CABG and/or valve surgeries. The opportunity for cost reduction by preventing the complications associated with CABG and/or valve surgery was distributed GLM models were used.

The total study sample size was 8928. Recurrent CVEs were defined as myocardial infarction, non-fatal stroke or with <12 months pre/post-index plan eligibility or <18 years old were excluded. From the HealthCore Integrated Research Database January 1, 2006 to September 30, 2011 (index event date defined as first ACS hospitalization date). Patients and health care systems. This study quantifies the incidence and complications related to these procedures can have significant impact on outcomes and reduce total health care cost. Preventing subsequent adverse CVEs following ACS to improve patient prevention of subsequent adverse CVEs following ACS to improve patient outcomes and reduce total health care cost.

CONCLUSIONS: Using a marginal costing approach to estimate health care costs for conditions common in patients with a high prevalence of comorbidity conditions, our marginal costing approach may underestimate the total cost of illness, as well as estimating in-hospital and follow-up cost distributions correctly.

PCV53

OBJECTIVES: An increasing proportion of coronary artery bypass grafting (CABG) surgery is performed with concomitant valve repair or replacement surgery, and complications related to these procedures can have significant impact on patient and hospital care systems. The purpose of this study is to describe clinical and economic burden of complications associated with CABG, valve and combined (CABG and valve) surgery in the US. METHODS: Premier Perspective database was used to identify patients who underwent CABG and/or valve surgery between Jan 2008 to Dec 2011. The study complications were postoperative infection, sepsisemia, postoperative stroke, postoperative adult respiratory distress syndrome, new-onset hemodialysis, reoperation, respiratory complication, cardiac complication, and hemorrhage. Both surgeries and combined (CABG and valve) surgery were analyzed.

RESULTS: The current study included 154 patients diagnosed with VTE in Beijing, the mean age was 61.5±12.4. 96.8% were female and the mean age was 61.5±12.4. 96.8% were female and the mean age was 61.5±12.4. 96.8% were female and the mean age was 61.5±12.4. 96.8% were female and the mean age was 61.5±12.4. 96.8%

CONCLUSIONS: The cost of acute management of stroke was calculated as 2,517 USD, of which 76% was caused by hospital stay. The annual cost of follow-up of stroke patients was 799 USD/year. The source of almost half (48%) of the cost was not non-pharmacologic treatment (namely neurologic rehabilitation). The cost of major EC bleeding was 1014 USD/event (48% hospital stay cost) and the cost of minor EC bleeding is 49 USD/event (~100% hospital stay cost). The cost of acute management of IC bleeding was calculated as 6166 USD/event (86% hospital stay cost). The annual cost of follow-up of patients with IC bleeding was 728 USD/year (52% non-pharmacologic treatment cost).

COSTS OF ILLNESS FOR PATIENTS WITH VENOUS THROMBOEMBOLISM IN CHINA

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OBJECTIVES: Venous thromboembolism (VTE), a condition that includes deep vein thrombosis (DVT) and pulmonary embolism (PE), has a major impact on health and has a significant economic burden. The purpose of this study was to evaluate direct and indirect costs of patients with VTE in China, producing an average cost per patient per year. METHODS: A cost-of-illness analyses was performed. The economic data was collected from an observational retrospective study. We recruited 154 patients diagnosed with VTE in Beijing, Shanghai and Guangzhou between October 2012 and December 2012. Patients or their caregiver completed a questionnaire about resource utilization and absenteeism from work in the past year by an interview. Direct medical costs included outpatient visit, hospitalization, ambulatory, drug, diagnostic tests, and physiotherapy costs. Indirect costs were estimated using a human capital approach. All costs referred to 2011.

RESULTS: The cost of VTE was estimated as 413 USD/event (70% non-pharmacologic treatment cost). The cost of acute management of stroke was calculated as 2,517 USD, of which 76% was caused by hospital stay. The annual cost of follow-up of stroke patients was 799 USD/year. The source of almost half (48%) of the cost was not non-pharmacologic treatment (namely neurologic rehabilitation). The cost of major EC bleeding was 1014 USD/event (48% hospital stay cost) and the cost of minor EC bleeding is 49 USD/event (~100% hospital stay cost). The cost of acute management of IC bleeding was calculated as 6166 USD/event (86% hospital stay cost). The annual cost of follow-up of patients with IC bleeding was 728 USD/year (52% non-pharmacologic treatment cost).

CONCLUSIONS: The costs of thromboembolic complications in AF patients are quite high. The acute events of stroke or IC bleeding are quite costly, and additional costs continue to happen due to treatment of neurologic disabilities caused by the primary event. Therefore, the economic burden of these thromboembolic events might be well reduced, if the prevention of these events could be prevented in AF patients.

PCV56

PHASE 3 STUDIES OF VEGF IN PATIENTS WITH ADVANCED NON-SQUAMOUS NSCLC TREATED WITH A new agent for the treatment of patients with advanced non-squamous non-small cell lung cancer (NSCLC) who have failed at least two lines of chemotherapy, the new agent may offer a promising therapeutic option for these patients. OBJECTIVES: The projected median PFS for patients not eligible for further systemic therapy was 1.4 months with the new agent and 0.5 months with placebo. The median overall survival (OS) for patients not eligible for further systemic therapy was 5.0 months with the new agent and 3.6 months with placebo. The incidence of new primary tumors was lower in the group treated with the new agent (14%) than in the placebo group (20%). The incidence of grade 3 or 4 adverse events was higher in the new agent group (42%) than in the placebo group (30%).

CONCLUSIONS: The new agent provided statistically significant improvements in OS and progression-free survival compared with placebo. The incidence of new primary tumors was lower in the new agent group than in the placebo group. The incidence of grade 3 or 4 adverse events was higher in the new agent group than in the placebo group. The results of this study support the further evaluation of the new agent in the treatment of patients with advanced non-squamous NSCLC who have failed at least two lines of chemotherapy.