i-MEET

NEXT GENERATION

Multidisciplinary European Endovascular Therapy

Is Foam the most cost-effectve ablation technique ?

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Disclosure of Interest

Speaker name: ....R.Milleret

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- I have the following potential conflicts of interest to report:
- Consulting : Quali Med
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- Shareholder in a healthcare company : Miravas
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Phlebology. 2016 Mar;31(1 Suppl):80-7. doi: 10.1177/0268355516632999.
What is effective care for varicose veins?
Meissner MH1.

As long-term differences in recurrence and quality of life are small, overall cost effectiveness is driven primarily by initial treatment costs and ultrasound-guided foam sclerotherapy is the most cost-effective strategy in many models.

- Eur J Vasc Endovasc Surg. 2015 Dec;50(6):794-801. doi: 10.1016/j.ejvs.2015.07.034. Epub 2015 Oct 2.
- **A Cost-effectiveness Analysis of Surgery, Endothermal Ablation, Ultrasound-guidedFoam Sclerotherapy and Compression Stockings for Symptomatic Varicose Veins.**
- Marsden G[1], Perry M[2], Bradbury A[3], Hickey N[4], Kelley K[2], Trender H[5], Wonderling D[2], Davies AH

RESULTS:
All interventional treatments were found to be cost-effective compared with CS at a cost-effectiveness threshold of £20,000 per QALY gained. ETA was found to be the most cost-effective strategy overall, with an incremental cost-effectiveness ratio of £3,161 per QALY gained compared with UGFS. Surgery and CS were dominated by ETA.

CONCLUSIONS:
Interventional treatment for VV is cost-effective in the UK NHS. Specifically, based on current data, ETA is the most cost-effective treatment in people for whom it is suitable.

ALUN , WHAT IS QALY ?

Health Technol Assess. 2015 Apr;19(27):1-342. doi: 10.3310/hta19270.

Clinical effectiveness and cost-effectiveness of foam sclerotherapy, endovenous laser ablation and surgery for varicose veins: results from the Comparison of LAser, Surgery and foam Sclerotherapy (CLASS) randomised controlled trial.

Brittenden J[1], Cotton SC[2], Elders A[2], Tassie E[3], Scotland G[2], Ramsay CR[2], Norrie J[2], Burr J[4], Francis J[5], Wileman S[2], Campbell B[6], Bachoo P[1], Chetter I[7], Gough M[8], Earnshaw J[9], Lees T[10], Scott J[8], Baker SA[11], MacLennan G[2], Prior M[2], Bolsover D[2], Campbell MK[2].

The health gain achieved in the AVVQ with foam was significantly lower than with surgery at 6 months [effect size -1.74, 95% confidence interval (CI) -2.97 to -0.50; p = 0.006], but was similar to that achieved with EVLA. The health gain in SF-36 mental component score for foam was worse than that for EVLA

The trial-based cost-effectiveness analysis showed that, at 6 months, foam had the highest probability of being considered cost-effective at a ceiling willingness-to-pay ratio of £20,000 per QALY. EVLA was found to cost £26,107 per QALY gained versus foam, and was less costly and generated slightly more QALYs than surgery.

at 5 years, EVLA had the highest probability (≈ 79%) of being cost-effective at conventional thresholds, followed by foam (≈ 17%) and surgery (≈ 5%).

CONCLUSIONS:

Considerations of both the 6-month clinical outcomes and the estimated 5-year cost-effectivenesssuggest that EVLA should be considered as the treatment of choice for suitable patients

Systematic review, network meta-**analysis** and exploratory **cost-effectiveness** model of randomized trials of minimally invasive techniques versus surgery for **varicose veins**.

Carroll C, Hummel S, Leaviss J, Ren S, Stevens JW, Cantrell A, Michaels J.

Br J Surg. 2014 Aug;101(9):1040-52.

12.

Cost and effectiveness of laser with phlebectomies compared with foam sclerotherapy in superficial venous insufficiency. Early results of a randomised controlled trial.

Lattimer CR, Azzam M, Kalodiki E, Shawish E, Trueman P, Geroulakos G.

Eur J Vasc Endovasc Surg. 2012 May

RESULTS:
Changes in AVVQ, VCSS and VFI values (3 months) did not demonstrate any significant difference between groups. At 3 months, the above-knee GSV occlusion rate (without co-existing reflux) was not significantly different between the groups (74% vs 69%; EVLA vs UGFS; P = .596). Of the 9 haemodynamic failures in each group, 7 EVLA patients and 4 UGFS patients had co-existing cross-sectional above-knee GSV occlusion at some point. However, UGFS significantly outperformed EVLA in cost, treatment duration, pain, analgesia requirements and recovery.

CONCLUSIONS:
UGFS is 3.15 times less expensive than EVLA (£230.24 vs £724.72) with comparableeffectiveness but 56% (versus 6%) required additional foam

Initial cost of treatment is still a limiting factor

- In many countries the patient has to pay for endovenous treatments .
- Specialists are concentrated in large towns meaning a long trip to be treated .
- Follow up thus not as thorough as in Western Europe .

How can we lower the costs ?

- Ambulatory , local anesthesia
- Low costs generators : easy with RF ,
  more difficult with Laser (optics)

* Re Usable fibers and catheters :
  not in the interest of industry
  but feasible : coloscopes are re-usable ,
  and work in a much worse environment ...

Conclusion

- Cost effectiveness studies are necessary to guide re-imbursement policies
- We should us their results to improve our techniques in order to offer a better service to our patients .