COST EFFECTIVENESS ANALYSIS THE PREVENTION OF VENOUS from the literature, a cost-effectiveness ranking is proposed for the four analyzed imaging tests: MRI, but not CT angiography. SPECT follows with few positive cost-effectiveness results showed that (despite fewer studies) CT angiography was considered the most cost-effective in all comparisons, however in specific situations such as in the presence of high likelihood or prevalence of CAD or versus stress ECHO and MRI (no comparison was found against SPECT). Under base-case (average) situations, stress ECHO was reported to be relatively cost-effective, especially in contrast with CT and MRI, but not CT angiography. SPECT follows with few positive cost-effectiveness results, and MRI did not achieve any cost-effectiveness over the other remaining strategies. CONCLUSIONS: Therefore, according to the published economic data from the literature, a cost-effectiveness ranking is proposed for the four analyzed cardiac imaging strategies as follows: CT angiography (in the presence of high likelihood or prevalence of CAD) > stress ECHO > SPECT > MRI.

ECONOMIC ANALYSIS OF ENOXAPARIN IN COMPARISON WITH FONDAPARINUX IN THE TREATMENT OF DEEP-VEIN THROMBOSIS (DVT) Walczak J1, Nogas G1, Goldhaber Z2, Garbacka M1, Pieniazek I1, Lis J2, Obrzut G1

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OBJECTIVES: The purpose was to conduct a cost-effectiveness analysis (CEA) of enoxaparin versus fondaparinux in the treatment of deep-vein thrombosis (DVT) in Poland. METHODS: Data concerning efficacy and safety of compared therapies were taken from the clinical-trials literature. The primary outcome of the analysis was clinical success, as defined by an abrupt resolution of symptoms and signs of DVT (i.e., pain, redness, swelling, and warmth) within 14 days after the start of treatment. The incremental cost-effectiveness ratios (ICERs) were calculated as the difference in total costs divided by the difference in clinical success rates between the two treatments. RESULTS: The results of the cost-minimisation analysis are as following: treatment with fondaparinux resulted in a higher clinical success rate (32.7% vs. 29.8%) and lower total costs ($1,550,112 vs. $1,783,425) for dalteparin patients versus $1,550,112 for placebo in the short term with a cost savings of $545.708 ($108.29 per person) and long-term annual costs by $545,708 ($359.49 per person) in acute ill patients at risk for VTE.

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