Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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published in English language were selected based on quality assessment for data abstraction to evaluate the key findings. Results: Out of a total of 601 studies reviewed, 31 studies with a total of 1871 drug resistant (MDR/XDR) patients were evaluated. The dose administered ranged from 25 - 400 mg/day and the length of exposure varied between 7 to 839 days. QTC prolongation of greater than 480 Ms was reported in 108 patients (5.7%), which led to permanent discontinuation of bedaquiline in 17 patients (21.7%). For the remaining cases (66.7%), which is most of the cases were addressed with electrolyte corrections. Bedaquiline was often co-administered with other anti-TB drugs like clofazimine, fluoroquinolones, pretomanid, azithromycin and delamanid which also have a risk of QTC prolongation. So, the QTC prolongation could not only be attributed to bedaquiline itself (0.4%) cardiac associated death were reported from different cohorts but neither had they confirmed a QTC prolongation nor a confirmed attribution to bedaquiline.

Conclusions: Bedaquiline is a tolerable drug with very less incidence of discontinuation. The cardiac safety of bedaquiline is challenging and hence, a standardized protocol for ECG monitoring and management of QTC prolongation should be established for monitoring the tuberculosis patients.

PRSS5 HOSPITALIZATION COST OF CHRONIC SINUSITIS IN GERMANY
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Objectives: Sinusitis is inflammation of the mucous membranes that line the sinuses. Beside common symptoms it may include fever, headaches, sore throat, and a cough, which is worsening during nighttime. Lasting for more than 12 weeks it is defined chronic sinusitis. Chronic sinusitis is supposed to affect about 12.5% of the German population. Despite the presence of sinusitis only, antibiotics are recommended. Surgery is only indicated with chronic disease. Here we investigate the cost burden only due to hospitalizations for Germany in 2018, and aspects of regional differences.

Methods: Inpatient care data from Federal Statistical Office and hospital quality reports 2005-2018 were evaluated for chronic sinusitis encodings and treatment schemes. Costs were derived from German DRG-scheme (G-DRG).

Results: In 2018 with main diagnosis (md) chronic sinusitis 59,001 cases were hospitalized and 54,450 with secondary diagnosis (sd). Average age md was 45.8 with sd as 48.5 years. 60.2% of md cases in age between 30 and 60; 19.4% under 30 and 20.3% over 60. 57.6% male, regionally constant. 95.0% treated in ENT-departments. 1.3% hospitalized cases are not undergoing surgery, with average G-DRG cost of 1.534€. G-DRG for surgery was between 1.958€ and 13.022€ with average 3.366€. The total G-DRG costs of hospitalization was 359,223,000€. This does not include possible extra funding, which would have minor impact. Frequency of hospitalization is highest in Bremen 1,482 per million inhabitants, lowest in Schleswig-Holstein with 531 per million inhabitants. Hospitalization is significantly correlated with density of population. Conclusions: Despite sinusitis is a high prevalence disease, only around 113,500 cases are hospitalized in Germany in 2018, mainly for surgery, adding up to costs to around 360m€. Rate of hospitalization is regionally different with peak in densely populated areas. Further research in the ambulatory setting and societal impact would be necessary to describe the impact of the disease.

PRSS57 TREATMENT PROFILE OF COPD PATIENTS IN THE HOSPITAL ITALIANO, ARGENTINA: PRELIMINARY ANALYSIS
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Objectives: Understanding about the treatment of chronic obstructive pulmonary disease (COPD) patients in Argentina is limited. The objective is to describe the treatment profile of COPD patients affiliated to the Hospital Italiano (HI), in Buenos Aires, Argentina. Methods: Retrospective cohort study using electronic medical records of COPD patients from 2014-2017. Patients with >40 years at index date with data available 1 year before (baseline) and after (follow-up) were identified. Index date was 1 year after the first diagnosis for incident cases and 01-Jan-2015 for prevalent cases (diagnosed before 01-Jan-2014). Treatment dispensed closest to the index date (prevalent) or used as initial treatment (incident) was evaluated, including controller (inhaled corticosteroid [ICS], long-acting β2 agonist [LABA] or long-acting muscarinic antagonist [LAMA] and combinations), rescue medication and systemic corticosteroid (SC).

Results: We included 2,861 patients (24.3% incident and 75.7% prevalent). In prevalent patients, 43.6% had no medication dispensed during the study; 73.3% had SC only and 12.7% had rescue medication only. Initial maintenance therapy was ICS/LABA in 20.3% and triple in 12%. In prevalent patients, most (52.6%) had no dispensed medication during the baseline. About 22% used ICS/LABA and 3.3% used triple closest to index date. In patients with previous severe COPD exacerbation (emergency room visits/hospitalisation), 18.3% had no dispensed medication and 10.1% used triple. Conclusions: There is a lack of optimised treatment in a high proportion of COPD patients affiliated to the HI, highlighting the need of additional care to COPD patients in Argentina.

PRSS58 IMPACT OF SARS-COV-2 ON PROVIDED HEALTHCARE. EVIDENCE FROM THE EMERGENCY PHASE IN ITALY
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Respiratory-Related Disorders - Health Policy & Regulatory

PRSS56 COST-EFFECTIVENESS OF SOCIAL DISTANCING TO REDUCE COVID-19 MORTALITY IN THE UNITED STATES
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Objectives: To estimate the cost per quality-adjusted life year (QALY) gained with social distancing to avoid COVID-19-related mortality in the United States.

Methods: A model was created to evaluate the cost per QALY gained across four social distancing levels: none, low, moderate, and high. Infection rates across social distancing levels were based on published estimates. Age-based COVID-19 case fatality rates were paired with life-expectancy and utility values based on EQ-5D US norms. Seasonal influenza (2016-2017) was modeled as a benchmark for societal tradeoffs for typical seasonal respiratory illness. Macroeconomic costs aligned with the Federal Reserve Dual Mandate were estimated based on median annualized US salary ($US5,683) and annualized unemployment caused by social distancing. Incremental cost-effectiveness ratios (ICERs) were calculated as incremental cost per QALY gained compared to no social distancing. Scenario analyses were undertaken to test the impact of disutility associated with social distancing and uncertainty surrounding case fatality rates.

Results: Costs ranged from $0.23 trillion for low social distancing to $1.09 trillion for high social distancing. ICERs were $1,040,000 for high and medium social distancing levels. Incremental costs remained below $150,000 when mortality was set to ≤1.0% across all ages. Due to widespread impacts on a population-level, even small utility decrements from social distancing resulted in fewer QALYs at greater cost compared to no social distancing.

Conclusions: The economic impact of social distancing policies is cost-effective for COVID-19, with high social distancing being most cost-effective, but not for a typical seasonal respiratory illness.
Objectives: The Graduate School of Health Economics and Management (ALTEM) monitors the response of the Italian NHS to SARS-CoV-2 emergency with a weekly Instant Report. A specific section is dedicated to the collection and analysis of data regarding the impact of COVID-19 on the care provided to other patients. The aim is to support decision making on identification of priorities to find a new equilibrium between new and “old” healthcare needs. New needs are not only represented by COVID-19 patients but also by other patients whose needs were put on a sort of waiting list. Methods: A literature review was conducted at end of May 2020 to gather available evidence on the impact of COVID-19 emergency on the care provided to other patients. Results: A total of 34 studies were selected; 5 covered cardiology, 6 gastroenterology, 2 rare disease, 6 organ donation and transplant, while 15 referred to oncology in Italy. The majority of studies are based on surveys and cover the February-April 2020 period. Evidence on impact on QoL and health outcomes was limited. Patient perspectives were investigated in oncology and rare diseases. Data show that the emergency has reduced the accessibility of patients to healthcare services, and that it is already possible to identify a first negative effect on clinical outcomes in cardiology. In addition, communication activities in the risk of COVID-19 transmission could have contributed to a lower propensity by patients to deem that healthcare needs are satisfied. Ongoing public health initiatives, which trigger different attitudes, some local experiences, require a better coordinated approach. Conclusions: The reduction in the accessibility of non-Covid patients to healthcare services is a relevant side effect of the COVID-19 outbreak. Interventions must be planned to recover postponed activities during emergency and contain effects on health and adapt the NHS to the new scenario.

Respiratory-Related Disorders - Health Technology Assessment

PR561 IMPACT OF HEALTH TECHNOLOGY ASSESSMENT (HTA) RECOMMENDATIONS ON THE USE OF FIXED-DOSE COMBINATION (FDC) TRIPLE THERAPY FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
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Objectives: Real-world evidence suggests that triple therapy (long-acting β2 agonist, long-acting muscarinic antagonist, and inhaled corticosteroids [ICS]) is being over-utilised in COPD patients. Whilst triple therapy has a role in specific patient groups, these benefits can come at the expense of an increase in pneumonia and other adverse events and can increase costs. We analysed the relationship between HTA recommendations and market penetration of the two new FDC triple therapies: glycopyrrolate/formoterol fumarate/beclomethasone (Trimbow®) and umecilindinium/vilanterol/fluticasone furoate (Trelegy Ellipta). Methods: HTA recommendations in ten countries were evaluated. Number of doses per quarter of a year were extracted from international prescribing data (Q3 2017 to Q1 2020). Days of therapy were calculated by dividing the number of doses by average daily dose. Market share was determined using days of therapy as a percentage of total market share for long-acting bronchodilators. We calculated the average market penetration and assessed the distance each country was away from the average. Results: In general, countries where HTA evaluations have taken place with restrictions imposed on the use of FDC triple therapy, saw a lower than average uptake. Restrictions included: access to only patients stable on open combination triple (Spain, Netherlands) or access to only patients with severe asthma (France, Austria), and no use as initial therapy (Canada, Australia). Conclusions: Overuse of ICS-based regimen has both humanistic and economic implications. Initiatives aimed at restricting the use of FDC triple therapy leads to lower than average prescribing rates and potentially more appropriate use. It is essential for payers to assess the range of factors, including the risks and benefits of triple FDCs, and consider which restrictions would ensure the most efficient use of limited healthcare resources.

PR562 APPLYING MULTIPLE CRITERIA DECISION ANALYSIS (MCDCA) TO ASSESS THE VALUE OF BUDOSESIDE-FORMOTEROL MAINTENANCE AND RELIEVER THERAPY IN ASTHMA- AN EMPIRICAL CASE STUDY
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Objectives: Multicriteria Decision Analysis (MCA) is an analytical quantitative technique used in decision-making processes to rank alternative technologies based on multiple criteria, to facilitate a conscious decision on resource allocation. Aim of this study was to apply an MCDCA framework for the value assessment of budesonide-formoterol maintenance and reliever therapy in asthma and explore the feasibility of this approach as a drug advisory committee. Methods: The evaluation was conducted by mapping the available evidence in an MCDCA decision tree including criteria from the EVIDEM and ADVANCE frameworks. This comprehensive framework allowed the inclusion of a number of criteria representing the different components of a decision-making process. Based on an extensive literature review, a total of 16 economic models were identified for each of the framework into a structured health technology assessment (HTA) report on budesonide-formoterol maintenance and reliever therapy in asthma. Evidence was presented to the members of a multidisciplinary committee (n=10) to explore the value of this analysis as a drug advisory committee. Results: The highest mean scores were attributed to (mean;SD): quality of evidence of budesonide-formoterol (4.44;0.53), impact of asthma on morbidity (4.33;0.71) and rationale for developing budesonide-formoterol as maintenance and reliever therapy in asthma (4.22;0.87). Criteria with lowest quality of evidence scores were: mechanism of action (0.89;1.05) and potential spill-over effect (1.39;1.36). Conclusions: A number of patient- and system-level considerations come in place when identifying the value of a new therapeutic approach in asthma. HTA allowed to systematically consider the evidence on the different attributes and proved to be a useful tool to support the decision-making process.

Respiratory-Related Disorders - Medical Technologies

PR563 NON-ADHERENCE IN SEVERE ASTHMA: EXPLORATION OF HOW TO MEASURE THE EXTENT OF IT
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Objectives: Suboptimal adherence to inhaled corticosteroids is the most common reason for treatment failure in asthma. In clinical practice, patient self-reporting offers a simple, inexpensive method of assessing adherence, but typically over-estimates it. The Centre for Evidence-Based Medicine published a risks and