of anastomotic leak following colorectal surgery was 6.4% (4,048 out of 131,689). After propensity score matching by key covariates, Patients with leak (vs. without leak) had higher in-hospital mortality (15.9% [95% CI 15.2%, 16.7%]) vs. 6.2% [95% CI 5.7%, 6.7%], p < 0.001), 30-day readmission rate (19.7% vs. 11.6%, p < 0.001), and post-operative infection rate (19.3% vs. 4.5%, p < 0.001). The hospitalizations for patients with leak (vs. without leak) were $6,405 ± $2,990 vs. $3,958 ± $888 (p < 0.001) and longer (20±23 vs. 11±13 days, p < 0.001). Anastomotic leak resulted in an additional cost of $25,051 and an extra LOS of 9 days per patient. CONCLUSIONS: Ongoing colorectal surgery complication monitoring is necessary.

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OBJECTIVES: To compare costs and health outcomes of pazopanib and sunitinib in patients with advanced renal cell carcinoma. We constructed models to identify factors associated with costs, by stage, controlling for demographics and comorbidity. RESULTS: We identified 1,746 BC patients receiving and 35,114 not receiving HER2-targeted therapy. Unadjusted mean total costs (vs. non-cancer patients) were $4,079 PPPM for the HER2-targeted cohort and $990 PPPM for the non-targeted cohort, with $3,070 PPPM for the HER2-targeted treated patients. Using a multivariate analysis, Stage 1 HER2-targeted BC patients experienced 3.17 times greater total costs than non-cancer patients, while those with Stages II, III, and IV had 3.02, 3.40, and 4.27 times greater costs respectively (all p < 0.001). Our findings underscored the clinical and economic implications of different treatment strategies, and the importance of providing prompt medical attention to minimize the impact of anastomotic leak.

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