be utilized in clinical practice. The analytic framework in this comparative effectiveness analysis demonstrated the Coaguchek XS device to have a significantly higher level of agreement with the core lab compared to the Hemochron device. This analysis led our institution to select the Coaguchek XS for use in our anticoagulation clinics on the basis of a superior quality and safety profile.

**PCV16**

**AN ASSESSMENT OF OPTIMAL LipID VALUE ATTAINMENT AND ASSOCIATED DysLIPIDIA TREATMENT PATTERNS FROM 2005 TO 2009 IN A COMMERCiALLY INSURED POPULATION**

Sun H1, Ye J2, Buuson M3, LeClaire A2, Chang JR1, Yang W1, Fellers T5, Kahler KH1, Orloff J1, Xie J1, Tsaneva M2, Yu AP2, Wu SQ1

**OBJECTIVES:** To examine the comparative effectiveness of heparin 5000 units given twice a day, and enoxaparin 40 mg given subcutaneously daily for the prevention of venous thromboembolism in burn patients.

METHODS: A total of 227,903 patients were identified (mean follow-up = 1.9 years). At index lab, 21.5% of patients were at target for all three lipid fractions, 11.9% had no lipid fractions at target, 66.3% were at LDL-C target and 63.1% were not at target for either HDL-C or TG. Regardless of initial lipid fractions, only 28.3% of patients attained target over follow-up in all three lipid fractions. In patients with no lipid fractions at target at index, only 6.8% attained target for all lipid fractions and almost a third (31.9%) stayed at no lipid fractions at follow-up.

RESULTS: A total of 227,903 patients were identified (mean follow-up = 1.9 years). At index lab, 21.5% of patients were at target for all three lipid fractions, 11.9% had no lipid fractions at target, 66.3% were at LDL-C target and 63.1% were not at target for either HDL-C or TG. Regardless of initial lipid fractions, only 28.3% of patients attained target over follow-up in all three lipid fractions. In patients with no lipid fractions at target at index, only 6.8% attained target for all lipid fractions and almost a third (31.9%) stayed at no lipid fractions at follow-up.
Abstracts

PCV14

A META-ANALYSIS OF EFFICACY AND SAFETY OF DALTEPARIN IN THE PREVENTION AND TREATMENT OF VENOUS THROMBOEMBOLIC DISEASE (VTE)

Vilain-Keeve MA1, Rendon-Pinas ME1, Mould-Quedero F1
1Instituto Mexicano del Seguro Social, Mexico City, Mexico, 2Pfizer S.A. de C.V., Mexico City, Mexico

OBJECTIVES: The purpose of this study was to evaluate the relative efficacy and safety of dalteparin against anticoagulant therapies in patients with cancer, medical patients at risk of VTE, total hip replacement, and acute myocardial infarction (AMI).

METHODS: A meta-analysis was performed with randomized clinical trials (RCT) where anticoagulant therapies were used to prevent or treat VTE. Effectiveness was assessed with the reduction in pulmonary thromboembolism (PE) and deep vein thrombosis (DVT) events; safety with the frequency and type of adverse events (AE). RCTs were searched in December 2008 in Medline, EMBASE and the Cochrane Collaboration. Two independent reviewers identified the abstracts, selected the full articles and extracted data. Odds ratios and weighted means differences were calculated. Random effects models were employed in the analyses. RESULTS: From 2,539 abstracts, we obtained 91 RCT, 23 were excluded (unacceptable designs, insufficient outcome data) leaving 68. Dalteparin (2,500–7,500 IU/day) was compared against unfractionated heparin, enoxaparin, warfarin, nadroparin, fondaparinux, aspirin and placebo. In cancer patients, dalteparin showed to be effective in diminishing new infarctions and death (OR 0.66, 95% CI 0.33–0.99) or recurrences (OR 0.76, 0.57–1.01). In total hip replacement patients, dalteparin showed reduction in DVT (OR 0.47; 0.38–0.60) but not in PE (OR 0.45; 0.29–2.39). In comparison to placebo, the number of deaths were lower (OR 0.14; 0.02–1.27). In patients with VTE, no statistical differences were found against competing alternatives, as well as in thromboembolism, thrombosis progression and death. Finally, in cancer patients, dalteparin showed to be effective in diminishing new DVT (OR 0.39; 0.22–0.68) but not differences in reducing mortality (OR 0.92; 0.73–1.17); major bleeding (OR 1.20; 0.48–2.98) or minor bleeding (OR 0.87; 0.41–1.83). CONCLUSIONS: Dalteparin is an effective low-molecular-weight heparin in the prevention and treatment of VTE in surgery and non surgery patients, not showing higher AE than unfractionated heparin or other recommended therapies.

PCV15

PERCUTANEOUS CORONARY INTERVENTION COMPARED WITH AORTOCORONARY BYPASS IN DIABETIC PATIENTS WITH MULTI-VASCULAR CORONARY DISEASE

Chawla A, Siddiqui MK, Rai MK
Heros Health Limited Private, Chandigarh, India

OBJECTIVES: Diabetes patients with coronary artery disease represent a population with high cardiovascular morbidity and mortality. The objective of the study was to compare the long-term effectiveness of percutaneous coronary intervention (PCI) versus coronary artery bypass graft (CABG) in diabetic patients with multi-vascular coronary artery disease (MVCD). METHODS: Studies were retrieved from PUBMED database using keywords: angioplasty, coronary, stent, PCI and coronary artery bypass surgery (August 1992 to December 2009). Randomised controlled trials which compared PCI and CABG in head to head comparisons were included according to pre-specified inclusion/exclusion criteria. The outcomes of interest were mortality, myocardial infarction, stroke, and the use of additional revascularization procedures. Two reviewers independently extracted data from the included studies. Data was analyzed using STATA (v9.0). RESULTS: Of the 416 studies identified, 5 studies met the inclusion criteria. A total of 813 patients were included in this analysis (208 in PCI group and 605 in CABG group). In total, 409 diabetic patients with MVCD were randomized to PCI and 404 were randomized to CABG. Survival was significantly greater after CABG than after PCI with a risk ratio of 1.28 (95% CI 1.08, 1.55); p = 0.009 for the five-year mortality rate. At five years, the objective outcome risk for revascularization-free survival was significantly less in CABG than in PCI (0.82, 95% CI 0.72–0.94). CONCLUSIONS: CABG was associated with lower incidence of mortality and revascularization at five years of follow-up compared to PCI and was similar for both genders. Analysis from this review suggests that CABG greatly improves survival and re-intervention rate when compared to PCI, in diabetic patients with multi-vascular coronary artery disease.