The economic burden of patients using new bi-surgical hemostatic materials was considerable. While a number of factors affected inpatient costs, patients using ORC were associated with lower total inpatient expenditure.

PCN48 SYSTEMATIC REVIEW OF ECONOMIC EVALUATIONS IN ALLOGENIC HEMATOPOIETIC STEM CELL TRANSPLANTATION Linhache S1, Luchaine L2, Lamoureux-Oby V2, Ribeau J1 1University of Montreal, Montreal, QC, Canada, 2Maisonneuve-Raspein Hospital, Montreal, QC, Canada

OBJECTIVES: The objective of this literature review was to explore the existing evidence regarding cost-effectiveness of allogeneic hematopoietic stem cell transplantation (AH SCT) in hematologic malignancies (Hcs). METHODS: A systematic literature review was performed using the PICO method. Population consisted of patients suffering from Hcs. Intervention and Comparators were AH SCT compared to different types of AH SCT or standard therapies and Outcomes were incremental cost-utility ratios (ICURs) and/or incremental cost-effectiveness ratios (ICERs). The literature search was performed with the NHS EED filters using electronic databases from 1950 to 2017. The minimum follow-up period for studies of which 13 fulfilled the eligibility criteria. Three studies included economic analyses regarding cost-effectiveness of AH SCT in patients with AML and ALL compared to SC, but not in Ph+ AML, where tyrosine kinase inhibitors, like imatinib, have replaced AH SCT for first-line therapy. Despite the high level of heterogeneity among selected studies, this review provides a comprehensive overview of the cost-effectiveness of AH SCT in Hcs and one could serve in the realization of future economic evaluations.

PCN49 ESTIMATION OF DIRECT HEALTHCARE COSTS OF GYNECOLOGIC CANCER IN THE U.S.: AN ANALYSIS OF 2007-2011 MEDICAL EXPENDITURE PANEL SURVEY(MEPS) DATA Field C1, Lawson KA2 1The University of Texas at Austin, Austin, TX, USA

OBJECTIVES: A literature search revealed no prior study on the direct medical costs of gynecologic cancers among community-dwelling U.S. residents from an all-payer perspective. METHODS: A retrospective cross-sectional analysis was conducted using data from the Medical Expenditure Panel Survey (MEPS) datasets. We evaluated the average number of all-cause and thyroid-related prescriptions were 40.9 and 15.7, respectively. Extracted study data included pancreatic cancer incidence, complications, and thyroid-related total healthcare cost & utilization (inpatient, outpatient and pharmacy). Patients were excluded if no continuous medical/pharmacy coverage in the U.S. RESULTS: The average annual direct healthcare costs for patients with gynecologic cancer was $1,059 (95% CI: $947-$1,172) in patients with one type of gynecologic cancer and $13,129 ($6,573) in patients with two different types of gynecologic cancers. The average annual direct healthcare cost attributable to gynecologic cancers was $3.86 billion. The average annual direct healthcare cost per patient with ovarian cancer was $6,794 (standard error = 182). Multivariable regression was used to identify significant drivers of hospital-based utilization. RESULTS: Hospital utilization occurred primarily in the OP setting (81.0%) in teaching facilities (88.3%) with 300 or more beds (78.1%). More than half the population was female (56.0%) with a mean Charlson comorbidity score of 0.43. Most patients were younger than 65 at the age of 18. The most common OP procedures were diagnostic (10.3%) while valve and septa operations (15.6%) and heart catheterization (11.9%) were the most frequent IP procedures. Mean LOS was 10.4 days. Congenital heart failure (CHF) (RR 1.31, 95% CI 1.12, 1.51) fluid and electrolyte disorders (RR 1.68 CI 1.46, 1.93) and heart surgery (RR 1.19, 1.62) diagnoses were associated with longer IP stays. 5.0% of patients admitted expired in the hospital and 8.5% were readmitted within 30 days. CHF (OR 2.62 CI 1.50, 4.59) and any OP visit (OR 2.51 CI 1.28, 4.62) were associated with increased mortality. Only CHF (OR 2.64 CI 1.46, 4.68) was associated with increased readmissions. CONCLUSIONS: While EA patients are typically treated in the OP setting hospital utilization is high when IP services are required.