valuing benefits concerned with avoiding amputation twice less than physicians. Anyway the price of prostaglandin E1 is about 350 USD for a period of treatment that is much less than the median sum of money named by both groups of respondents.

**PCV27**

**HEALTH ECONOMIC ASSESSMENT OF THE ARCTIC SUN™ MODEL 100 FOR TEMPERATURE MANAGEMENT IN OFF-PUMP CORONARY ARTERY BYPASS SURGERY**

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Hypothermia resulting from invasive surgical procedures can increase blood and fluid loss and complicate the post-operative course of recovery. Therefore, hypothermia can be quite costly to treat. The Arctic SunTM Model 100 is a new non-invasive perioperative warming device, which controls body temperature through single use Arctic Sun Energy Transfer Pads™ regulated by a control module.

**OBJECTIVE:** To compare the initial surgical and intensive care unit (ICU) outcomes and costs resulting from use of the Arctic Sun vs. standard care of temperature management in patients undergoing off-pump coronary artery bypass (OPCAB) surgery.

**METHODS:** Data from two clinical studies conducted at a major university were combined with other published data to compare surgical outcomes and treatment costs to the hospital associated with patient re-warming methods.

**RESULTS:** Preliminary findings in OPCAB procedures indicate post-operative hypothermia incidence is lower for patients using the Arctic SunTM Model 100 (5% n = 58) compared to patients warmed using the standard warming methods (48%, n = 48). An additional cost of over $338.00 per patient for blood products and fluids received by patients was incurred for the standard care population compared to the Arctic Sun™ population. Compared to normothermic patients, patients who are hypothermic have an average increased hospital stay of 5.8 days ($2,616.96), and an average increased ICU time of 4.2 hours ($236.88). Combining these costs with the costs to treat infections, morbidity cardiac events, and additional lab work, the total additional costs for complications due to hypothermia can easily exceed $8,270 per patient.

**CONCLUSION:** The Arctic Sun™ is an effective temperature management device for OPCAB patients. Combining the Arctic Sun™ clinical data with published economic data suggests that the Arctic Sun™ for temperature management in OPCAB procedures could save over $33,800 in blood product costs and over $355,000 in complication costs per 100 patients.

**PCV28**

**A COST ANALYSIS OF “BRIDGING THERAPY” FOR PATIENTS REQUIRING INTERRUPTION OF CHRONIC ANTIMONOCOAGULATION**

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**OBJECTIVE:** Patients on long-term anticoagulation requiring interruption of therapy for a surgical procedure historically have been hospitalized to receive “bridging therapy” with continuous infusion intravenous fractionated heparin (UFH). Recently, low-molecular weight heparins such as enoxaparin have been reported to have comparable safety and efficacy in this indication, and can be administered on an outpatient basis. The objective of this study was to compare the costs of bridging therapy with enoxaparin versus UFH in this patient population.

**METHODS:** We conducted a cost-minimization analysis of bridging therapy from the perspective of a third-party health insurer. Patient treatment protocols were set forth to reflect current clinical practice. Bridging therapy was assumed to take place over an eight-day period, reflecting three preoperative days, one day of surgery, and four postoperative days. Three alternative bridging strategies were considered: (1) UFH 30,000 units/day administered in hospital; (2) enoxaparin 1.0 mg/kg self-administered twice-daily by the patient at home; and (3) enoxaparin 1.5 mg/kg administered once-daily in the patient’s home by a visiting nurse. Various secondary sources were used to estimate the costs of drug acquisition, ancillary supplies, provider services, and hospitalization. Analyses were performed for day surgery, surgery requiring overnight stay, and surgery requiring a stay of 4+ days.

**RESULTS:** Bridging therapy with UFH in hospital costs $4,397 per patient for day surgery, $3,818 for procedures requiring an overnight stay, and $2,080 for procedures requiring a stay of 4+ days (2001 US$). Corresponding cost estimates for patient-administered enoxaparin are $663, $673, and $743. Cost estimates for nurse-administered enoxaparin are $990, $935, and $771, respectively.

**CONCLUSIONS:** Bridging therapy with enoxaparin at home whether patient-administered or nurse-administered is substantially less costly than bridging with UFH in hospital. The magnitude of cost savings is highest for day surgery and lowest for surgeries requiring a prolonged recovery in hospital.

**PCV29**

**INFLUENCE OF COMORBID CONDITIONS IN THE HOSPITALIZATION OF ANGINA PATIENTS**

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