Bypass Proves Staying Power

Peggy Peck

Surgery still trumps stenting for treatment of patients with three-vessel coronary artery disease (CAD), but for patients with left-main disease stents offer "similar health outcomes as CABG at a lower long-term cost," researchers reported here.

That was the take home at 5 years from the SYNTAX (Synergy Between Percutaneous Coronary Intervention with TAXUS and Cardiac Surgery) trial reported during a twilight session at the Transcatheter Cardiovascular Therapeutics meeting.

The goal of this "final" analysis was to compare cost-effectiveness for U.S. patients expressed as cost per quality adjusted life-year gained, said David J. Cohen, MD, from Saint Luke's Mid America Heart Institute at the University of Missouri-Kansas City. [1]

Cohen estimated that the U.S. spends roughly $15 billion for surgery or stenting of coronary artery disease.

For example, in SYNTAX each stent cost about $1,500 and each patient received four to five stents, thus the procedural costs for stenting were higher than the procedural costs for surgery: $11,919 ± $6,162 versus $8,504± $1,972.

But surgery required a longer hospitalization and had a higher rate of early complications (including a higher early stroke rate) so the out-the-door cost for CABG was significantly higher -- $33,190, which was $10,036 more than the total bill for stent patients ($P<0.001$).

At 5 years, looking at cost alone, the numbers still favored stenting, but the difference had narrowed to $5,619 because stented patients were more likely to require repeat procedures.

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