

Results of US CoreValve High Risk Trial reported at TCT 2014

September 15 2014

According to a new study, transcatheter aortic valve replacement (TAVR) provided meaningful clinical benefits relative to surgical aortic valve replacement (SAVR) in high risk patients with incremental costs considered acceptable from a US perspective. Findings from the cost-effectiveness analysis of the US CoreValve High Risk Trial were reported today at the 26th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

Previous studies have shown that among patients with [severe aortic stenosis](#) who are unsuitable for conventional [aortic valve](#) surgery, TAVR provides substantial clinical benefits at a reasonable incremental cost. However, there has previously been less consensus about the [cost effectiveness](#) of TAVR relative to SAVR for high-risk surgical candidates.

Findings from the US CoreValve High Risk trial, published earlier this year in the New England Journal of Medicine, found that in patients with severe, [symptomatic aortic stenosis](#) who were deemed to be at high operative risk, TAVR using a self-expanding prosthesis was associated with lower 12-month mortality compared with SAVR (14.2 percent vs. 19.1 percent).

The cost-effectiveness analysis of the US CoreValve High Risk Trial

compared the costs of TAVR and SAVR for this high risk population from the perspective of the US healthcare system. To assess cost effectiveness, inpatient and outpatient medical resource utilization was collected for all patients. Hospital bills were collected for 80 percent of the index hospital admissions and health state utilities were measured using the EQ-5D questionnaire at one, six and 12 months. The primary effectiveness measure was quality adjusted life years (QALY) and the secondary effectiveness measure was life years (LY).

In the as-treated population (n=747), the mean cost for the initial valve implant procedure was \$23,661 higher per patient with TAVR than with SAVR (\$37,920 vs. \$14,258, respectively p

Citation: Results of US CoreValve High Risk Trial reported at TCT 2014 (2014, September 15) retrieved 6 May 2024 from

<https://medicalxpress.com/news/2014-09-results-corevalve-high-trial-tct.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.