

Que disent les études médico-économiques ?

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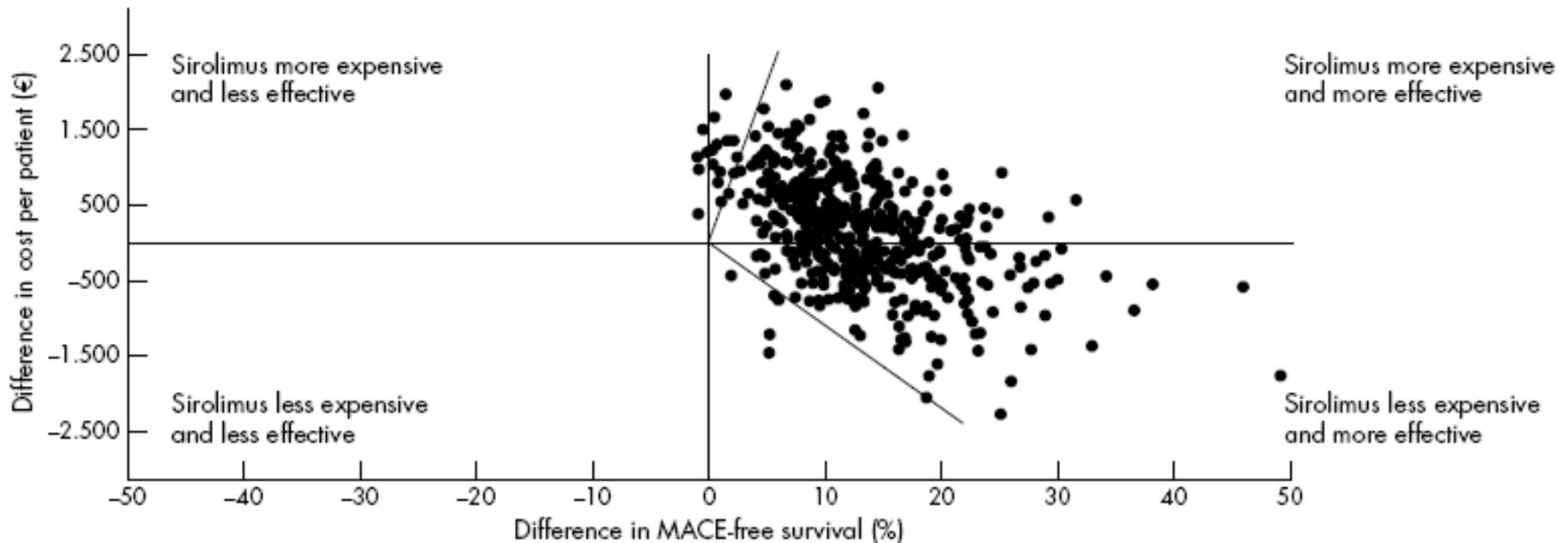
- DES vs BMS
- SES vs autres DES
- Différents pays
- DES vs CABG

DES vs BMS

RAVEL

single vessel native disease

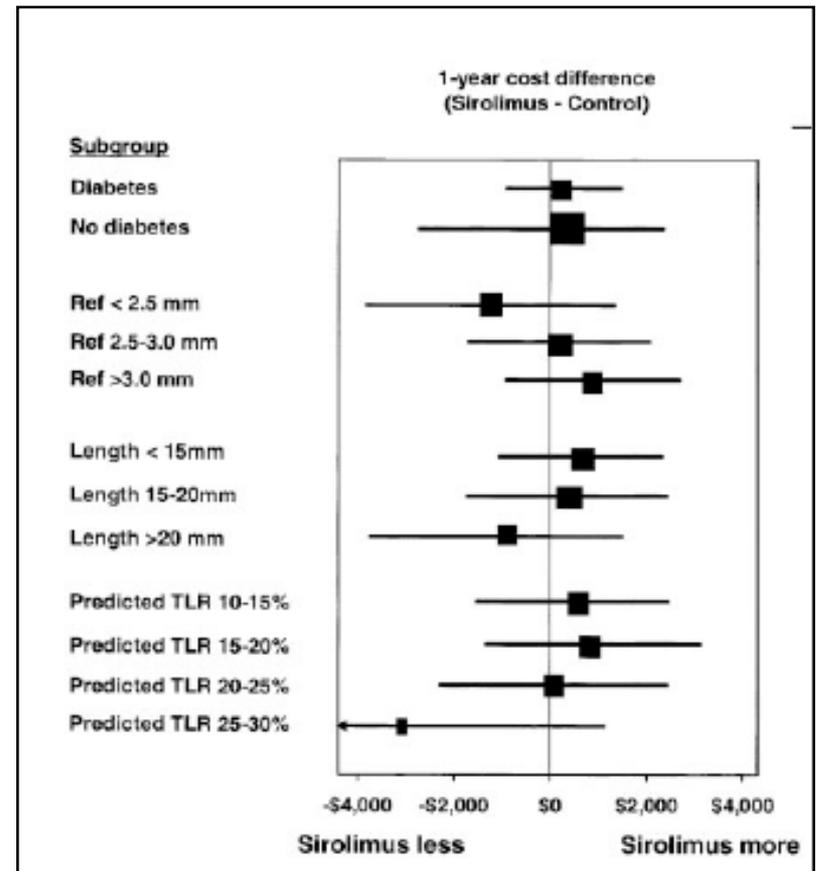
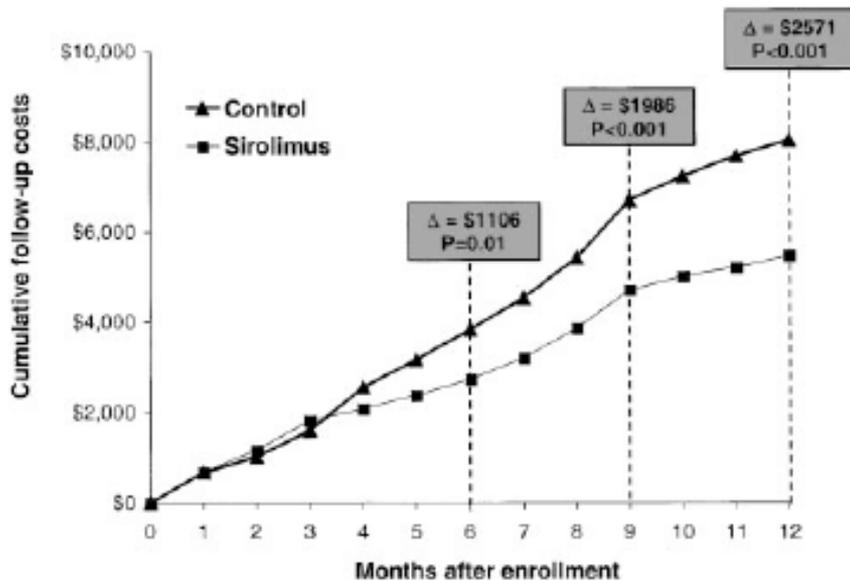
Sur-coût : initial 1 286 €, à 1 an : 54 €



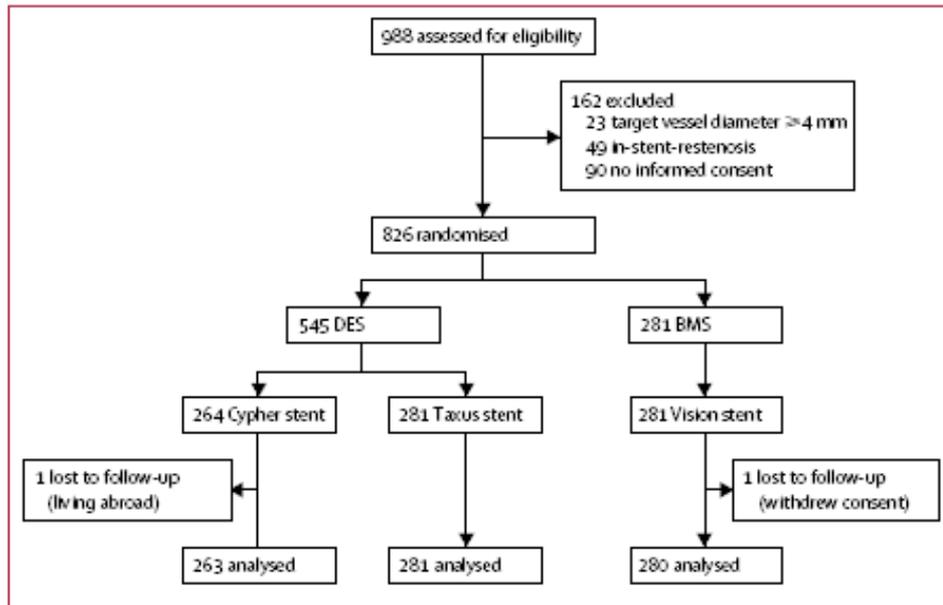
SIRIUS

Surcoût : 1650 US \$ (TVR)

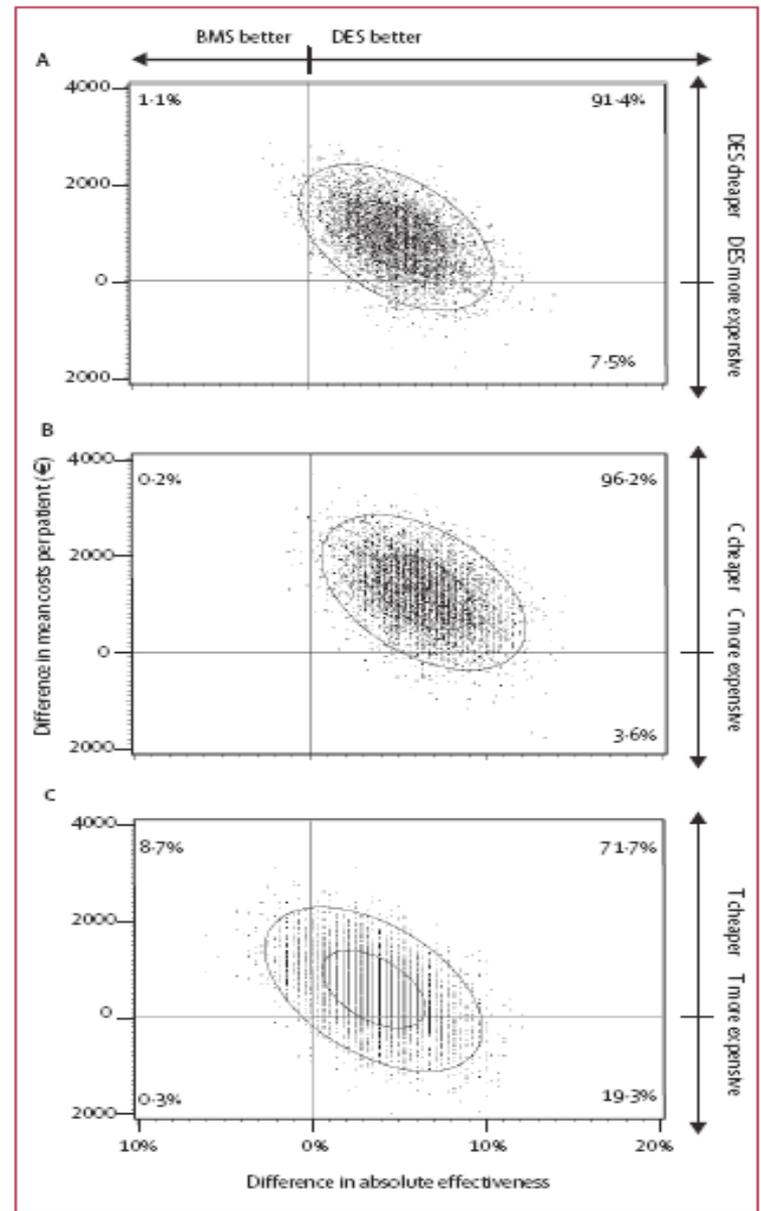
QALY : 27 540 US \$



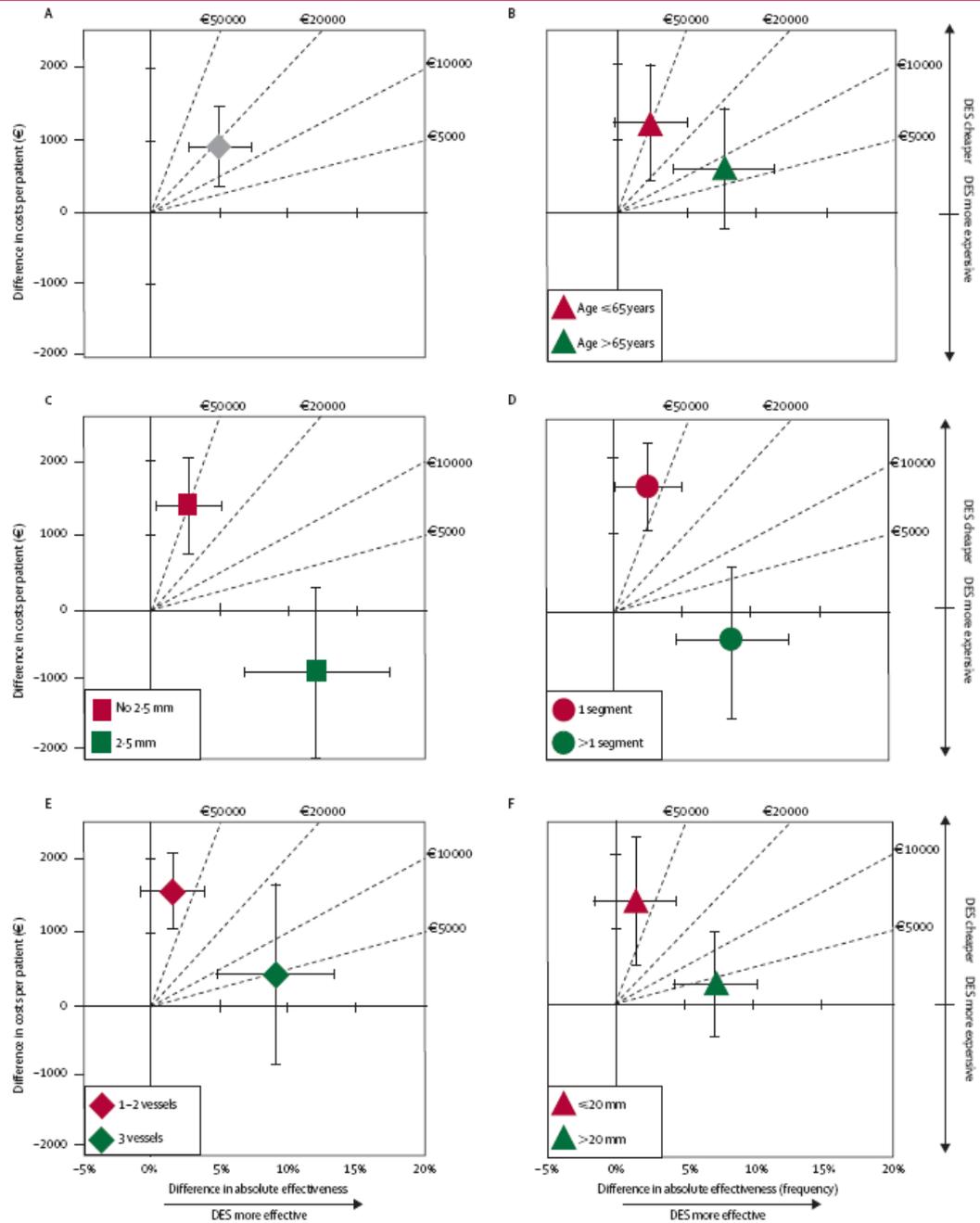
BASKET Trial



Kaiser C. Lancet 2005 ; 366 : 2086-94.

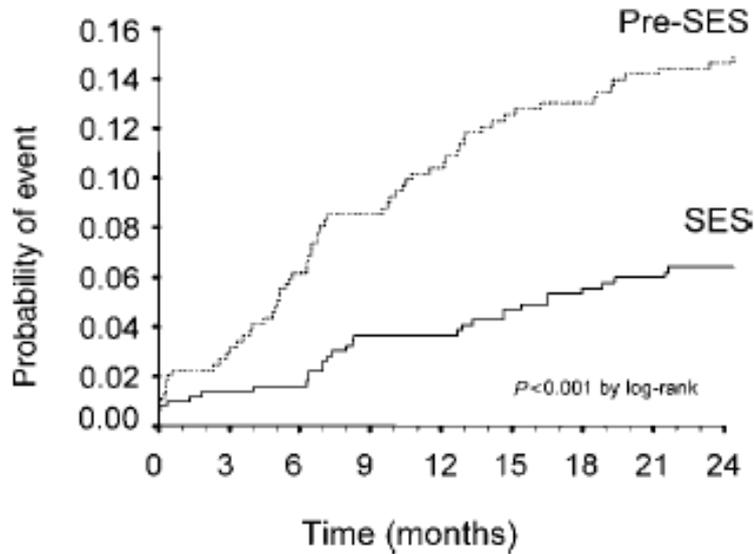


BASKET

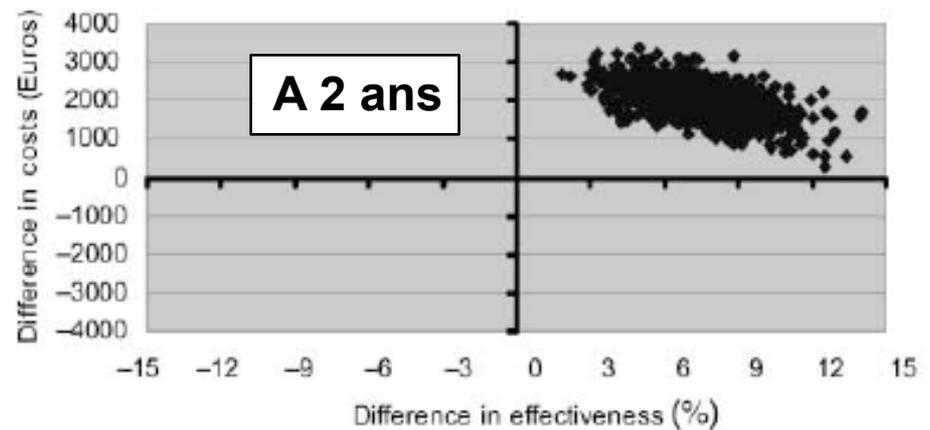
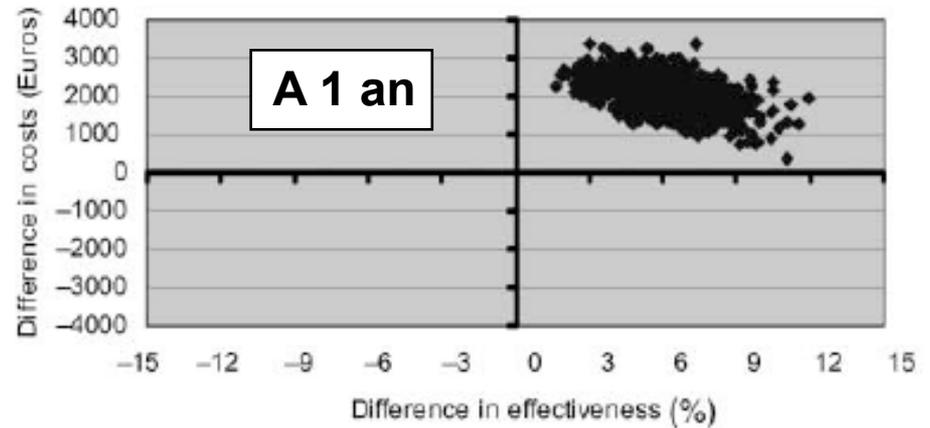


RESEARCH

508 SES vs 450 BMS



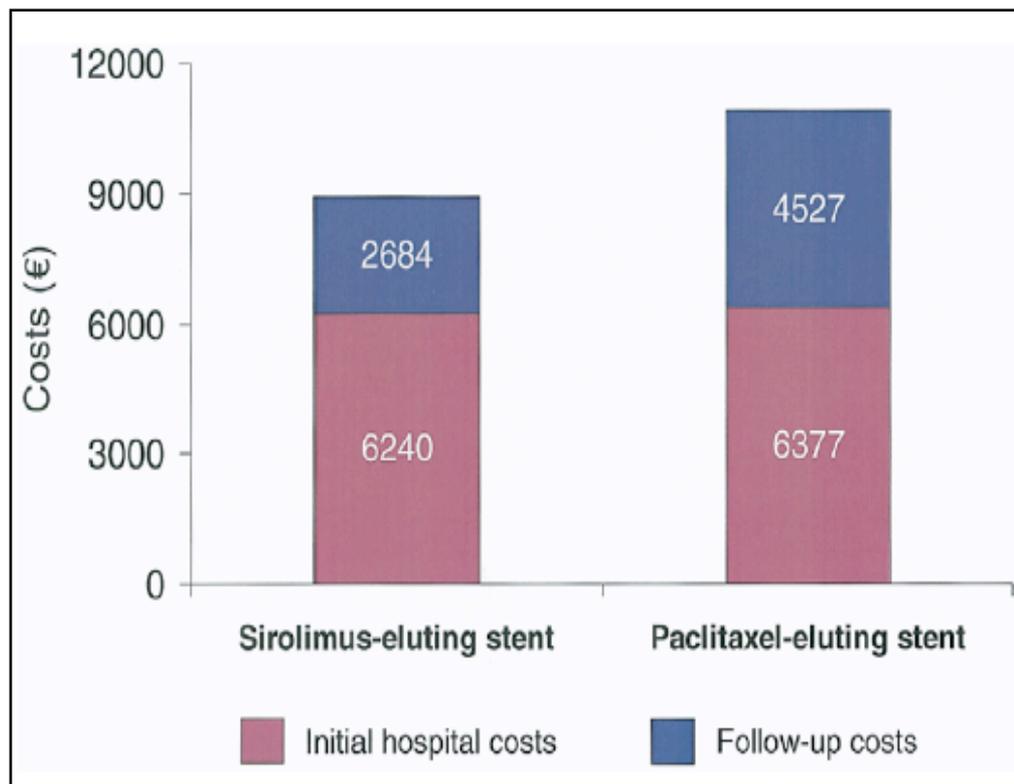
Cost-neutral price : 1 023 €



SES vs autres DES

DES chez patients à haut risque de resténose ISAR-DESIRE (in-stent) + ISAR-DIABETES

Characteristic	SES (n = 225)	PES (n = 225)	p Value
Death	6 (2.7)	7 (3.1)	0.78
Myocardial infarction	6 (2.7)	5 (2.2)	0.76
Reintervention	16 (7.1)	34 (15.1)	0.01
Re-PTCA	16 (7.1)	32 (14.2)	0.02
Bypass	0 (0.0)	2 (0.9)	0.50*
Major adverse cardiac events	27 (12)	43 (19)	0.04



Différents pays

APPROACH

- Base de données canadienne
- QALY (mortalité J30 + Repeat TVR)
 - \$ 40 129 – 72 464
 - moindre chez diabétiques
 - moindre chez sujets âgés
- Mise en perspective
 - DAI : \$ 75 000 (post-ACC + FEVG basse)
 - CABG : \$ 13 200 – 100 000
 - HTA + DNID : \$ 1 959

Canada – Données de C-SIRIUS

(Longues lésions, petits vaisseaux)

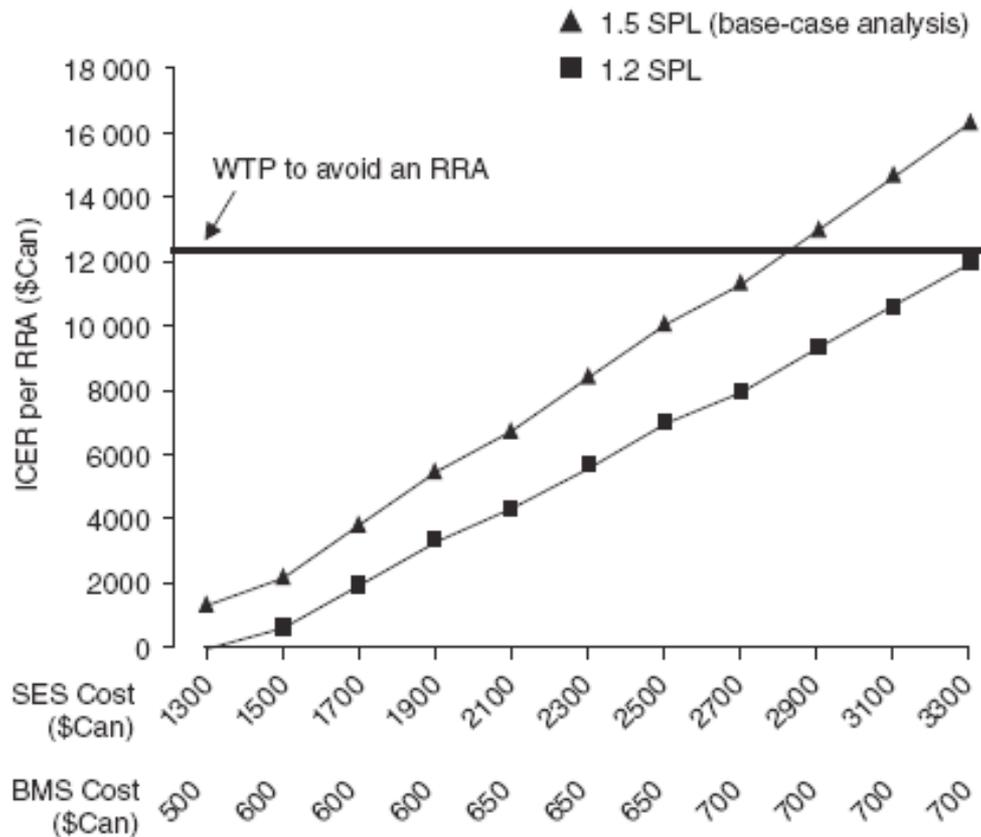
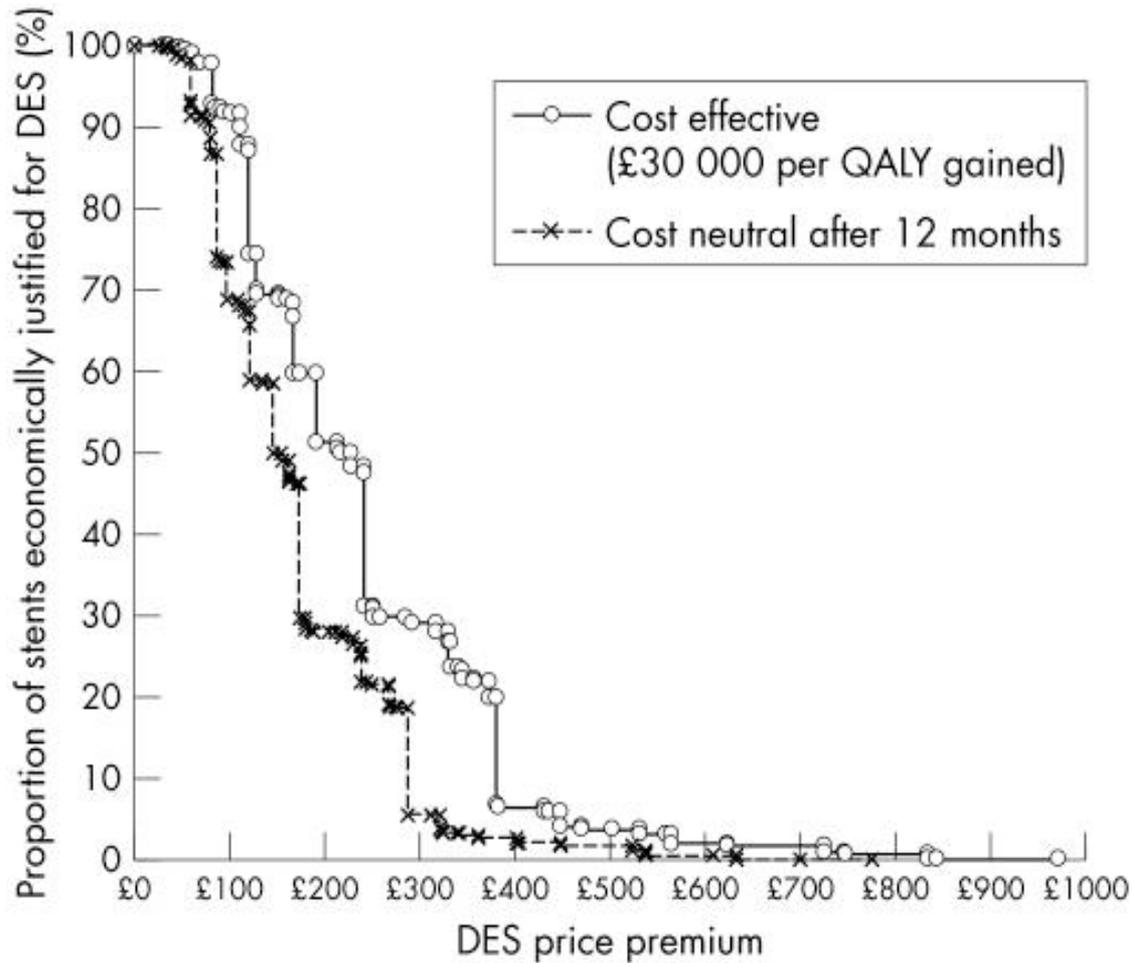
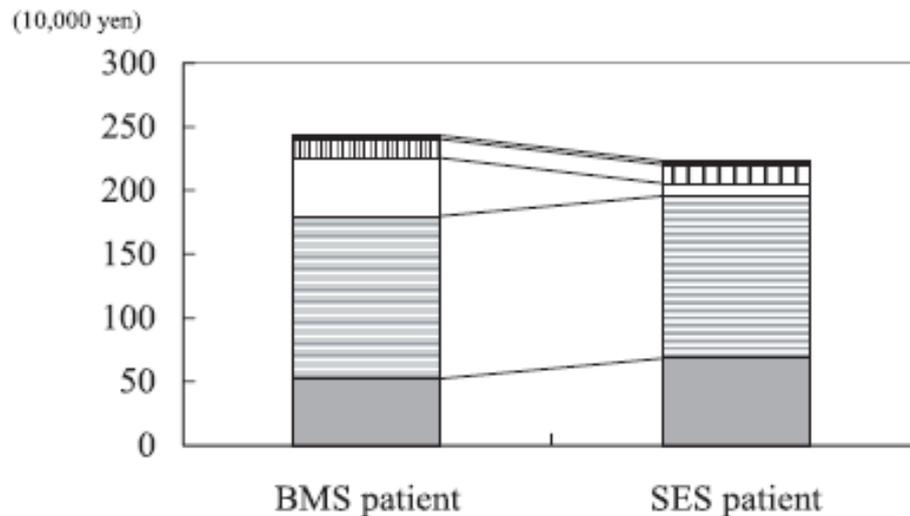


Fig. 1. Sensitivity analysis of stents-per-lesion (SPL) ratio and purchase cost. **BMS** = bare metal stent; **ICER** = incremental cost effectiveness ratio; **RRA** = repeat revascularization avoided; **SES** = sirolimus-eluting stent; **WTP** = willingness to pay.

United Kingdom



Japon



- cost of subsequent hospitalization for acute myocardial infarction
- ▨ cost of subsequent hospitalization for CABG
- cost of subsequent hospitalization for PTCA
- ▤ cost of initial hospitalization excluding stenting
- cost of stenting

Fig. 1 Three-year cumulative medical cost.

DES vs CABG !

ARTS II

159 DM ARTS II vs 208 DM ARTS I

SES : 2 400 \$, BMS 800 \$

	SES	BMS	CABG	DES/BMS	CABG/DES
MACE 1 an					
Décès	2.1%	6.2%	3.3%	- 9.4%	- 2.8%
Décès/IDM/AVC	2.5%	14.4%	7.4%	- 19.1%	- 0.6%
ReATC	13.5%	28.4%	5.3%	- 25%	- 15%
Coût (\$)					
Hosp	26 381	22 549	35 321	+ 2 657/5 000	+ 6 366/12 138
Suivi	6 238	9 334	3 369	- 6 022	- 4 709
1 an	32 618	31 884	38 689	- 2 438	+ 2 965

Conclusion

- Efficience (rapport coût/efficacité) dépend :
 - du type de patient (sujet âgé, diabétique)
 - du type de lésion/vaisseau (longue, < 3 mm)
 - du critère d'évaluation (TVR, QALY)
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 - du type de patient (sujet âgé, diabétique)
 - du type de lésion/vaisseau (longue, < 3 mm)
 - du critère d'évaluation (TVR, QALY)
 - du prix du stent!!!!