and compared to those for the reference infliximab. RESULTS: The current CDR SEB exemption procedure represents a significant deviation from that for non-SEB products. The CDR Recommendation for the infliximab SEB included comments related to the clinical evidence demonstrating similar efficacy and safety to the reference infliximab. The indications recommended for reimbursement by the CDR were consistent with those of Health Canada. We expect that infliximab SEB will undergo pan-Canadian Pharmaceutical Alliance negotiation, which would be followed by reimbursement decisions by the public plans.

CONCLUSIONS: The first monoclonal antibody SEB received a positive CDR recommendation based on comparative clinical data demonstrating similar efficacy and safety. Non-monoclonal antibody SEBs lacking comparative phase III clinical studies have recently been approved by the European Medicines Agency. The CDR's assessment of these products will be of great interest.

PMS90 IMPACT OF OVERWEIGHT/OBESITY ON ARTHRITIS-ATTRIBUTABLE BURDEN AND HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS WITH ARTHRITIS

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OBJECTIVES: The incremental impact of overweight/obesity on the chronic disease burden and health-related quality of life (HRQOL) among individuals with arthritis is not fully understood. This study aimed to determine the additional influence of overweight/obesity on arthritis-attributable burden (joint limitation, work limitation, social activity limitation, and joint pain) and HRQOL (general health status, physical HRQOL, mental HRQOL, activity limitations) among a representative national sample of adults with arthritis in the United States (US).

METHODS: This study involved a cross-sectional, retrospective analyses of the 2013 Behavioral Risk Factor Surveillance System (BRFSS) data. The study sample included adults (≥18 years) with arthritis and related disorders. Based on their body mass index (BMI), participants were categorized into six groups: overweight, normal weight, obesity, class I/II/III obese. Multivariable logistic regression models were fitted to assess the study objectives. Data analyses were conducted using SAS 9.3 (SAS Institute, Cary, NC).

RESULTS: The prevalence of obesity (class I/II/III obese) ranged from 63.6% to 41.3% for females and 31.1% to 18.4% for males. Participants with arthritis had higher odds of joint limitations (Odds ratio [OR] = 1.55, p < 0.001), work limitations (OR = 1.14, p < 0.001), social activity limitations (OR = 1.36, p < 0.001), and joint pain (OR = 1.05, p = 0.006) among normal weight adults. Class I obese adults also had greater odds of poor physical HRQOL (OR = 1.14, p = 0.001), mental HRQOL (OR = 1.273, p < 0.001) and activity limitations (OR = 1.233) in comparison to adults with normal weight. A similar pattern was observed when overweight/obese adults with arthritis were compared to normal weight adults with arthritis. CONCLUSIONS: Study results highlight a significant negative impact of overweight/obesity on arthritis-attributable burden and HRQOL among individuals with arthritis. Weight management is critical in improving morbidity and mortality among adults with arthritis.

PMS91 ASSESSMENT OF OSTEOPOROSIS KNOWLEDGE AND PERCEPTION AMONG FEMALE MEDICAL STUDENTS IN QUETTA, PAKISTAN

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OBJECTIVES: The present study intended to investigate knowledge about osteoporosis among female students of university in Quetta, Pakistan.

METHODS: A Cross-sectional study was used to assessed the knowledge by a pre-validated self-administered questionnaire containing 20 disease related questions. Convenience sampling technique was used for data collection. Descriptive analysis was used to demonstrate the characteristics of the study population. Inferential statistics (Mann-Whitney U test and Kruskal Wallis tests, p < 0.05) were used to assess the significance among study variables. RESULTS: Out of 162 female students, 153 (81.5%) were single and were science faculty students 123 (75.9%) with the majority of the age group of less than 24 years. Mean age of the study participants was 21.91±1.74years. 134 (82.7%) have not been previously diagnosed of osteoporosis, but they need to know the availability of treatment for this disease. Menstrual age < 20 years was related to the clinical evidence demonstrating similar efficacy and safety to the reference infliximab. The indications recommended for reimbursement by the CDR were consistent with those of Health Canada. We expect that infliximab SEB will undergo pan-Canadian Pharmaceutical Alliance negotiation, which would be followed by reimbursement decisions by the public plans.

CONCLUSIONS: The first monoclonal antibody SEB received a positive CDR recommendation based on comparative clinical data demonstrating similar efficacy and safety. Non-monoclonal antibody SEBs lacking comparative phase III clinical studies have recently been approved by the European Medicines Agency. The CDR's assessment of these products will be of great interest.

PRS1 TRANSFUSION-RELATED ACUTE LUNG INJURY (TRALI) OCCURRENCE AMONG INPATIENT MEDICARE BENEFICIARIES, UNDER 65 YEARS OF AGE, ASRecordED BY LARGE ADMINISTRATIVE DATABASES DURING 2007-2010

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OBJECTIVES: To assess TRALI occurrence and potential risk factors among inpatient Medicare beneficiaries under 65 years of age, during 2007-2010.

METHODS: This retrospective chart review identified large Medical databases and administrative claim data were identified by recorded procedure and revenue center codes, while TRALI was ascertained via ICD-9-CM diagnosis code. Revenue center units were used to quantify the rate of TRALI (per 100,000 transfusion stays) among Medicare beneficiaries, overall and by age, sex, race, number of units and blood components transfused. RESULTS: Of 1,123,113 inpatient transfusion stays for patients aged 65 and under during 2007-2010, 162 breast heart transfusion stays were recorded, an overall rate of 14.42 per 100,000 stays. Annual TRALI rates were 12.70, 10.67, 16.60, and 18.14, respectively. TRALI rates for ages 0-9, 10-19, 20-29, 30-49, 40-59, and 60-64 were 5.15, 13.41, 17.22, 19.59, 19.44, 13.66, and 30.54. Rates for females and males were 20.51, 10.29, 13.41, 17.22, 19.59, 19.44, and 30.54, respectively. Rates by race were 17.33, 13.79, 17.84, 17.13, 18.16, and 31.63 for whites, and 11.69 and 30.54 for blacks and other races. CONCLUSIONS: TRALI rates by number of units were: 9.56 for 1 unit, 7.72 for 2-4 units, 17.70 for 5-9 units, and 62.12 for >9 units. Rates by blood component groups were: 13.86 for RBCs only, 4.95 for plasma only, 23.32 for platelets only, 37.37 for platelets and plasma, 56.02 for RBCs and plasma, 43.12 for RBCs and platelets, and 74.75 for RBCs, plasma, and platelets. CONCLUSIONS: This is the first and largest-to-date claim-based TRALI study among Medicare beneficiaries. The results show a possible trend of increasing TRALI occurrence. For future research, the findings also suggest that TRALI rates vary by age, sex, race, number of units, and blood components transfused, with highest rates for stays with >9 units transfused and for stays with RBCs transfused in combination with plasma and platelets.

PRS2 LONG-ACTING BRONCHODILATORS AND RISK OF ADVERSE CARDIOVASCULAR EVENTS IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE: A FOCUSED CRITICAL REVIEW

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OBJECTIVES: Chronic obstructive pulmonary disease (COPD) is one of the leading causes of morbidity and mortality worldwide. Long-acting bronchodilators (LABs) are mainstay of pharmacological maintenance therapy for COPD. However, the possibility that use of LABs may lead to risk of cardiovascular events remains debated. The objective is to provide a critical review of methodology employed to evaluate risk of cardiovascular events in patients with COPD using LABs.

METHODS: A targeted search was conducted in PubMed to identify all original published research reporting adverse cardiovascular events from clinical trials and observational studies. The search was limited to English language, but not restricted by publication date. Selected abstracts were reviewed for study population, treatment, follow-up duration, study design, and cardiovascular events. RESULTS: The search returned 131 citations, of which 19 reported results from original research. Among them, 10 studies (53%) were clinical trials and 9 (47%) were observational studies. For the clinical trials, sample sizes ranged from 204 to 6,184 patients; follow-up duration was 14 days to 4 years. For the observational studies, 6 (67%) were nested case-control studies, 2 (22%) cohort studies, 1 (11%) self-controlled case series study; sample sizes ranged from 1,043 to 352,631 patients; follow-up duration was 52 weeks to 13 years. The most frequently reported cardiovascular events included arhythmias, stroke, angora, myocardial infarction and cardiovascular death. While some of the clinical trials showed a statistically significant association between the use of LABs and increased risk of cardiovascular events, 5 observational studies did. CONCLUSIONS: The controversy in the previous studies regarding the use of LABs and their cardiovascular adverse effect. Short follow-up duration and exclusion of patients with previous history of cardiovascular events are the main limitations to clinical trials, while observational studies may be limited by residual confounding by disease severity and immeasurable time bias. A well-designed observational study is warranted.

PRS3 MORTALITY AND READMISSION IN MECHANICALLY VENTILATED PATIENTS WITH PNEUMONIA

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OBJECTIVES: The current CDR SEB exemption procedure represents a significant deviation from that for non-SEB products. The CDR Recommendation for the infliximab SEB included comments related to the clinical evidence demonstrating similar efficacy and safety to the reference infliximab. The indications recommended for reimbursement by the CDR were consistent with those of Health Canada. We expect that infliximab SEB will undergo pan-Canadian Pharmaceutical Alliance negotiation, which would be followed by reimbursement decisions by the public plans.

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