underwent breast reduction (5 PRINeO and 5 SOC). Data were collected for surgery through post-op care. Data Observation Forms were designed based on information obtained from staff interviews. Activities were observed for which differences in time and supplies between PRINeO and SOC were expected: incision closure, dressing application, and dressing changes. RESULTS In Germany, average time for skin layer closure was 3.47 min with PRINeO vs. 16.67 min for SOC. Average wound length was 57 cm vs. 54 cm, respectively, translating into higher speed of closure with PRINeO (16.30 cm/min) compared to SOC (3.22 cm/min). Overall time for wound closure was similar in both arms due to increased time for dermal layer closure with PRINeO (42 min). In the Netherlands, average time for skin layer closure was 1.57 min for PRINeO vs. 15.83 min for SOC. Average wound length was 48 cm vs. 49 cm, respectively, translating into a speed of closure with PRINeO of 30.74 cm/min compared to 31.31 cm/min with SOC. Time for dermal and skin layer closure combined was lower for PRINeO (13.47 min vs. 29.93 min). For dressing application and post-op dressing changes, SOC required on average 18.28 min in Germany and 3.95 min in the Netherlands. Additionally, the use of 1.2 PRINeO units on average resulted in the elimination of sutures and dressings in both centres. CONCLUSIONS In one German and Dutch centre, the use of PRINeO led to increased skin closure speed and avoided time and supplies associated with dressing application and changes, at the expense of an average 1.2 PRINeO units.

TREATMENT DURATION AND PRESCRIPTION REFILL RATE FOR VAGINAL ESTROGEN THERAPY IN MEDICAID ENROLLED WOMEN WITH ATROPHIC VAGINITIS
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OBJECTIVES: Among the two most frequently prescribed forms of vaginal estrogen (VE), acceptability of tablets has been shown to be greater than creams in clinical trials. However, creams are more often prescribed. This study examines the association between form of VE and initial prescription refill rate and treatment duration among trials. However, creams are more often prescribed. This study examines the association between form of VE and initial prescription refill rate and treatment duration among trials. However, creams are more often prescribed. This study examines the association between form of VE and initial prescription refill rate and treatment duration among trials. However, creams are more often prescribed. This study examines the association between form of VE and initial prescription refill rate and treatment duration among trials. However, creams are more often prescribed.

METHODS: A retrospective cohort study was conducted using North Carolina Medicaid claims January 2003 to December 2007 of women’s age 16–64 with a new VE prescription claim. Multiple logistic regression was performed to assess the association of VE form and initial prescription refill rate among women with 1 year of continuous enrollment; ORS regression was used to assess treatment duration over 2 years follow-up. Demographic factors included age and race. Additional covariates: Charlson-Deyo comorbidity index, number of outpatient visits, mammography, and systemic estrogen use in the pretreatment year, and index year. RESULTS: A total of 1812 patients prescribed VE (mean age 49.4 ± 10.5, 30.9% black) having 1 year follow-up were identified; 463 women had 2 years follow-up. 89.6% received cream; 10.4% tablets. Initial prescription refill rate was 48.7% for tablets, 33.7% for cream (p < 0.001). Average treatment duration among women with a refill and a refill follow-up was longer for tablets than cream (291.7 ± 214.3 days versus 281.8 ± 226.3; p = 0.745). Tablet users were significantly more likely to refill their initial prescription (OR 1.88, 95% CI = 1.38–2.56). OLS regression results showed no significant difference in treatment duration for tablets vs. cream (beta = 0.01, 95% CI = -0.20 to 0.23; p = 0.81). CONCLUSIONS: Claims showed tablet users were significantly more likely to refill their initial prescription than cream users. During 2 years of follow-up, treatment duration among those who refilled at least once was longer for tablet users, although not significant. These results give some real world support for women’s greater acceptability of vaginal tablets to creams.