



## EDITORIAL COMMENT

### Comment to “Cost-effectiveness of the combination therapy of dutasteride and tamsulosin in the treatment of benign prostatic hyperplasia in Spain”

### Comentario a «Coste-efectividad de la combinación dutasterida y tamsulosina en el tratamiento de la hiperplasia benigna de próstata en España»

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Is it worth administering a treatment that improves symptoms at a higher cost of double that of standard treatment from the perspective of the financer, the SNS (Spanish National Health System)? The response will depend on the extent of the effect in terms of quality of life, the main determinant of the treatment, and on possible medium to long-term cost-saving for the financer and this requires applying cost-effectiveness assessments from the perspective of the SNS, as *Antoñanzas et al.* have done, whose study is published in this edition of *Actas*.

The example of QALY as a measurement of effectiveness, the use of the four-year time horizon of the CombAT study (the study with the most recruited patients to date), together with its transition probabilities, the prevalence data of the disease in our surgeries and official direct costs of our National Health System make the model robust, although it is insufficient given the nature of the treatment in the long term in the majority of the patients with BPH.<sup>1,2</sup> The longer the time horizon, the greater the advantage observed, which increases from 0.06 QALY at 4 years to 0.4 at 35 years, which is logical although we cannot assume

that the extent of the effects will remain stable as no data is available.

In patients with severe symptoms, an ICER of € 9,878.25 / QALY at 4 years is an excellent result, as the disease has little risk of mortality. In those with moderate symptoms, this perspective translates the decision into the comparison with monotherapy using a 5ARI.

## References

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2. Miñana B, Layola M, Prieto M. Distribución de severidad clínica y prevalencia de criterios de progresión en Consultas de Urología de pacientes con Hiperplasia Benigna de próstata en España. *Actas Urol Esp.* 2009;6 Suppl XXXIII:124. Abstract C-41.

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