

Annual Congress & Medicare Expo on

Primary Healthcare

April 25-27, 2016 Dubai, UAE

Low dose total skin electron beam radiation in cutaneous T-cell lymphoma: Review

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The treatment of advanced stage mycosis fungoides is especially challenging as single agent overall response rates are in the 35% range and chronic recurrence is the rule. The treatment of cutaneous T-cell lymphoma (CTCL) across all stages of disease is aimed at the goal of achieving and sustaining remission. Increasingly, low dose total skin electron beam therapy (TSEBT) is being utilized as a skin directed component in combination therapy for advanced stage CTCL. Researchers are seeking to better define the utility of low dose TSEBT as a method of de-bulking skin disease while simultaneously treating other disease compartments and in combination with sustained maintenance therapies of both the skin directed and systemic varieties. Data exists showing the efficacy of low dose TSEBT in early and advanced disease. There is also data documenting prolonged treatment responses with TSEBT plus adjuvant skin directed therapies such as PUVA and topical nitrogen mustard. Emerging data examining the role of low dose TSEBT in the prestem cell transplant preparation is also promising. This brief review summarizes the utility of low dose TSEBT in multi-agent treatment regimens in CTCL.

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Predictors of direct costs of diabetes care in pediatric patients with type 1 diabetes in Greece

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Type 1 diabetes (T1D) is a chronic disease with increasing incidence and major impact on the health care costs. This is a retrospective cost-of-illness study, focusing on the direct costs from the healthcare system's point of view and its predictors. All patients aged 0-16 years, diagnosed with T1D, followed in the University Pediatric Department for a two-year period, were included. Total diabetes-related direct costs per person-year was estimated at €2,712 (95% CI 2,468-2,956). Diabetes healthcare provider and education visits, including laboratory tests, accounted for only 7.6%, costs for hospitalization for 1.7% and medication costs for 17% of total costs. Supply costs accounted for 73.7% and were the highest for insulin pump therapy ($p=0.000$). Total costs were significantly higher for a) use of multi-injection or pump therapy ($p<0.0001$), b) older age ($p<0.001$) and c) daily insulin dose ($p<0.001$). Patients on pump therapy had significantly higher costs compared to patients on multi-injection and conventional regimen ($p=0.0001$). However, patients on pump therapy had better glycaemic control compared to the rest of patients ($p=0.039$). Cost for hospitalization and outpatients' care for T1D patients followed in the public sector was rather low compared to other countries, the medication cost was at similar levels and the cost of supplies generally higher. The main predicting factor of cost was the use of pump. However, it is noteworthy that the use of pump was associated with better glycaemic control, which has to be co-estimated, since long-term microvascular complications constitute the major component of the total long-term diabetes care cost.

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