SF-36 had acceptable reliability of Cronbach alpha values of >0.7. CONCLUSIONS: Patients on kidney transplant waiting list had worse HRQoL than the general population. More research could be done into reasons for poorer HRQoL among the at-risk patients. SF-36 was a reliable tool in assessing the HRQoL of patients on kidney transplant waiting list in Singapore.

PSU15 DEVELOPMENT OF THE BARIATRIC AND OBESITY SPECIFIC SURVEY (BOSS)
Tayyem R1, Ali A2, Atkinson J3, Martin CR4
1 Whittington Hospital, London, UK, 2 The Ayr Hospital, Ayr, UK, 3 University of the West of Scotland, Ayr, UK
OBJECTIVES: There is a lack of a psychometrically robust bariatric-specific health-related quality of life (HRQoL) tool. A mono-centric prospective study was conducted to develop and validate a new bariatric specific 81-item self report HRQoL instrument for bariatric and Obesity patients (BOSS). METHODS: Data were collected from 236 participants: 83 patients who were under consideration for bariatric surgery, 68 patients who already had a bariatric procedure and 85 volunteers. Participants were also required to complete the Short Form Health survey (SF-36), Hospital Anxiety and Depression (HADS) scale, Moorhead: Ardelt Quality of life Questionnaire (M-A QoL II), and a demographic data sheet. Two weeks following the completion of these 5 questionnaires, participants were asked to complete BOSS once more along with a feedback sheet. RESULTS: Exploratory factor analysis revealed a multidimensional instrument consisting of 42 items distributed over 6 domains that address various HRQoL aspects and dimensions pertinent to bariatric surgery, and relevant to morbidly obese patients. Further psychometric analysis showed that BOSS has adequate internal consistency reliability (Cronbach α = 0.970), test-retest reliability (ICC = 0.956), construct validity, criterion validity, face validity and acceptability. CONCLUSIONS: BOSS is a valid and reliable multidimensional instrument that provides a clinically useful and relevant measure to assess HRQoL in patients undergoing bariatric surgery.

Surgery – Health Care Use & Policy Studies

PSU16 LAPAROSCOPIC SUPRACERVICAL HISTERECTOMY VERSUS LAPAROSCOPIC-ASSISTED VAGINAL HISTERECTOMY: POST-SURGICAL OUTCOMES AND COSTS
Waters H1, Song K2, Pan K2, Subramanian D3, Sedgley R2, Raff GJ4
1 ETHICON, Inc., Somerville, NJ, USA, 2 Thomson Reuters, Cambridge, MA, USA, 3 Thomson Reuters, Washington, DC, USA, 4 Indiana University School of Medicine, Indianapolis, IN, USA
OBJECTIVES: To compare the incidence of post-operative complications, health-care use and costs in laparoscopic supracervical hysterectomy (LSH) versus laparoscopic-assisted vaginal hysterectomy (LAVH) patients. METHODS: Women >18 years with LSH or LAVH from 1/1/2007-9/30/2008 were identified in the Thomson Reuters MarketScan® Commercial Claims and Encounter Database. Patients were required to have 6 months of continuous medical and prescription coverage prior and subsequent to the hysterectomy date. Patients were excluded if they had a diagnosis of cancer, had index date procedure codes for both LSH and LAVH, or if the length of stay associated with the index procedure exceeded 20 days. Post-operative outcomes and gynecologic-related (GYN-related) utilization and costs were measured over 90 and 180 days post-hysterectomy. Data analysis was conducted to compare post-surgical outcomes and costs between patients with LSH and LAVH controlling for demographic and clinical characteristics. RESULTS: A total of 6,198 LSH patients and 14,181 LAVH patients met the study criteria. Compared with LSH patients, LAVH patients were more likely to have dysfunctional uterine bleeding (32.6% vs. 27.9%), and leiomyomas (38.0% vs. 26.3%) as their primary diagnosis and less likely to have endometriosis (9.3% vs. 10.4%) and prolapse (1.5% vs. 8.0%), p<0.01 in all cases, had significantly lower overall infection rates (6.2% vs. 7.4%, p<0.002), and had significantly lower total GYN-related costs ($252 vs. $385, p<0.001, 30 days post-surgery; $350 vs. $569, p<0.001, 180 days post-surgery). After multivariate adjustment for patient characteristics, total costs were estimated to be $158 and $174 lower for LSH patients than for LAVH patients within 30 and 180 days of follow up, respectively (p<0.001). LSH patients had significantly lower hazards of developing infection (hazard ratio [HR]=0.830, hematologic complication (HR=0.667), and analgesic use (HR=0.812). CONCLUSIONS: LSH patients demonstrated fewer post-operative infections and lower GYN-related costs compared to LAVH patients.

PSU17 EXCESS PAYMENTS FROM MEDICARE FOR INPATIENT SURGERY
Baker O1
1 StataMed Research, Ann Arbor, MI, USA
OBJECTIVES: To examine the variation in outlier payments across U.S. hospitals. METHODS: Using the National Medicare Claims database for 2002, we examined outlier payments in patients undergoing coronary artery bypass grafting (CABG) (n=165,226), lower extremity bypass surgery (n=43,886) and colorectal surgery (n=120,284). We then categorized hospitals performing these procedures according to their outlier payment rates. Using multiple logistic regression, we explored the relationships between hospital outlier payment rates, patient case mix and hospital quality, as reflected by risk-adjusted mortality rates. RESULTS: For all three procedures, the proportion of outlier payments varied from 10% (cencolony) to 14% (CABG). Average outlier payments were considerable, ranging from $18,000 to over $24,000 per patient. The most consistent risk factors for outlier payments included race and admission acuity. Higher hospital and surgeon volumes and teaching status were associated with lower rates of outlier payments. There was a negative correlation between risk-adjusted mortality rates and outlier payments. For all three procedures, the proportion of outlier payments varied widely across hospitals from less than 5% to greater than 20%. Measurable patient and hospital factors explained a small proportion of variation across hospitals. CONCLUSIONS: Outlier payments are a significant driver of medical costs for inpatient surgery. Although explained in part by quality, the reasons for a wide variation in outlier payments across hospitals remain to be clarified.

PSU18 IMPACT OF HEALTH INSURANCE ON RECEIVING BREAST CONSERVING SURGERY WITH RADIATION IN FLORIDA
Ali AA, Xiao H
1 Florida A&M University, Tallahassee, FL, USA
OBJECTIVES: 1. Examine the impact of insurance on treatment of localized breast cancer using Breast Cancer Surveillance (BCS) with radiation. 2. Identify factors that contribute to women’s receiving breast conserving surgery with radiation. METHODS: Breast cancer cases diagnosed during 1997-2002 were obtained from the Florida Cancer Data System. Women aged 40 and above with localized breast cancer were included. Demographic, insurance, and treatment information was extracted and linked with 2000 Census data to get tract-level information on education and poverty level. Multi-level logistic regression analysis was conducted to determine factors that have contributed to BCS with radiation treatment. RESULTS: 41,508 women were diagnosed with localized breast cancer in Florida during 1997-2002. The study found that BCS without radiation and mastectomy were the two major treatments for localized breast cancer. The average age of the women was 66 years with 8.5% of them receiving BCS with radiation. Women with private health insurance were more likely to receive BCS with radiation than their counterparts: having private or Medicare insurance, being married, living in neighboring with higher percentage of high school education, and being recently diagnosed. CONCLUSIONS: Although BCS with radiation is recommended to treat breast cancer with localized breast cancer, the use of this treatment has significantly increased over time, there are still differences in receiving the treatment among women with different health insurance and marital status. Possible reasons for the differences require further research.

PSU19 NATIONALWIDE UTILIZATION PATTERN OF WHOLE BRAIN RADIOTHERAPY AND STEREOTACTIC RADIOSURGERY FOR BRAIN METASTASIS
1 National Evidence-Based Healthcare Collaborating Agency (NECA), Seoul, South Korea
OBJECTIVES: To assess the pattern of radiotherapy and radiosurgery for newly diagnosed and recurrent brain metastasis. METHODS: Using the Korean Health Insurance Review & Assessment Service (HIRA) claims database, patients who aged 20 or more, diagnosed as brain metastasis (ICD 10= C79.3) during January 1st, 2006 and June 30th, 2008, treated whole brain radiotherapy (WBRT) or stereotactic radiosurgery (SRS), and without history of brain metastasis diagnosis or treatment within 6 months prior to index treatment were identified. With a permissible gap of 30 days, each treatment episode was defined. The episodes were categorized as those for newly diagnosed and recurrent brain metastasis patients. Characteristics of patients as frequency of WBRT and SRS, multicentric recurrence, and the mean number of re-treatment were analyzed. RESULTS: A total of 7,449 newly treated patients and 2,088 recurrent patients satisfied the selection criteria. Among new patients, 4,797 (64.4%) treated WBRT, 1,439 (19.3%) treated SRS, and 1,213 (16.2%) treated WBRT with SRS for recurrent primary tumor was lung cancer (57.2%). Recurrence rate of the new patients was 27.0%. Mean number of re-treatment of WBRT or SRS was 1.38. Among patients who treated WBRT and SRS as initial treatments, 69.8% and 50.2% treated the same treatment as first treatment for recurrence, respectively. CONCLUSIONS: While clinical guidelines for brain metastasis recommends WBRT with SRS for brain metastasis patients with favorable functional status, the proportion of WBRT with SRS was relatively low. Further research to explore the reason of the gap between evidence and real practice is needed.

Surgery – Research on Methods

PSU20 IS THERE INDICATION BIAS OF RETROSPECTIVE OBSERVATIONAL STUDY?
Choi J1, Jung B1, Jung SY2, Lee E1, Lee NR1, Joo CK1
1 National Evidence-based Healthcare Collaborating Agency (NECA), Seoul, South Korea, 2 Catholic University School of Medicine, Seoul, South Korea
OBJECTIVES: Observational study is difficult to interpret due to a number of methodological issues; cohort effects, the learning curve of the health care provider and confounding by indication. This large scale retrospective study is aimed to ascertain that there are indication bias of LASIK surgery between local hospital and tertiary hospital in South Korea. METHODS: A retrospective cohort for consecutive 3,401 eyes received LASIK in 6 multicenter including tertiary hospital and local hospital from 2002 to 2005 were registered. Sociodemographic, operation characteristic, preoperative baseline manifest refractions (MR) and additional follow up data at 3 month, 6 month and 12 month after surgery were collected. We used independent t-test to compare preoperative difference between tertiary hospital and local hospital and generalizability with multivariate regression model to test characteristic of hospital and follow up time might influence to MR after surgery. RESULTS: The baseline MR (mean ± SD) of tertiary hospital was −5.24 ± 0.07 and that of local hospital was −4.27 ± 0.17 (p<0.001). The mean MR at 3 month, 6 month and 12 month of tertiary hospital were −0.46 ± 0.70, −0.55 ± 0.69 and