for surgery and VTEs were extracted for 49 days post-HFR. Logistic regressions (LR) with covariates of congestive heart failure, obesity, cancer, age, and gender were performed to compare VTE outcomes and mortality by TS, (reference = enoxaparin). Life-years gained (LYG) from decreased mortality were estimated from actuarial tables. Sensitivity analyses were performed on costs and rates of VTE events. **RESULTS:** Enoxaparin (n = 750), dalteparin (n = 117), and enoxaparin with heparin (n = 151) were associated with significantly (LR, P < 0.001) fewer DVTs (1.7%, 2.6%, and 3.3%, respectively) than enoxaparin plus warfarin (n = 128, 20.1%); with an odds ratio (OR) and 95% confidence interval (95% CI) equal to 5.1 and 2.9–8.9. PE rate was also significantly higher (LR, P = 0.002) with enoxaparin plus warfarin OR = 6.5, 95% CI = 2.3–18.3. Dalteparin was least costly and dominated (less costly/more effective) enoxaparin plus warfarin. Compared to dalteparin, enoxaparin was associated with an incremental cost-effective ratio (ICER) of $264,449/DVT avoided and $7,691/LYG. Fondaparinux was estimated to result in an ICER of $561,645/DVT avoided and $2,752/LYG. The model was insensitive to changes in VTE rates, but sensitive to decreases in costs of VTEs or drugs. **CONCLUSION:** Dalteparin was most cost-effective, followed by fondaparinux (based upon clinical trials) and enoxaparin. Enoxaparin plus warfarin was dominated by other TS.

PCV29

THE COST-EFFECTIVENESS ANALYSIS OF CORONARY ARTERY DISEASE DIAGNOSTIC PARAMETERS IN A CLINICAL LABORATORY SETTING

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OBJECTIVES: The aim of this study was to analyse the cost-effectiveness of consecutive supplementing of the Framingham scoring (FRS) algorithm for coronary artery disease (CAD) risk assessment with apolipoproteins B and A-I (apoA-I and apoB), the apo (a) phenotype, lipoprotein (a), and high sensitivity C-reactive protein (hs-CRP). The perspective of the analysis is the clinical laboratory setting. **METHODS:** The study is prospective diagnosing of 221 CAD patients and 289 controls. First line testing followed the guidelines for risk assessment based on FRS. Risk factors included in the FRS are: age, total cholesterol, high density cholesterol, systolic blood pressure, treatment for hypertension and cigarette smoking. FRS classifies individuals into those with 10-year risk for CAD of >20% event risk (high risk group), 10–20% event risk (intermediate risk group) and <10% event risk (low risk group). The FRS algorithm was supplemented with apolipoproteins, lipoproteins and hs-CRP and the effectiveness was measured in number needed to diagnose (NND). Total cost of diagnostic procedure was calculated on the basis of the consumed resources for diagnostic tests, labor time, and consumables. To evaluate the additional number needed to be diagnosed for successful CAD risk establishment was performed and incremental cost-effectiveness analysis. **RESULTS:** A diagnostic strategy employing FRS followed by apoA-I had lowest cost per additionally successfully diagnoses patient than the same strategy followed by hs-CRP in the low (2.63 vs. 24.47 euros) and intermediate risk groups (2.93 vs. 122.86 euros). In the high-risk group the diagnostic strategy employing apo A-I was the cost-effective strategy. It had a lower ICER (–9.14 euros) than the strategy employing hs-CRP (7.16 euros). **CONCLUSION:** Cost-effectiveness analysis of different diagnostic markers results in improved identification of at-risk patients at a lower health cost for society. In the clinical laboratory setting it is sufficient to determine apoA-I concentration in addition to FRS for CAD risk assessment.

PCV30

COST-EFFECTIVENESS OF CLOPIDOGREL IN MYOCARDIAL INFARCTION WITH ST-SEGMENT ELEVATION—A EUROPEAN MODEL BASED ON THE CLARITY AND COMMIT TRIALS: ADAPTATION TO HUNGARY

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OBJECTIVES: Several clinical trials have shown the added benefit of clopidogrel in reducing the risk of ischemic events in patients with non-ST-segment elevation myocardial infarction (NSTEMI) and unstable angina as well as in ST-segment elevation myocardial infarction (STEMI). The objective of our study was to evaluate the cost-effectiveness of clopidogrel in the management of patients with STEMI in Hungary. **METHODS:** The analysis is based on the CLARITY and COMMIT trials, which have investigated the effect of clopidogrel in patients with STEMI. A combined decision tree and Markov model was developed. Effectiveness was measured as the number of life-years gained (LYG) from clopidogrel treatment. Since existing evidence indicates similar long-term outcomes after STEMI and NSTEMI, data from the long-term NSTEMI CURE trial was combined with one-month data from CLARITY and COMMIT to model the effect of treatment up to one year. The risk of death, MI and stroke in an untreated population and long-term survival were derived from the Swedish Hospital Discharge and Cause of Death registers. The model was run separately for the two STEMI trials. A payer perspective was chosen for the analysis. Costs are reported in Hungarian Forints (HUF) at 2006 price levels. The annual discount rate was set to 5 percent. **RESULTS:** Treatment with clopidogrel for up to one year results in 0,086 LYG at an incremental cost of €40 (HUF 9,820) when using a patient cohort with the same characteristics and event rates as the CLARITY population. By comparison, using data from the COMMIT study, clopidogrel treatment results in 0.134 LYG at an incremental cost of €572 (HUF 140,662). The incremental cost-effectiveness ratios thus amount to €464 (HUF114,007)/LYG and €4,281 (HUF1,052,071)/LYG, respectively. **CONCLUSION:** Treatment of STEMI patients with clopidogrel for up to one year is cost-effective in Hungary with predicted cost-effectiveness ratios well below generally accepted thresholds (€20,000–30,000).

PCV31

LONG-TERM COST-EFFECTIVENESS OF RIMONABANT IN GERMANY

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OBJECTIVES: Obesity is associated with a high risk for diabetes type-2 (T2DM) and cardiovascular diseases. Rimonabant, the first cannabinoid-1receptor blocker, is a new therapeutic option for overweight patients with additional risk factors and obese patients. In the RIO-studies rimonabant showed significant reductions in weight and waist circumference, an improvement of HbA1c, HDL and triglycerides, when added to diet and exercise. The aim of this study was to evaluate the cost-effectiveness of rimonabant in patients with BMI $\geq$30 kg/m^2 or BMI >27 kg/m^2 and additional risk factors from the German SHI-perspective. **METHODS:** The previously developed Rainbow