tigated the benefits of extended treatment with tinzaparin (LMWH) versus warfarin. DVT recurrence was assessed via the use of recurrent VTE events in cancer patients experiencing a VTE. We aim to describe the baseline patient-reported health-related quality-of-life (HRQL) and the impact of having experienced a VTE within this very large data set in cancer-associated thrombosis. METHODS: The CATCH trial randomized 900 patients with active cancer from 32 countries. EQ-5D-3L data were collected at baseline and every month for seven months. We chose to apply the UK preference weight set and explored the baseline data which captured the acute phase of VTE. Exploratory univariate analyses tested the effects of covariates (including age, gender, metastatic status, primary site of cancer, ECOG status, and history of VTE). RESULTS: At baseline, in the acute phase of VTE, patients reported quite poor HRQL (mean EQ-5D score 0.52) with no difference between the treatment arms. Women reported significantly worse HRQL than men (0.49 vs 0.56), whereas there was no significant difference across age groups. Patients who had both symptomatic DVT and symptomatic PE reported the worst mean score (0.46). Patients with higher EQ-5D score had lower HRQL whereas similar mean scores were seen for metastatic status and varying scores across different cancers (brain, breast, lung, hepato-biliary, upper GI, lower GI, genitourinary, prostate, gynaecologic, haematological). Latin American and Asian patients reported lower scores of HRQL than patients from Africa. No significant difference was found. Conclusions: The findings of the present work aimed to report baseline patient-related health status. Almost 40% of patients are unsuitable for surgery and approximately 34% experience recurrent disease post-surgery. Ricugiot has demonstrated clinical benefit for CTEPH patients within one year of treatment. This analysis sought to assess the long-term impact of ricugiot on patient-reported health status in CTEPH-1 study. METHODS: Baseline and CHEST-1 (baseline and week 16), and CHEST-2 (long-term extension (LTE) week 12, and LTE months 6, 9, 12, and 24) were assessed using the EQ-5D. Responders analyses were performed to estimate the impact of having a QoL score within the upper tertile of the general population (6MWD) and WHO functional class. EQ-5D utility scores and response distributions were analysed. RESULTS: In the total sample patients demonstrated an increase in mean EQ-5D utility scores between baseline (mean 0.682, n=390) and month 24 (mean 0.733, n=221), a trend mirrored by improvement in EQ-5D. VAS score from baseline (mean 62.5, n=388) to month 24 (mean 72.3, n=219). At month 24 a general improvement in all EQ-5D domains, except self-care, was observed regardless of patients’ previous treatment arm. Responders analyses indicated that patients with greater improvement in 6MWD (>40 m) at week 12 had higher mean scores than those with less improvement (<40m) at all time-points throughout the study. Furthermore, patients with higher functional capacity according to WHO classification (class III) had higher EQ-5D utility scores than those with worse capacity (class IV). The long-term positive impact of ricugiot on PAH patients’ reported health status.