at 42.18% compared to 25.91% of LLD (p < 0.0001). Bleeding, readmission, and mortality were similar (p = NS). Risk-adjusted logistic regressions also found no evidence for better outcome in patients given HLD of clopidogrel. CONCLUSIONS: Using time-stamp data, this large study retrospectively investigated effects of HLD clopidogrel in usual care setting. Patients receiving HLD did not experience better outcome. If providers tend to select HLD to treat high-risk patients in practice, an underlying dose-outcome bias would exist in the data. It is unclear how much of the bias is mitigated by higher dosing in the usual care setting. More research is needed.

PCV31
COST-EFFECTIVENESS OF CONTRAST ECHOCARDIOGRAPHY IN THE DIAGNOSIS OF CORONARY ARTERY DISEASE
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OBJECTIVE: To review the existing evidence of the economic impact of contrast echocardiography (CE) in the diagnosis and management of patients with suspected or known coronary artery disease (CAD). METHODS: A systematic search was undertaken to identify studies that provided empirical evidence of the cost-effectiveness of CE relative to an alternative diagnostic modality. Findings and study methodologies were reviewed and suggestions for further research were offered.
RESULTS: Six studies were identified, including one conference abstract and one unpublished study. In four studies of patients with sub-optimal un-enhanced echocardiographic images, CE was reported to reduce the average cost to obtain a diagnosis by 17–64% compared with a second-line nuclear imaging (SPECT) test. However, these studies did not include the impact of potential differences in diagnostic accuracy between tests. A fifth study reported that compared with trans-oesophageal echocardiography CE resulted in similar yield of accurate diagnoses at a substantial reduction in costs for determination of regional and global ventricular function in ‘technically difficult to image’ patients. In a sixth study in patients with an intermediate risk for CAD, the average cost to identify CAD was lowest when SPECT Tc-99m or CE ($267 and $335 per case detected, respectively) and highest when exercise electrocardiography ($1320 per case detected) was used as the first-line test. CONCLUSIONS: The results support the cost-effectiveness of CE compared with nuclear imaging in patients with a sub-optimal un-enhanced image, and potentially in other patient sub-groups such as those with an intermediate risk of CAD. However, more comprehensive economic analyses incorporating diagnostic accuracy and its implications for patient management are required before these results can be considered conclusive. More research is also needed to assess the economic impact of myocardial contrast echocardiography (MCE) in its wider applications in the management of CAD patients, such as the assessment of myocardial viability.

PCV32
LONG-TERM COST-EFFECTIVENESS OF CLOPIDOGREL IN ACUTE CORONARY SYNDROMES BASED ON CURE AND PCI-CURE IN POLAND
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OBJECTIVES: The efficacy of platelet inhibition with clopidogrel for patients (pts) with non-ST-elevation acute coronary syndromes was demonstrated in CURE and PCI-CURE trials. The purpose of present analysis is to estimate the long-term cost-effectiveness of clopidogrel in Poland, using clinical outcomes and resource utilization from CURE and in PCI-CURE.
METHODS: Costs of hospitalizations and studied drugs were calculated based on resource utilization collected in case report form for all pts in CURE (clopidogrel, n = 6259, placebo, n = 6303) and in the subgroup of PCI-CURE pts (clopidogrel/n = 1313, placebo/n = 1345). Comedications were not included in the economic analyses as drug utilization was similar in clopidogrel and placebo group. Unit costs were calculated using drugs retail prices and medical procedures tariffs contracted by National Health Found. Because of lack of sufficient Polish epidemiological data two different sources (Framingham and Saskatchewan databases) were used to evaluate the lost life expectancy associated with death, MI and stroke. A discount rate of 3% was applied. Results are expressed in cost per Life Year Saved. RESULTS: Total cost per pt was higher in the clopidogrel arm for CURE and PCI-CURE (+€463 and +€454) respectively. The estimated number of LYS with clopidogrel for CURE pts was 69.9 per 1000 pts treated using Framingham and 68.2 using Saskatchewan data. Corresponding values for PCI-CURE were 69.8 per 1000 patients with Framingham and 88.5 with Saskatchewan data. The cost per LYS for clopidogrel versus placebo for CURE pts was €6624 with Framingham and €6789 with Saskatchewan database. For PCI-CURE pts these figures were €6504 and €5130 respectively. CONCLUSION: Based on the clinical findings of CURE and PCI-CURE trials clopidogrel appears to be cost-effective in Poland. Although results obtained from two different sources of survival data are consistent, the interpretation of present findings requires further adjustment to Polish epidemiological settings.

PCV33
A COST-EFFECTIVENESS ANALYSIS OF LOW-DOSE ASPIRIN IN THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE IN FOUR EUROPEAN COUNTRIES
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OBJECTIVES: Low-dose Aspirin is standard care in patients with cardiovascular disease (CVD). In primary prevention the use of Aspirin is not fully established although meta-analyses and guidelines support its use in persons at increased CVD risk. This study assessed the health economic consequences of the use of low-dose Aspirin is not fully established although meta-analyses and guidelines support its use in persons at increased CVD risk. This study assessed the health economic consequences of the use of low-dose Aspirin in the primary prevention of CVD in the UK, Germany, Spain and Italy. METHODS: Based on results reported in two meta-analyses, a Markov model was developed to predict the cost-effectiveness of Aspirin in the primary prevention of CVD. Different time horizons (1 to 10 years), 1-year cycles and direct costs from the health care payer’s perspective (2003) were used. Effects were expressed in Life-Years (LY) and QALY. Utility data (TTO) were obtained from published data. Country specific discounting was applied. RESULTS: For patients with an annual risk of coronary heart disease (CHD) of 1.5%, the model results in average savings with low-dose aspirin after 10 years of €201 [95%CI €81–€331], €281 [95%CI €141–€422], €797 [95%CI €301–€131] and €427 [95%CI €122–731] per patient in the UK, Germany, Spain and Italy, respectively. Although the savings in the first year are modest (on average €10–620), from the second year on they are significant in all countries. Sensitivity analysis showed the results robustness. The number of LY and QALY gained with aspirin were respectively 0.2 and 0.4 years in the four countries. Monte Carlo analysis showed aspirin-
DOMINANCE IN ≥ 97% OF CASES FOR THE THREE STUDIED ANNUAL RISKS OF CHD (0.6%, 1.0% AND 1.5%) EXCEPT FOR ITALY, WHERE DOMINANCE IN ≥ 95% WAS SEEN AT ANNUAL RISKS OF 1% AND 1.5%. CONCLUSIONS: ADMINISTERING LOW-DOSE ASPIRIN TO PATIENTS WITH AN ANNUAL RISK OF CHD OF ≥1% IS SIGNIFICANTLY COST-SAVING FROM THE HEALTHCARE PAYER’S PERSPECTIVE IN ALL COUNTRIES ANALYSED. SAVINGS START AFTER ONE YEAR OF TREATMENT.

USE OF ABCIXIMAB IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION (PCI) IN FRANCE

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OBJECTIVES: TO EVALUATE DIFFERENCES BETWEEN PUBLIC AND PRIVATE HOSPITALS IN ABCIXIMAB PRESCRIPTIONS FOR PATIENTS UNDERGOING PCI WITH CORONARY ARTERY DISEASE (CAD) IN FRANCE. METHODS: DATA WERE COLLECTED FROM THE 2002 “PMSI” DATABASE (DRG FOR EVERY PATIENT ADMITTED). TO EVALUATE THE TOTAL NUMBER OF PCI PERFORMED FOR CAD IN PRIVATE AND PUBLIC HOSPITALS, WE SELECTED THE FOLLOWING DRGs (MYOCARDIAL INFARCTION, CORONARY ENDOPROSTHESIS, AND CARDIAC CATHETERIZATION) AND CROSSED THEM WITH THE FOLLOWING ACTS PERFORMED DURING PCI (TRANSLUMINAL ANGIOPLASTY, STENT IMPLANTATION, AND CARDIAC AHERETOMY). WE COMPUTED THE NUMBERS OF ABCIXIMAB PRESCRIPTIONS FOR PATIENTS UNDERGOING PCI AND PUBLIC HOSPITALS, RESPECTIVELY. ABCIXIMAB WAS USED FOR ONLY 18% OF PCI IN PUBLIC HOSPITALS AND 4.5% IN PRIVATE ONES, ALTHOUGH, ABCIXIMAB IS THE ONLY DRUG INDICATED FOR PREVENTION OF CARDIAC ISCHEMIC COMPLICATIONS IN PATIENTS UNDERGOING PCI AND RECOGNIZED BY FRENCH AUTHORITIES AS CORRELATED TO A “MAJOR IMPROVEMENT” FOR THESE PATIENTS. CONCLUSION: THE IMPORTANT DIFFERENCE IN 2002 BETWEEN PUBLIC AND PRIVATE SECTORS CAN BE MOSTLY EXPLAINED BY DIFFERENT FUNDING SYSTEMS: GLOBAL BUDGET FOR PUBLIC HOSPITALS, FEE FOR SERVICES, PAYMENT PER DAY AND LOW DAILY FIXED FARE FOR DRUGS IN PRIVATE HOSPITALS. IN FRANCE, A NEW DRG SYSTEM OF FUNDING, CLOSE TO THE ONE FOR PROFIT HOSPITALS WAS TAKEN FOR GRANTED IN 2002 IN EACH PRIVATE AND PUBLIC HOSPITALS.