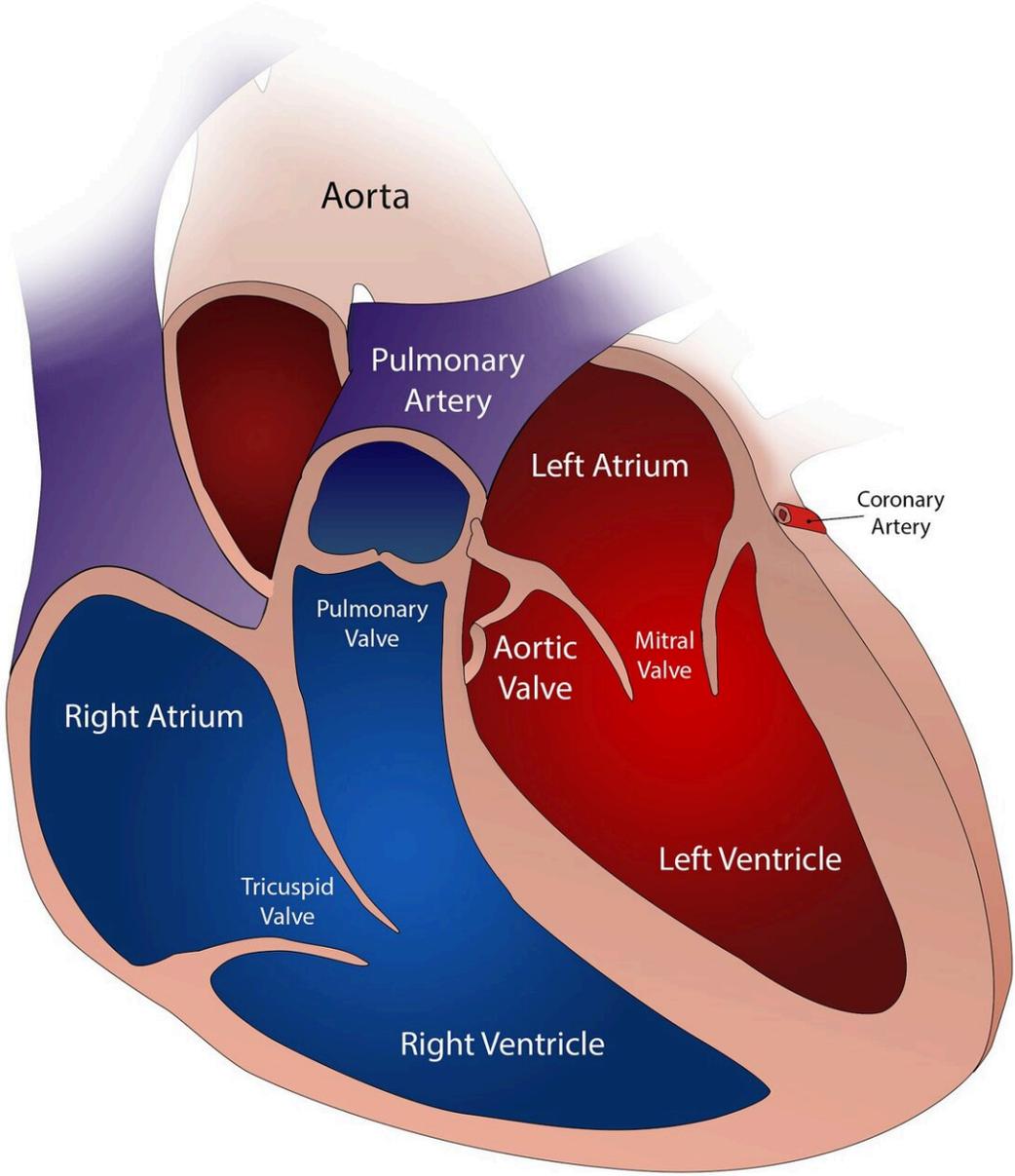


Transcatheter aortic valve replacement is cost effective compared with surgical replacement for low-risk patients

November 8 2021



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An economic analysis of data from PARTNER 3, a randomized trial comparing transcatheter aortic valve replacement (TAVR) and surgical aortic valve replacement (SAVR) in patients with severe aortic stenosis and low surgical risk, found that despite higher procedural costs, at 2-year follow-up, quality-adjusted life expectancy was greater and total costs were lower with TAVR; as a result, at 2-years, TAVR was cost-effective for these patients.

Findings were reported today at TCT 2021, the 33rd annual scientific symposium of the Cardiovascular Research Foundation (CRF).

Previous studies have demonstrated that TAVR is cost effective compared with [medical therapy](#) for patients with [severe aortic stenosis](#) and extreme surgical risk and compared with SAVR for patients at intermediate and high surgical risk. Based on the results from recent [trials](#), including PARTNER 3, TAVR has been approved for low-risk patients in the United States. Currently, there is little evidence as to whether TAVR is cost effective for low-risk patients.

Between March 2016 and October 2017, 979 patients in the United States were enrolled in the PARTNER 3 trial and randomized to either TAVR using the SAPIEN 3 valve (n=492) or SAVR (n=487). Of these, 485 underwent TAVR and 444 underwent SAVR. During the index hospitalization, TAVR resulted in significant reductions in procedure duration (53 versus 198 minutes) as well as ICU (0.7 versus 2.6 days) and non-ICU length of stay (1.2 versus 3.7 days, all p

Citation: Transcatheter aortic valve replacement is cost effective compared with surgical replacement for low-risk patients (2021, November 8) retrieved 11 May 2024 from <https://medicalxpress.com/news/2021-11-transcatheter-aortic-valve-effective-surgical.html>

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