demographic and clinical covariates. RESULTS: Of the eligible 225,720 adult men
with CKD, 14% patients received testosterone treatment. Median follow up time
was 1,296 days for men on TRT and 722 days for men who did not receive TRT. After
controlling for baseline covariates, the combined incidence of MI and stroke was 31%
lower in men who received TRT (aHR: 0.69, 95%CI: 0.66-0.73). The incidences of CHF
(aHR: 0.57, 95% CI: 0.50-0.66), coronary artery bypass surgery (aHR: 0.80, 95% CI: 0.72-
and coronary artery bypass surgery (aHR: 0.76, 95% CI: 0.62-0.95) were also lower in men
who received TRT. The incidence of secondary polycythemia did not statistically
differ between the study groups (aHR 1.18, 95% CI: 0.93-1.49). No men were diag-
nosed with incident prostate cancer during the follow-up period. CONCLUSIONS:
The study suggests that TRT may decrease cardiovascular events in men with CKD
stages 4 and 5. Randomized controlled trials of testosterone replacement in men
with CKD are needed to establish the cardiovascular effects of TRT in these men.

PHP113
LOW BIRTH WEIGHT IN NEWBORNS AND ASSOCIATED MATERNAL AND NEONATAL FACTORS IN A COLOMBIAN GINEO-OBSTETRICAL HOSPITAL
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OBJECTIVES: To determine the prevalence of Low Birth Weight (LBW) in newborns treated at the Rafael Calvo Maternity Clinic (CMRC) during 2016 and their possible maternal and neonatal factors associated. METHODS: Cross-sectional retrospective observational study with a population of 7,217 pregnant women who had a live birth in the CMRC in 2016. The incidence of total and singleton live births was estimated from the weight of the newborn. Risk factors associated with LBW were estimated through a logistic regression model. Modeled variables were weight, maternal age, birth prepregnancy weight, mother's education level, area of residence and multiple pregnancies. The prevalence of total and term LBW in the CMRC were 11.6% (838 cases out of 7,217) and 4.2% (259 out of 6,203) respectively. The risk of LBW is 16.6% (p=0.03, RR=1.24; 95% CI: 1.16–1.33). The prevalence of LBW associated to living in rural areas, maternal age, prenatal control, mother’s education level, area of residence and multiple pregnancies was 17.5%, 16.3%, 11.2%, 12.4%, 10.6% and 17.1% respectively. Risk factors associated with LBW could be favorable for its reduction. The primary data source is FDA adverse events reporting system (FAERS) database. A retrospective descriptive analysis was conducted to explore the frequency of adverse drug reactions (ADRs) associated with Gemtuzumab Ozogamicin and reported adverse event to FDA from 2000 to 2016. Our study focused mainly on reports of VOD associated with the use of either “Gemtuzumab ozogamycin” or “Inotuzumab ozogamicin”. RESULTS: A total of 200 adverse reports of VOD were found, 18 of which had Gemtuzumab Ozogamicin and 182 with Inotuzumab Ozogamicin. The death reports because of using Gem from 2001 to 2016 is 89 reports. In 2003, the death reports represent the highest number of VOD reports were 14. In 2011, the reports were 11 and 13. The life-threatening due to VOD in 2004 and 2006 represent 8 and 15 reports respectively. The hospitalization reports are more than 15 reports in 2003 and 2006. The death reports of VOD due to exposing to Inotuzumab Ozogamicin from 2010 to 2016 is 17 reports of death in 2016. In 2004 the reports were 18. In 2016 were 3. The role of GO as a primary suspected drug from 2002 to 2007 is high while as a secondary it is low. The role of Inotuzumab ozogamicin as primary suspected drug from 2010 to 2016 is low. Further studies are needed to investigate the occurrence of VOD is due to stem cell transplantation (SCT) or these two medications.

PHP116
INCIDENCE OF SUBSEQUENT LUMBAR SURGERY FOLLOWING POSTERIOR LUMBAR FUSION
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OBJECTIVES: A procedural event common ever observed following lumbar spinal fusion (PSF). However, there is little evidence on the characterization of any subsequent lumbar surgeries following index PSF. This study evaluates the incidence of obtaining medical records and performs lumbar spinal fusion (SSLS) following PSF. METHODS: Patients with ICD-9-CM codes for PSF of 1-2 spinal levels were identified in the Premier Healthcare Database®, 2013-2016. Patients that underwent lumbar fusion surgery following PSF were extracted from the database for at least one year after index PSF. Patients' demographics as well as clinical, procedural, hospital, and provider characteristics were collected and analyzed. The incidence of any SSLS within one year after PSF was estimated. Potential fac-
tors associated with undergoing a lumbar fusion were assessed using logistic regres-
sion analysis. RESULTS: A total of 277,638 (55.3% were female, average ± standard deviation age was 72.8 ± 8.6) in each year of the study period were included. A total of 312 patients were identified. The majority of patients were female (56.1%), between the ages of 65-74 (28.9%), 80.4% were white, 59.7% were married, 46.9% had Medicare insurance, 91.4% had surgery at urban centers, and 54.2% at teaching hospitals. SSLS occurred in 2.10% of patients; 1.96% of patients returned for a PSF of 1-2 levels, while 0.27% returned for PSF of 3 or more levels, anterior fusion or non-fusion procedures. Variables associated with higher odds of SSLS included hospitals with 400-499 beds (adjusted OR: 1.5, 95% CI: 1.3, 1.6), history of hypertension (1.15, 1.0,1.3), history of neurological disorder (1.8; 1.4,2.3) and history of rheumatoid arthritis (1.3; 1.1,1.7), while age >75+ (0.66; 0.52,0.84) and commercial insurance versus non-commercial (0.78; 0.60,0.89) decreased the odds. CONCLUSIONS: Following PSF of 1-2 levels, most patients returning for SSLS undergo the same procedure as the index surgery. A combination of hospital and patient factors are associated with odds of SSLS.

PHP118
INCIDENT OF MALIGNANT NEUROPSIS FOR PATIENTS USING BIOLOGIC DRUGS: A NESTED CASE-CONTROL STUDY USING MEDICARE 5% SAMPLE DATABASE
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OBJECTIVES: Biologic drugs have been changing the clinical management of vari-
dious diseases such as cancer and autoimmune diseases. Although biologic drugs
are expected to play critical roles, their association with the development of malig-
nant neoplasms (MN) remains unclear. We examined the relationship between
prescription of biologic drugs and incidence of MN based on a claims database
analysis. METHODS: We performed a nested case-control study using Medicare
5% Sample data (2011-2016). Among the insureds with full exposure in 2011, those
with neither diagnosis with MN nor prescription of biologic drugs in 2011 were
extracted. Cases were individuals having diagnosis of MN in 2012 or later. Controls
were selected from the extracted patients without diagnosis of MN, and matched
with the cases by sex, age, and end of the eligible period. Within the period from
January 1, 2012 to the day before earliest diagnosis of MN in cases, percentage of
individuals being prescribed biologic drugs was calculated for both cases and their
controls. RESULTS: Among 675,202 individuals extracted from the dataset, 283,198 cases were identified. Matched individuals analyzed in this study were
277,638 (55.3%) were female, average standard deviation age was 72.8 ± 8.6 in each group. Percentage of individuals being prescribed biologic drug was significantly higher (p<0.0001) in cases, 1.17%, than in controls, 0.91%. Exudative serous macular degeneration was the most common diagnosis given to patients on the day of bio-
logic drug prescription, followed by senile osteoporosis, osteoporosis, unspecified, therapeutic arthrosis, and venous tributary occlusion. CONCLUSIONS: Our result suggests association between taking biologic drugs and development of MN. Due to the difficulty to conduct a RCT, this result could become important by furnishing one source of circumstantial evidence. Detailed real-world data analyses considering the type of MN and the duration of the treatment by biologic drugs should be conducted.

PHP119
ECONOMIC EVALUATION OF ENTEREX® IMX, A SPECIALIZED NUTRITION SUPPLEMENT CONTAINING ARGININE, IN THE TREATMENT OF NEUROCUTANEOUS PATIENTS IN MÉXICO
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