OBJECTIVES: Despite the efficacy and safety of statins, real-world data suggest they are suboptimally used among dyslipidemic patients. The current study sought to describe patterns of statin utilization among high cardiovascular (CV)-risk patients initiating statin therapy. METHODS: Methods: Adult patients ≥18 years of age were recruited as consecutive outpatients who were newly initiating statin therapy following a cardiovascular event (MYocardial Infarction (MI), transient ischemic attack and stroke, or peripheral arterial disease) 30-day time-line recommended by clinical guidelines. Additional inclusion criteria were selected for and stratified into 1 of 5 mutually exclusive, high CV-risk–based exclusive groups based on a hierarchy (vitamin K antagonist (VKA), rivaroxaban, low-molecular-weight heparin (LMWH), aspirin, other anti-coagulants, no known treatment). Data were extracted from the FDA Monitoring System (EudraVigilance); however no signal detection activity was initiated or ongoing as of publication. RESULTS: Patients’ mean (SD) age was 61.3 years (SD=14.3) and 47.4% were females. The hierarchy of treatments revealed that 63.1% of patients were using VKA, 30.6% using rivaroxaban or LMWH but no VKA, 2.0% using other combinations, and 3.7% were not using any CV therapy. Mean treatment duration for VKA (168 days) than for rivaroxaban (139 days) or LMWH (46 days) patients. LMWH treatment was significantly more common than VKA among cancer patients (odds ratio (OR): 2.35, P < .001), but less likely among pulmonary embolism or deep vein thrombosis patients (OR: 0.92, P = .33). CONCLUSIONS: Treatment patterns in the European Union show that VKA is a common treatment for VTE in addition to other anticoagulants. Attention to risk factors and implications for determining continuation of therapy which is likely to reduce VTE recurrence.

PCV129 REAL-WORLD STATIN UTILIZATION AMONG PATIENTS AT HIGH RISK FOR CARDIOVASCULAR EVENTS: A USA ANALYSIS

Objectives: The purpose of this study was to investigate the disproportional reporting of cardiac valve disorders (CVD) in relation to bisphosphonates and aortic and mitral valve calcification in the FDA Adverse Event Reporting System (FAERS). Methods: Bisphosphonate-related adverse events were identified from the US FAERS between 1997 and 2015 using the MedDRA preferred term (PT) coding hierarchy. Signals were detected for alendronate (aortic: n=15, EBGM = 8.2, 95%CI = 2.77-26.1; mitral: n=1, EBGM = 1.09, 95%CI = 0.32-2.58) and zoledronate (aortic: n=3, EBGM = 4.44, 95%CI = 0.92-5.9; mitral: n=1, EBGM = 1.43, 95%CI = 0.45-3.61; pulmon- ary: n=1, EBGM = 1.36, 95%CI = 0.34-3.38). Conclusions: Treatment with some of the bisphosphonates might be associated with aortic and mitral valve calcification. It might be necessary for prescribers to monitor patients for CVD before and during treatment. Signal clarification and evaluation activities by pharmacoepidemiologic studies are recommended.

PCV130 TREATMENT PATTERN AND OUTCOMES OF INTRAVENOUS ANTHYRFECTIVE AGENTS IN US PANCREATIC CANCER PATIENTS

Objective: Pancreatic cancer patients are exposed to intravenous neuroendocrine hemorrhage (ICH), current guidelines recommend managing elevated blood pressure (BP) with intermittent or continuous infusion of intravenous medications. The purpose of this retrospective observational study is to evaluate the clopidogrel (CLP) usage pattern among US patients with cancer and continuous or intermittent antihyperten- sive agents (IVA) compared to other agents available. METHODS: Study data were extracted from the Premier hospital database. ICH patients were identified by primary diagnosis (ICD-9 CM codes of 431 (ICH) or 432 (other or unspecified ICH) and a final MS-DRG of 64, 65, 66 (Intracranial hemorrhage or cerebral infarc- tion). Patients who received clopidogrel, nicardipine, or nitroprusside during the first two days of admission between January 2009 and June 2014 were included. Baseline demographics, outcomes, and costs were evaluated and propensity score matching comparing CLP to nicardipine (NIC) and CLP to nitroprusside (SNP) was performed to control for confounders. RESULTS: 165 clopidogrel, 15910 nicardi- pine, and 1091 nitroprusside inpatients from 520 US hospitals met the inclusion criteria. Treatment pattern analysis showed nitroprusside usage decreased from 15.8% in 2009 to 1.3% in 2014, while NIC and CLP usage increased over the same time, CLP from 1.8% to 0.6%. After propensity matching, 126 patients remained in each group for the CLP-NIC pair and 80 patients in the CLP-SNP pair. Mortality rates were similar in both comparisons at 27.8% (CLP) vs 28.6% (NIC) and 31.1% (CLP) vs 37.8% (SNP). After excluding in-hospital deaths, mean length of stay was 7.4 days (CLP) vs 8.6 days (NIC) and 8.0 days (CLP) vs 8.2 days (SNP). Inflation adjusted mean total costs were $159603 (CLP) vs $18634 (NIC) and $15972 (CLP) vs $15965 (SNP). CONCLUSIONS: Although CLP is <3% of use in this sample, PSM demonstrates similar outcomes in comparison with NIC and SNP.

PCV131 VENOUS THROMBOEMBOLISM TREATMENT PATTERNS IN THE EUROPEAN UNION FROM 2012 TO 2013 RETROSPECTIVE CHART EXTRACTION

Objectives: The aim of the current study was to analyze the safety of tofacitinib to biological DMARDs for treatment of rheumatoid arthritis in patient with inadequate response to methotrexate. METHODS: We performed an overview of systematic reviews and meta-analyses focused on the use of tofacitinib versus biological DMARDs. RESULTS: The search was carried out using the database of MEDLINE, EMBASE, Lilacs, Cochrane Database of Systematic Reviews, DARE and HTA Reports. Three clinical trials were assessed last five years. The strategy of search was the similar to guideline of rheumatoid arthritis of the Ministry of Health of Colombia. Two researchers selected independently the studies and extracted the data. The risk of bias of systematic review was assessed with the Cochrane Collaboration’s tool for assessing risk of bias. Bayesian mixed treatment comparison method was applied for the pairwise comparison of treatments, where the common comparator was methotrexate. The outcomes were occurrence of serious adverse events, serious infections and withdrawal due to adverse events.

OBJECTIVES: This study aims to understand unmet medical needs despite the availability of venous thromboembolism (VTE) treatment in Europe. METHODS: This retrospective cohort study included data from physicians (376 general practitioners and 307 specialists) in France, Germany, Italy, and Spain, who completed case report forms for the next 3-4 patients seen in consecutive patients. Patients were usually exclusively based groups with a hierarchy (vitamin K antagonist (VKA), rivaroxa- ban, low-molecular-weight-heparin (LMWH), aspirin, other anti-coagulants, no known treatment) respectively determined by treatment data (dosing, start/stop dates, and prescription duration and prescriber information, either in hospital or at discharge, following VTE, or as new treatment for first-time VTE event). Logistic regression with backward elimination identified significant predictors of treatment allocation. RESULTS: Patients’ mean age was 61.3 years (SD=14.3) and 47.4% were females. The hierarchy of treatments revealed that 63.1% of patients were using VKA, 30.6% using rivaroxaban or LMWH but no VKA, 2.0% using other combinations, and 3.7% were not using any CV therapy. Mean treatment duration for VKA (168 days) than for rivaroxaban (139 days) or LMWH (46 days) patients. LMWH treatment was significantly more common than VKA among cancer patients (odds ratio (OR): 2.35, P < .001), but less likely among pulmonary embolism or deep vein thrombosis patients (OR: 0.92, P = .33). hospitalization for first VTE (OR: 0.32, P < .001), and hip/knee replacement (OR: 0.39, P = .028). Predictors of VKA vs. rivaroxaban included: more months since initial VTE event (OR: 1.06, P = .001), no hormone replacement therapy (OR: 0.58, P < .001), chronic heart failure (OR: 1.61, P < .03). CONCLUSIONS: Treatment patterns in the European Union show that VKA is a common treatment for VTE in addition to other anticoagulants. Attention to risk factors and implications for determining continuation of therapy which is likely to reduce VTE recurrence.