taken from the 2005 National Inpatient Sample. One-way frequencies, summary sta-
tistics, table analysis, logistic regression, linear regression, and kernel density were all used to evaluate the data. We used exploratory data analysis to investigate patient outcomes. There were 5622 patients with pneumonia and a control group of 5600 patients. Pneumonia affects 1-3 years remaining is more than older children. Most of the patients had a Charlson number of 0, indicating non-severe conditions. Out of 5622 patients, there were 73 fatalities. The majority of patients had a hospital expense of $2,000 to $10,000. Sex did not play a huge factor in the distribution of patient deaths. The mean age was 7.29 years old. The mean length of stay was 9.41 days. Patient procedure and diagnosis codes were analyzed to discover which codes had the most significant impact on patients, length of stay, and total hospital charges. Patients with additional diseases were analyzed to see if there was a significant difference in hospital length of stay and total hospital charges. CONCLUSIONS: Patients have different hospital costs, lengths of stay, initial diagnosis, procedures and outcomes according to their sickness, and how they can be treated. Most patients that come into the hospital do not have to stay too long, have a moderate hospital expense, and are generally young children. Pneumonia is a serious illness, occasionally fatal, but it can usually be treated successfully.

ECONOMIC ANALYSIS OF MICAFUNGIN VERSUS CASPOFUNGIN THERAPY FOR THE TREATMENT OF CANDIDEMIA AND PNEUMONIA INFECTIONS

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OBJECTIVES: The primary objective is to compare candidemia treatment success between micafungin and caspofungin. Secondary objectives are to identify cost and mortality rates associated with the use of micafungin versus caspofungin. METHODS: This is a chart review of patients who received one dose of micafungin or caspofungin during their hospitalization in a regional VA medical center between January 1, 2004 and February 29, 2008. A combination of electronic data extraction and manual chart review was performed on each subject's medical record for patient characteristic, risk factors, antifungal use prior and post echinocandin, adverse drug reactions associated with echinocandin, microbiological eradication, clinical success, length of stay, total hospital cost, and echinocandin cost. All statistical tests were two-tailed with p-value of less than 0.05 considered statistically significant. RESULTS: A treatment regimen with at least one positive diagnostic and prompt culture for C. albicans or C. non-albicans were included. Treatment groups had similar baseline characteristics in all areas except more micafungin patients had renal failure (p = 0.016), prior antifungal use (p = 0.021) and post antifungal use (p = 0.002). Treatment success was comparable among groups (74% micafungin compared to 66% caspofungin, p = 0.279). Microbiological success was 54% vs. 45% (p = 0.367) for micafungin vs. caspofungin, respectively. There was no difference in microbiological success between C. albicans and C. non-albicans for micafungin (p = 0.802), however, a significant difference was seen in the caspofungin patients (C. albicans 35% vs. 59%; C. non-albicans, p = 0.65). Total cost of patient care (p = 0.002) and echinocandin overall cost (p = 0.001) were significantly lower in the micafungin group. Length of stay and mortality rates were comparable among groups. CONCLUSIONS: We found overall treatment success was non-inferior among micafungin and caspofungin therapies.