**OBJECTIVES:** Cardiac rhythm management devices (CRMDs) have their proven clinical benefit in patients with atrial fibrillation (Af). Percutaneous coronary intervention (PCI) is a common treatment in patients with high-risk predictors. However, PCI is associated with a higher risk of adverse events and complications during implantation of these devices. This study demonstrated the complications rates related to implantations of CRMDs, and estimated the additional hospital stay and cost associated with managing these complications. METHODS: 211 patients who underwent PCI and/or PMs implantation from one of our two centers were included in this study. The effectiveness of long-term dual antiplatelet therapy (DAPT) of clopidogrel (LC) and aspirin (LA) in reducing the risk of procedural complications was also determined.RESULTS: From the 201 patients with initial pacemaker (PM) implantations, 6 (2.9%) patients had seven complications (5 patients had lead’s dislodgement, 1 of them twice and 1 patient developed pocket infection), while from the 117 PMs replacements (1.0% patients) had no complications due to the use of the balloon- expandable catheter. The average hospitalization of the long-term hospital stay was 7 days ranging from 1 to 35 days, resulting in 37 411 e of total additional direct hospital cost. CONCLUSIONS: This study provides relatively low rates of complications of atrial fibrillation ablation or replacement, or in our center compared with others studies. In the case of ICD implantations, initial or replacements, there were no complications. The additional hospitalization days and cost attributed to these complications depend on the nature of complication.

**PCV4**

**REDUCED LENGTH OF STAY: DOES RIVAROXABAN REDUCE INPATIENT STAY COMPARED TO WARFARIN AMONG PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION?**

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**OBJECTIVES:** A retrospective analysis comparing rivaroxaban to warfarin was conducted as part of the Rivaroxaban for Prevention of Thrombosis in Patients with Non-valvular Atrial Fibrillation (ROCKET AF) study. This study was conducted to compare hospital LOS among patients with non-valvular atrial fibrillation (NVAF) who initiated rivaroxaban and those who initiated warfarin. METHODS: This was a retrospective analysis using data from 9,993 patients who initiated rivaroxaban or warfarin. Patients initiating rivaroxaban were compared to those who initiated warfarin on time to readmission and resource utilization. Patients who were administered rivaroxaban were also compared to warfarin patients from reasons unrelated to cardiac causes. There weren’t any complications neither in initial implantations (60 patients) nor in replacements (11 patients) in both the balloon-expandable catheter. The average hospitalization of the longest hospital stay was 7 days ranging from 1 to 35 days, resulting in 37 411 e of total additional direct hospital cost. CONCLUSIONS: This study provides relatively low rates of complications of atrial fibrillation ablation or replacement, or in our center compared with others studies. In the case of ICD implantations, initial or replacements, there were no complications. The additional hospitalization days and cost attributed to these complications depend on the nature of complication.

**PCV5**

**REAL-WORLD COMPARATIVE EFFECTIVENESS AND SAFETY OF RIVAROXABAN IN NON-VALVULAR ATRIAL FIBRILLATION PATIENTS**

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**OBJECTIVES:** Rivaroxaban was shown to be effective in reducing the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (AF) in a randomized controlled trial setting (ROCKET AF). However, in real-world clinical practice, treatment of NVAF patients is often based on recommendations for the use of OACs. This real-world study compared Rivaroxaban to Warfarin using data from the Rivaroxaban in the Treatment of Atrial Fibrillation (TREAT AF) database which was a registry of NVAF patients who were treated with rivaroxaban or warfarin. METHODS: Health care claims from Symphony Health Solutions’ Patient Transactional Datasets from 2011-2012 were analyzed. Adults newly initiated on rivaroxaban or warfarin, with ≥2 AF diagnoses (ICD-9-CM: 427.31), and a CHADS2 score ≥1 during the 180-day baseline period were included. Cohorts were matched 1:4 using propensity score methods. Study outcomes were major bleeding, intracranial hemorrhage (ICH), gastrointestinal (GI) bleeding, composite stroke and systemic embolism, and venous thromboembolism (VTE) events (deep vein thrombosis, pulmonary embolism and other VTE events). The sensitivities of the propensity score matching models were used to compare event and persistence rates. RESULTS: The matched sample included 3,654 rivaroxaban and 14,616 warfarin patients. Rivaroxaban was associated with a significantly lower rate of treatment non-persistence (HR= 0.66, 95%CI: 0.60-0.73; p<0.001).CONCLUSIONS: This analysis suggests that rivaroxaban