

women at risk of this condition and facilitate its early detection. This would provide a basis to assess the natural history and clinical significance of this novel clinical finding, and the development of an optimal management approach.

PB1203 | Machine Learning and Algorithmic Diagnosis Identification of Patients Treated by Direct Oral Anticoagulants Using Medico-administrative Databases

J. Emmerich¹; A. Chekroun-Martino²; C. Petri³; R. Sigogne²; L. Perray²; M. Maravic⁴

¹University of Paris, Groupe Hospitalier Paris Saint-Joseph and INSERM CRESS 1153, Paris, France; ²IQVIA, La Défense, France; ³NHLI Centre for Cardiac Engineering, Faculty of Medicine, Imperial College London Guy, London, United Kingdom; ⁴Hôpital Lariboisière - AP-HP (Rheumatology) and IQVIA, Real World Solutions, La Défense, France

Background: New oral anticoagulants (DOAC) are indicated in atrial fibrillation (AF), thromboembolic events (VTE), and prevention of VTE after hip or knee prosthesis (PVTE).

Aims: The objective was to differentiate these indications using medico-administrative databases.

Methods: Two sources of data were used, LPD and LRx, including data of near 2.5 and 40 million patients, respectively. LPD, a medicalized database, included 56,665 patients treated by DOAC in 2019 followed-up by 1,800 general practitioners and/or specialists who participating in a permanent longitudinal observatory of prescription in ambulatory medicine. LRx, contained all anonymized medication dispenses prescribed in outpatient care from a representative panel of 45% of all French retail pharmacies. After derivation on LPD, the best gradient boosting model was selected in order to identify AF and/or VTE (accuracy of 91.5% and 90.5% for AF, and VTE, respectively). The model was then implemented in LRx in order to obtain AF and VTE patients in 2019. In order to identify PVTE patients on LRx, rules-based algorithm was defined. We obtained a raw number of DOAC patients and performed demographic characteristics. We calculated the extrapolated number of DOAC patients.

Results: Over the 944,892 DOAC patients identified in LRx, 73% were classified as having AF, 20% VTE, 4% AF/VTE, 3% PVTE, and 0.3% unclassified. The percentage of female and mean age (SF) were 45% and 79 (10), 54% and 65 (15), 57% and 76 (9), 51% and 77 (11), 93% and 88 (9), for AF, VTE, AF/VTE, PVTE, unclassified, respectively. The extrapolated number of DOAC patients in France in 2019 was 1,8 million.

Conclusions: A combined approach using machine learning and rules-based algorithm could be used in order to distinguish the different indications for which DOAC could be prescribed. According to demographics characteristics in France of each medical condition our results correspond to patients seen in clinical practice and literature.

PB1204 | Risk Factors of Venous Thromboembolism at Patients with Endoscopic Urological Interventions

D. Shorikova; E. Shorikov; P. Shorikov
Bukovinian State Medical University, Chernivtsy, Ukraine

Background: Venous thromboembolism is accompanied with superficial thrombophlebitis in 25% of patients. Lethality in 3–6 months after deep vein thrombosis, according to different authors, is 7–15%. The role of preoperative risk factors for venous thromboembolism in endoscopic urological interventions have to be analyzed.

Aims: To examine the clinical, gender and coagulologic parameters of preoperating risk for venous thromboembolic complications factors before endoscopic urological interventions.

Methods: 1918 patients were examined, including 414 patients with venous thromboembolic postoperative complications (223 male, 191 female, average age 48.55 ± 13.77 years). Cumulative incidence (CI), cumulative incidence (UI) reduction, relative risk (RR) and odds ratio (OR) were analyzed.

Results: After prolonged prospective observation among 1918 patients in preoperating period it was set, that preceding chronic venous insufficiency could be the main basic risk factor of venous thrombosis during surgical interventions ($P < 0,05$). It was proven the linear dependence between the class of chronic venous insufficiency and incident of peripheral thrombotic complications ($P < 0,05$), with the highest risk for C3 and C4 classes ($P < 0,05$).

It was estimated that women sex ($P < 0,05$) reliably promotes the risk of venous thromboembolism with valid relative risk (1,53 [1,11–2,12]) and odds ratio (1,59 [1,13–2,27]) before surgical interventions.

It was set that coagulogram indexes as the level of fibrinogen, prothrombin time and activated partial thromboplastine time should be analyzed in pre-operating period, but could not be the reliable markers of venous thromboembolism incidence before surgical interventions ($P < 0,05$).

Conclusions: Preexisting chronic venous insufficiency is the main risk factor for venous thromboembolism in urological interventions ($P < 0,05$) with significant effect of C3–C4 ($P < 0,05$). In female ($P < 0,05$) was set significantly increases risk of venous thromboembolism after endoscopic urological interventions.

PB1205 | Hypoalbuminemia, Not Proteinuria, Is Associated with Increased Venous Thromboembolism Risk among Primary Glomerulonephritis Patients with Nephrotic Syndrome: A Meta-analysis of Cohort Studies

B.P. Putra¹; F.N. Putra²
¹Medical Doctor, Blitar, Indonesia; ²Faculty of Medicine Universitas Airlangga, Surabaya, Indonesia

Background: Venous thromboembolism (VTE) spectrum recently has been considered as second life-threatening cause after infection among primary glomerulonephritis with nephrotic syndrome (NS)