

TAVR cost-effective compared with SAVR in intermediate risk patients with aortic stenosis

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Analysis of the PARTNER 2A trial and the SAPIEN-3 Intermediate Risk registry found transcatheter aortic valve replacement (TAVR) to be highly cost-effective compared with surgical aortic valve replacement (SAVR) in intermediate surgical risk patients with aortic stenosis.

Findings were reported today at the 29th 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.

Researchers led by Dr. David J. Cohen (Saint Luke's Mid America Heart Institute, Kansas City, MO) used data from the PARTNER 2A randomized trial and the SAPIEN-3 Intermediate Risk registry to perform a formal, patient-level economic analysis comparing TAVR using either the SAPIEN XT valve (XT-TAVR) or the SAPIEN-3 valve (S3-TAVR) with SAVR. The comparison between XT-TAVR and SAVR was based upon randomized assignment within PARTNER 2A; the comparison between S3-TAVR and SAVR was not randomized. Procedural costs were assessed based on measured resource utilization and all other costs were assessed by linking trial data with Medicare claims for the index hospitalization and follow-up period or by piecewise regression models for the remaining patients.

PARTNER 2A

In the trial, XT-TAVR led to significant reductions in procedure duration compared with SAVR (102±46 vs. 236±83, P

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