CONCLUSIONS: After adjusting for patient and hospital factors, hospital quality scores (both AML and HF) were not strongly associated with the large amounts some hospitals charge beyond the standard reimbursement amount. The lack of strong associations suggests that either: (1) quality scores were not indicators of hospital resource utilization, or (2) hospital charges were not driven by the expenses incurred in the provision of care. Further research into the drivers of hospital charges is needed.

PCV130
TREATMENT PATTERNS OF CARE FOR NON-VALVULAR ATRIAL FIBRILLATION PATIENTS AT A NATIONAL INSTITUTE OF CARE IN PERU
Sanabria C1, Cabrejos J1, Guevara C2, Olteguez A1, Carreno Lecca S3
1Universidad Nacional Mayor de San Marcos, Lima, Peru, 2Instituto Nacional Cardiovascular (INCOR) del Seguro Social de Salud del Peru, Lima, Peru, 3Bristol-Myers Squibb, Lima, Peru
OBJECTIVES: To characterize treatment patterns and health care resource utilization among patients with non-valvular atrial fibrillation (NVAF) at the Social Security System (EnSalud) in Peru.
METHODS: Observational retrospective study based on medical chart review from the National Cardiovascular Institute (INCOR).
RESULTS: The study included patients over 18 years of age, with a confirmed diagnosis of NVAF based on physician diagnosis and ICD-10 code, treated at INCOR NVAF in 2011, allowing for a minimum potential follow-up of one year. Clinical study enrollment or AF patients with valvular origin were excluded. For each eligible patient, information on patient and disease characteristics, treatments received, clinical outcomes, and AF-related health care resource utilization was captured. Patients were randomly selected from an electronic database until the predetermined sample size of 83 eligible patients was met. RESULTS: The study population median age was 70.8 ± 8.8 years. 54.8% were male. CHA2DS2-VASc distribution was: 0-2.7%, 2-10.1%, 2-18.1%, 3-32.5%, 4-18.1%, 5-6% and 6% 89.2% of patients with NVAF received at least one prescription during follow-up, distribution according to drug classes: 77.5% rate control agents, 17% antplatelets, 50.3% K-antagonists and 44.6% anti-arrhythmic. A median of 30.2 diagnostic tests including electrocardiograms and INR tests were performed per patient (range: 1-142). Twelve patients had at least one procedure with implantation of a pacemaker being the most frequent procedure, followed by AV node ablation. 30% of patients were hospitalized at least once during the study follow up period. Median hospital stay was 12.6 days (range: 1-115). CONCLUSIONS: NVAF management is heterogeneous at INCOR, particularly for rhythm control, anticoagulation monitoring, and the utilization of anticoagulant therapy.

RESEARCH POSTER PRESENTATIONS – SESSION III
SELECTED HEALTH CARE TREATMENT STUDIES

HEALTH SERVICES – Clinical Outcomes Studies

PSH1
COMORBIDITIES AND HEALTH RESOURCE USE OF CHRONIC PLAQUE PSORIASIS PATIENTS IN CANADA: A MATCHED-COHORT STUDY
Gregory V1, Luciani L2, Barbeau M3, Petrella R4
1Comprehensive Health Insights, Humana, Miramar, FL, USA, 2Comprehensive Health Insights, College of Pharmacy and Pharmaceutical Sciences, University of Toledo, Toledo, OH, USA, 3Bristol-Myers Squibb, NJ, USA
METHODS: Comparing comorbidities and health care resource utilization of chronic plaque psoriasis compared to a matched control cohort in a large, Canadian, population-based cohort study. The sample was older (70.81 ±8.8 years) and 80% White. Being Hispanic, Black, or male was associated with a higher prevalence of more severe T2DM complications; this disparity was more pronounced among females, with the Hispanic females having a 1.51 (95% CI, 1.17-1.97) higher prevalence compared to White females (Hispanic v. White odds ratio [OR], 1.40; 95% confidence interval [CI], 1.32-1.48), and (Black v White OR, 1.22; 95% CI, 1.19-1.25). Regardless of gender, Blacks had more ER visits than Whites. Whites, particularly females, were more likely to be admitted to the hospital, to be hospitalized, and to have a longer hospital stay than Blacks. The most common complication was hypertension, found to be 38.8% to 61.2%, with morbidity and mortality rate of 38.8% and 13.4%, respectively. The prevalence of chronic kidney disease (p-value < 0.0001), was lower in females compared to White females (Hispanic v. White odds ratio [OR], 1.40; 95% confidence interval [CI], 1.26-1.55) and Black females compared to White females (Hispanic v. White odds ratio [OR], 1.40; 95% confidence interval [CI], 1.32-1.48), and (Black v White OR, 1.22; 95% CI, 1.19-1.25). Regardless of gender, Blacks had more ER visits than Whites. Whites, particularly females, were more likely to be admitted to the hospital, to be hospitalized, and to have a longer hospital stay than Blacks. The most common complication was hypertension, found to be 38.8% to 61.2%, with morbidity and mortality rate of 38.8% and 13.4%, respectively. The prevalence of chronic kidney disease was very high in T2DM patients with hypertension being the most prevalent. The incidence of eclampsia was higher in mothers belonging to the lower socio-economic class. The incidence of eclampsia in the region, a study was carried in a tertiary care unit i.e. Department of Gynaecology/Obstetrics, Bahawal Victoria Hospital (BHV), Bahawalpur, Pakistan, with the collaboration of Department of Pharmacology, King Saud University, Saudi Arabia. METHODS: A total no of 67 (n = 67) patients presented with eclampsia were assessed for maternal morbidity and mortality outcomes during the period of 6 months. A prospective study using a cross- sectional descriptive design was used. The patients were evaluated for various parameters that included biological-, social-, psychological-, cultural-, educational-, linguistic, and socio-economic status, and parity.
RESULTS: The calculated mean age of the patients was 25.6 ± 8.4 years. The incidence was found to be higher in the extremes of the reproductive life (fornal variation), and during ante partum stage (95.2%) followed by postpartum (35.3%) and intrapartum period (13.4%). Among the patients examined, 44.8% were found with no formal education, 25.4% having primary education only, and 74.6% patients belonging to the lower socio-economic class. The incidence of eclampsia was higher in mothers belonging to the lower socio-economic class (58.2%) as compared to multiparous (31.3%) and grand multiparous women (10.4%). The overall complication ratio was found to be 38.8% to 61.2%, with morbidity and mortality rate of 38.8% ± 13.4% respectively. These findings in this study indicate that poor education, lack of effective health policies, and socioeconomic problems may contribute significantly to the morbidity and mortality associated with eclampsia in under developed regions.

PSH4
IMPACT OF CARDIOVASCULAR COMORBIDITIES ON PATIENTS WITH TYPE 2 DIABETES MELLITUS: A SYSTEMATIC REVIEW
Vaduvari V1, Gangan N2, Sheehan J3
1The University of Toledo, College of Pharmacy and Pharmaceutical Sciences, Toledo, OH, USA, 2The University of Toledo, Toledo, OH, USA, 3Bristol-Myers Squibb, NJ, USA
OBJECTIVES: To conduct a thorough search of medical literature investigating the prevalence of cardiovascular comorbidities and its impact on health care costs, quality of life, and mortality among patients with type 2 diabetes mellitus (T2DM). METHODS: Keywords and Medical Subject Headings were used to perform a search using MEDLINE, Cochrane, CINHAL Plus, and PsychInfo. Eligible studies were: published in English before June 2013, included cardiovascular or other comorbidities of T2DM, outcome researched was prevalence, economic burden, age of onset, quality of life or mortality of cardiovascular or other comorbidities, and the sample size was larger than 50. RESULTS: Seventy-six studies and papers were used in this systematic review. Cardiovascular comorbidities of T2DM (CVD), including hypertension, was the most prevalent complication of T2DM. Total health care costs of diabetic patients with CVD ranged from $10,450 to $14,414 per-person per-year in the United States. Quality of Life was found to be significantly lower in diabetic patients with cardiovascular complications, while mortality was found to be much higher than either illness alone. CONCLUSIONS: Prevalence of CVD is very high in T2DM patients with hypertension being the most prevalent. The additional cost burden due to CVD is also higher than any other comorbidity except End Stage Renal Disease (ESRD). Considering the much higher prevalence of CVD, compared with ESRD, increased cost due to CVD is likely to be higher than any other comorbidity at a population level. The quality of life was much lower in patients with CVD and diabetes than non-diabetic patients, but not as low as in patients with comorbid painful neuropathy. Increased mortality was caused by the combination of diabetes and CVD. Cardiovascular complications in diabetes patients have a significant impact on the economic burden, quality of life, and the mortality rates. This research was funded by Bristol Myers Squibb.
PHS7
THE DIAGNOSTIC AND CLINICAL VALUE OF ANTI-MUTATED CITRULLINATED VIMENTIN ANTIBODIES IN RHEUMATOID ARTHRITIS
Chen Q1, Chen Y1, Peng F2, Chen Q2, Xiong YM1, Luo D1
1The Fifth hospital of Xian, Xi’an, China; 2Xian Jiaotong University, Xi’an, China
OBJECTIVES: To assess the diagnostic and clinical value of anti-mutated citrullinated vimentin (anti-MCV) antibody for rheumatoid arthritis (RA) vis-à-vis with other serological factors (RF) and anti-cyclic citrullinated peptide antibodies (anti-CCP). METHODS: Anti- MCV and anti-CCP were determined using enzyme-linked immunosorbent assay (ELISA), and meanwhile, the RF was detected in 88 patients with RA and 16 patients with other rheumatic diseases. Receiver operating characteristic (ROC) curve was operated to calculate the areas under the curve of RF anti-CCP and anti-MCV, the max Youden indexes were also calculated to determine the optimum testing threshold and the corresponding sensitivity and specificity, the diagnostic value of RF using time in the past one year and 2 years, correlation of erythrocyte sedimentation rate (ESR) and anti-CCP, and C reactive protein (CRP) and anti MCV were evaluated by linear-regression analysis. RESULTS: The sensitivity of RF anti-CCP and anti-MCV were 0.534, 0.636 and 0.71, respectively, and the corresponding specificity and specificity were 78.6% and 75%, 63.6% and 100, and 77.3% and 93.7%, respectively. A correlation between ESR and anti-CCP antibody was observed. CONCLUSIONS: The sensitivity of anti-MCV is higher than anti-CCP and is comparable to RF, and its specificity is higher than that of RF. Consequently, anti-MCV can be served as a diagnostic index for RA and its expression is associated with disease activity of RA.

PHS9
SURVIVAL ANALYSIS FOR GASTRIC CANCER DETECTED BY ENDOSCOPIC SCREENING
Hamashima C1, Okamoto M1, Shaban M2, Osaki Y1, Kishimoto T1
1National Cancer Center of Japan, Tokyo, Japan; 2Tottori University, Yonago, Japan; 3San in Rossi Hospital, Yonago, Japan
OBJECTIVES: The effectiveness of endoscopic screening for gastric cancer has been continually evaluated; however, only a few studies have reported its effectiveness. Notably, mortality reduction from cancer screening has not yet been rigorously evaluated in survival analyses, but an important requirement for cancer screening is improving survival. We performed survival analysis for gastric cancer detected by endoscopic screening and compared the results with those of survival analysis for gastric cancer in the general population. METHODS: The subjects of our study were selected from gastric cancer cases registered in 4 cities in the Tottori Cancer Registry from 2001 to 2006. The target age group was defined as the 30-74-year-old group, which gastric cancer was diagnosed from 6/1/2001 to 12/31/2006 and was continued from the date of diagnosis to the time death from gastric cancer or up to December 31, 2011. The survival of 3 groups at 5 and 10 years were compared using the Kaplan-Meier method with the log-rank test. RESULTS: There were 347 subjects selected for endoscopic screening, 166 for radiographic screening, and 980 as outpatients. The 5-year survival rates were: 91±1 ± 1.5% (95% CI 87.6-93.8) for endoscopic screening, 84.3 ± 2.9 ± 7.7 (77-89.1) for radiographic screening, and 66.0 ± 1.6 ± 6.8 (62-68.9) for outpatients. The 10-year survival rates were: 88 ± 2 ± 5.0% (83.9-91.9) for endoscopic screening, 80 ± ± 3.6 ± 7.1 (71-98.6) for radiographic screening, and 64.6 ± ± 1.6 ± 6.1 (61-37-6.7) for outpatients. The survival rates were significantly different in the 3 groups (P < 0.001). CONCLUSIONS: The survival rate was higher for endoscopic screening results than for radiographic screening and outpatients. Since a high survival rate is mainly affected by lead-time bias, the effectiveness of endoscopic screening should be further evaluated in terms of mortality reduction by conducting large-scale and reliable studies.

PHS8
NATURAL HISTORY OF METASTATIC PROSTATE CANCER IN CLINICAL PRACTICE
Uchicaka Yood M1, Cheng SF1, Wells KE1, Casso D1, Woodford K2, Ukropse J1, Zyckowski T1
1Episource, LLC, Newton, MA, USA; 2Bristol-Myers Squibb Company, Princeton, NJ, USA; 3Henry Ford Health System, Detroit, MI, USA; 4Formerly of Episource, LLC, Newton, MA, USA
OBJECTIVES: To describe the natural history of metastatic prostate cancer in patients treated with androgen deprivation therapy (ADT) or orchietomy in clinical practice. METHODS: Newly diagnosed prostate cancer patients (2004-2010) treated with ADT or orchietomy were identified from the Henry Ford Health System tumor registry. Patients were followed through July 31, 2012. Data on disease progression (rising prostate-specific antigen [PSA] and presence of metastases) were collected from medical records and automated data. Time from initial diagnosis to metastases was determined. RESULTS: 12,746 patients were identified 702 patients; 58% ≥70 years and 50 African American; 56% of patients were initially diagnosed at stage II, 10% at stage III patients developed bone metastases. While the incidence of cancer is routinely collected for new cases, the incidence of post-castration disease progression (17% rising PSA, 28% other progression) was not. CONCLUSION: Disease progression was significantly higher than expected, supporting routine endoscopic screening should be further evaluated in term of mortality reduction by conducting large-scale and reliable studies.

PHS10
QUALITY OF PHARMACIST-MANAGED ANTICOAGULATION THERAPY IN LONG-TERM AMBULATORY SETTINGS: A SYSTEMATIC REVIEW
Cheng WH1, Manzoor BS1, Cavallari L1, Sharp L1, Gerber B1, Fitzgibbon ML1, Schumock GT1
1University of Illinois at Chicago, Chicago, IL, USA
OBJECTIVES: To perform a systematic review to evaluate the quality of anticoagulation control in outpatient pharmacist-managed anticoagulation services (PMAS) compared to routine medical care (RMC). METHODS: We searched MEDLINE, EMBASE, EMBASE, CIAHNL, Cochrane CENTRAL, with language restriction to English. Two authors independently reviewed each study and extracted data for all outcomes using standardized form, with any disagreement resolved by a third author. The primary outcome was the quality of warfarin-related anticoagulation management (WARF) at time in the past one year and 2 years, correlation of erythrocyte sedimentation rate (ESR) and anti-CCP, and C reactive protein (CRP) and anti MCV were evaluated by linear-regression analysis. RESULTS: The sensitivity of RF anti-CCP and anti-MCV were 0.534, 0.636 and 0.71, respectively, and the corresponding specificity and specificity were 78.6% and 75%, 63.6% and 100, and 77.3% and 93.7%, respectively. A correlation between ESR and anti-CCP antibody was observed. CONCLUSIONS: The sensitivity of anti-MCV is higher than anti-CCP and is comparable to RF, and its specificity is higher than that of RF. Consequently, anti-MCV can be served as a diagnostic index for RA and its expression is associated with disease activity of RA.