commonly used antibiotics to manage cSSSI (vancomycin, linezolid, daptomycin, tigecycline, and recombinant motocellular collagenase). The present study used data from the Provider Perspective Comparative Database (2010-2013), which includes over 170 million patient records from ~500 hospitals in the US. The hospitalization records for adults (≥18 years) with a diagnosis of cSSSI (identified using ICD-9-CM codes) were selected. cSSSI is a broad infection with prices of treatment per hospitalization ranging from $1,500 to $50,000 for vancomycin, daptomycin, linezolid or tigecycline were included. Using four separate logistic regression models propensity scores were estimated and patients in ceftriaxone group were matched with patients in vancomycin, daptomycin, linezolid and tigecycline groups separately. Outcomes including LOS, inpatient costs and in-hospital mortality were compared among patients in ceftriaxone group with the 4 other antibiotic groups using an unadjusted (t-test and chi-square tests) tests. RESULTS: The sample sizes in the matched groups were as follows: a) ceftriaxone: vancomycin n=2,284 (each group), b) ceftriaxone/daptomycin n=2,651, c) ceftriaxone/tigecycline n=2,606, d) ceftriaxone/linezolid n=2,554. Mean duration for the study antibiotic ranged from 3.9 (vancomycin) to 4.6 (tigecycline) days. Average LOS and inpatients costs were significantly (all P-values <0.001) lower among patients in the ceftriaxone group compared with patients in the vancomycin (mean LOS: 5.1 vs 6.5:costs: $8,051 vs $10,089), linezolid (LOS: 5.1 vs 6.4:costs: $8,081 vs $12,020), daptomycin (LOS: 5.0 vs 6.3:costs: $7,824 vs $7,625), tigecycline (LOS: 5.2 vs 6.1:costs: $8,264 vs $11,353) groups. In-hospital mor-tality rate was 1% for ceftriaxone, vancomycin, tigecycline and daptomycin groups (except linezolid group 2%). CONCLUSIONS: Previously two large global clinical trials (CANVAS 1 and 2) confirmed clinical efficacy of ceftriaxone in-comparison with vancomycin (standard-of-care) among patients with cSSSI. The current study serves as an initial step towards confirming real-world effectiveness of ceftriaxone in comparison with other commonly used antibiotics for cSSSI.

PIN12

HEALTH IMPACT OF TRIVALENT, TRIVALENT HIGH DOSE AND QUADRIVALENT INFLUENZA VACCINES IN OLDER ADULTS IN ONTARIO, CANADA

Cheng X1, Roiz J1

1City University London, London, UK; 2Creative-Ceutical, London, UK

OBJECTIVES: The objective was to determine whether high dose trivalent and quadrivalent influenza vaccines (IIV4) are expected to achieve significant to modest reductions in influenza-associated morbidity and mortality in seniors. Those findings were based on published studies. Sensitivity analyses with extreme values of all relevant parameters were performed. RESULTS: Use of HD in place of IIV3 would avert 13,271 treatments (range: 0-2,192) and eliminate 4,546 days of lost productivity (range: 195-537). These reductions in health outcomes would avoid 857 outpatient antiviral treatments (range: 485-1,786), 772 hospitalizations (range: 442-1,223) and 341 deaths (range 50-65). There are significant clinical and economic implications of overall improvement in SVR rate including on liver transplantation outcomes and end of life care. Additional HEOR considerations related to linking SVR rates to these outcomes will be considered further in the poster.

PIN15

COMPARATIVE EFFECTIVENESS OF CLOSTRIDIAL COLLAGENASE OINTMENT FOR THE TREATMENT OF VENOUS LEG ULCERS IN OUTPATIENT CARE SETTINGS

Cheng X1, Yasmin Salek2, Glass C1, Shambaugh J1, Ogilvie AM1

1Janssen Research & Development, Beerse, Belgium; 2Janssen Infectious Diseases BVBA, Beerse, Belgium

OBJECTIVES: To assess the clinical effect of clostridial collagenase ointment (CCO) relative to undifferentiated wound dressings in the outpatient care setting for the treatment of venous leg ulcers (VLU). METHODS: Retrospective identified electronic medical records from 2007-2013 were extracted from the Intelllicare Limited Data Systems (ILDS). The I-LDS extracts records from 96 hospital-based outpatient wound centers. A propensity score model using a 3 to 1 nearest neighbor matching approach was performed to test for treatment effect and adjust for covariance between that age group and wounds treated with undifferentiated wound dressings. RESULTS: A total of 9,314 patients, 22,312 wounds, and 186,023 visits for VLU were identified. The majority of patients was female (51.9%) with an average age of 61.6 (SD=17.7). Approximately 21.3% had a history of hypertension, 38.3% had a history of diabetes, and 3.5% were current smokers. The mean wound surface area was 7.9 cm2 (SD=14.4). The average wound age was 8.5 months (SD=27.8) and the average treatment duration was 2.9 months (SD=4.9). Of the 22,312 wounds, approximately 13.2% received CCO (n=2,904). The average number of CCO tubes used by patients was 2.6 (SD = 1.2). The average total visits where CCO was administered was 5.6 (SD = 16.2) and the average days of use with CCO was 12.3 (SD = 41.3). VLU treated with CCO were significantly more likely (p<0.05) to have: 1) a greater number of total treatment visits, 2) a greater number of visits per patient, 3) a shorter time to healing, and 4) fewer number of switch overs to other therapies during treatment. CONCLUSIONS: This analysis indicates that CCO provides a clinical benefit in the management of VLUs. Over the course of the study, CCO treated VLUs demonstrated greater clinical improvement than VLUs treated with undifferentiated wound dressings.

PIN16

RELATIVE EFFICACY OF SIMPEPREVIR (SMV) VS TELAPREVIR (TPV) IN THE TREATMENT OF NAIVE GENOTYPE 1 CHRONIC HEPATIS C PATIENTS, BASED ON INDIRECT COMPARISON USING PATIENT-LEVEL CLINICAL TRIAL DATA

Cheng X1, Watanabe N2, classroom M3, Rether C3, Kido S4, Miyazawa A1

1Janssen Research & Development, Beerse, Belgium; 2Janssen Infectious Diseases BVBA, Beerse, Belgium; 3Janssen Global Services, Beerse, Belgium; 4Janssen EMIA, Beerse, Belgium

OBJECTIVES: To indirectly estimate the relative treatment effect of 12 weeks of treatment with SMV versus TPV in combination with response-guided background therapy of 24/48 weeks of Peginterferon/rivabine (PR) in previously untreated patients with genotype 1 chronic hepatitis C virus infection, using patient-level data from the pivotal phase III trials. METHODS: Patient-level data from three phase 3 trials in treatment-naïve patients were pooled: ADVANCE (12 weeks of TPV-treatment (T12PR24/48) and QUEST 1b (12 weeks of SMV-treatment (T12SM24PR24/48) (with PR24/48 meaning response-guided duration of PR of 24 or 48 weeks). To adjust for potential differences in patient characteristics across both trials, an adjusted odds ratio (OR) for reaching sustained viral response at week 24 (SVR24) was estimated for a multivariate logistic regression model, including genotype (G1a vs G1b), liver status (F0-F2 vs F3-4), race (white, black, other), viral load (<273K/273 <800K/800 <1200K/1200 K IU/ml), age (<45/45 ≤<65/65), gender and BMI (<25/25 <30/30) as baseline covariates. As a sensitivity analy-sis, we additionally adjusted for baseline PR24/48 status, but no significant differences. RESULTS: Patients number for T12PR24/48 and SMV12PR24/48 were 363 and 521 respectively. 16.3% (n = 36) of patients in SMV12PR24/48 and 24.1% (n = 66) of patients in T12PR24/48 were genotype 1a (p <0.05). CONCLUSIONS: There are significant clinical and economic implications of overall improvement in SVR rate including on liver transplantation and end of life care. Additional HEOR considerations related to linking SVR rates to these outcomes will be considered further in the poster.