by time, budget, and data availability. This practical guidance is crucially important to ensure that pharmacoeconomics models are “fit for purpose,” answering the right questions with appropriate scientific rigor to facilitate informed decision making. This workshop will evaluate the strengths and weaknesses of the most widely employed methodologies in cost-effectiveness analysis, including: decision-analytic models; state-transition models; and patient-level simulation models, including discrete-event simulation.

Workshop W10: Monday, 10 November 2008, 16:30-17:30

PERSONALIZED MEDICINE AND TARGETED THERAPY—WHO WILL PAY FOR ADVANCES IN CANCER CARE?

The lifetime risk of developing cancer will reach one in two in the near future. The combined number of oncology drugs in development (phase II and later) surpass the numbers of drugs in development for all other therapeutic areas combined. Advances in diagnosis and therapy bring hope of turning incurable and fatal diseases into chronic, but manageable, conditions or even curing or preventing them altogether. Yet with each step, the therapeutic value of a new medical innovation should be weighed against its cost and alternative uses of limited health care resources. New targeted therapies have already impacted the treatment of some cancers and diagnostic methods can predict which patients will benefit from treatment. Michael Drummond, PhD will lead this symposium on the challenges to societies worldwide in providing access to new cancer therapies in an environment of cost containment.

Symposium: Tuesday, 11 November 2008, 11:45-12:45

About i3

i3, a global Ingenix company, provides integrated scientific strategies and solutions throughout the pharmaceutical product lifecycle. It is composed of i3 Research, a therapeutically specialized contract research organization; i3 Drug Safety, engaged in pharmacovigilance and epidemiology; i3 Pharma Informatics, a data, science and technology provider of market analytics; i3 Statprobe, a leader in comprehensive data services; i3 Pharma Resourcing, a world-class staffing partner; and i3 Innovus, delivering the science and solutions to achieve marketplace success. i3 helps companies gain sharper insights that lead to better patient care. For more information, visit www.i3global.com.

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