without CVs for up to 3 years post-CVE, imposing a significant economic burden on U.S. commercial payers.

PCV59
THE INCREMENTAL COST OF REOPERATIONS FOR BLEEDING EVENTS IN CARDIAC AND VASCULAR RECONSTRUCTIVE SURGERY

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OBJECTIVES: Previous studies estimate that up to 15% of patients who undergo cardiovascular surgery require reoperation due to bleeding. The objective of this study is to estimate the incremental cost to hospitals for reoperations where a bleeding event is the primary reason across cardiovascular reconstructive surgeries.

METHODS: The study identified patients age 18 years or older with a record in the PARIS database between January 1, 2010 to September 30, 2012 who underwent cardiovascular reconstructive surgery. An algorithm (clinician expert rules and Premier Chargemaster data) was developed to define a reoperation where a bleeding event is the primary reason. Patients were excluded from analysis if they were a resident of a foreign country or transferred to another hospital.

RESULTS: The study included 294,548 patients in seven procedure groups: CABG, valve repair/replacement, AAA repair, AV access, endarterectomy, femoral-femoral/femoral-popliteal bypass, and other vascular. Multivariable modeling was performed to estimate the incremental effect on hospital costs for bleeding events that required reoperation. Regression models to control for age, gender, race, marital status, insurance type, and severity and mortality risk were performed for each category of cardiac and vascular reconstructive surgery. RESULTS: Descriptive results indicated that average annual hospital visit costs with no reoperation ranged between $10,832 (SD $10,731) and $48,768 (SD $28,368) depending on the procedure. The incremental additional cost per patient associated with a reoperation for bleeding surgery for bleeding is estimated as follows by procedure group: CABG $30,945 ($1,431), valve repair $27,037 ($2,124), AAA repair $30,145 ($1,215), AV access $11,996 ($1,073), endarterectomy $18,645 ($512), fem-fem/fem-pop $19,059, and others $14,452. CONCLUSIONS: The incremental cost of reoperations for bleeding events in cardiac and vascular reconstructive surgery varied between 63% and 179% depending on the procedure group, with the largest increase for femoral-femoral bypass procedures, CABG, AAA repair, and valve procedures respectively.

PCV60
COST EFFECTIVENESS OF STATINS IN PRIMARY PREVENTION OF CORONARY HEART DISEASE: A SYSTEMATIC REVIEW AND QUALITY ASSESSMENT OF ECONOMIC EVIDENCE TO ELUCIDATE RECENT TRENDS IN USA

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OBJECTIVES: The objective of this investigation was to compare the contrasting results of recent cost-effectiveness analyses of statins. METHODS: A systematic review of the literature on statin cost-effectiveness was conducted as per Cochrane methodology. RESULTS: The four studies that met inclusion criteria reported variable conclusions about the cost-effectiveness of statin treatment, without a clear consensus as to whether statins are cost-effective for primary prevention. All studies analyzed health care costs from the health care system perspective – inclusive of direct medical costs and limited to all direct medical costs to all payers resulting from the statin therapy. The time horizon varied from as short as 5 years to lifetime. Annual drug prices ranged from $516.26 (in 2006 dollars) for lovastatin to $9,271.44 (in 2006 dollars) for atorvastatin. The studies reported varying assessments of the cost-effectiveness of statins. Costs ranged from $590,000 to $3 to extend life by one year. Recently published studies found statin therapy more likely to be cost-effective. However, when each study's assumptions about statin costs were varied, studies were found to be of average quality. (qualitatively) and Quality of health economic studies (quantitatively). The studies were appraised using Philips and NICE checklist accounted, a substantial agreement among the authors was observed. Studies to head clinical trials or derived in network meta-analysis and indirect comparison (quantitatively) and Quality of health economic studies (qualitatively). The studies were found to be of average quality CONCLUSIONS: As the statins become cheaper, the chances of the patients at low risk for coronary disease may be treated cost-effectively. However, when each study's assumptions about statin costs were varied, studies were found to be of average quality.