



MORTALITY WITH COMBINED CARDIAC RESYNCHRONIZATION AND IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR THERAPY IN HEART FAILURE

Eduardo G. Bertoldi*, Carisi A Polanczyk, Vivian Cunha, Patrícia K Ziegelmann, Luís Beck-da-Silva, and Luis E P Rohde

Federal University of Rio Grande do Sul, Brazil

National Institute of Science and Technology for Health Technology Assessment (IATS), Brazil

Conflicts of interest



None to disclose

Background



- Heart Failure (HF) Device Therapy
 - Cardiac Resynchronization Therapy (CRT)
 - Implantable Cardioverter-Defibrillator (ICD)
 - Combination Therapy (CRT + ICD)
- Costly → Cost-effective?
- Project: C-E study on devices for HF

Economic Evaluation



- Costs of devices → Brazilian Public Health System
- Prognosis of patients with HF \rightarrow local data

Economic Evaluation



- Impact of devices \rightarrow
 - CRT vs. no device
 - CRT + ICD vs. ICD alone
 - Device-related complications

CRT+ICD vs. ICD



- Symptom improvement
- Impact on mortality?
- NYHA classes?

CRT+ICD vs. ICD



Previous studies: indirect comparison



- Freemantle N et al. Eur J Heart Fail 2006;8(4):433-40.
- McAlister FA et al. Ann Intern Med 2004;141(5):381-90
- Lam SK et al. BMJ 2007;335(7626):925.

Objectives



- Reliable estimate of benefit from devices
- Range for sensitivity analysis
- Pooled estimate of risk of device-related complications
- Impact on different NYHA classes



- Systematic review and meta-analysis
- Search: Medline Embase Cochrane



- Population: Patients with heart failure
- Intervention: CRT or CRT + ICD
- Compar.: Optimal medical therapy or ICD alone
- Outcomes: (1) Mortality
 - (2) Implant-related complications



- Review Manager 5.0 STATA v.11
- Random-effects model
- Inverse variance \rightarrow risk ratio



- Complications: single-branch meta-analysis
- Tests for heterogeneity and I^2
- Funnel Plots



Mortality - CRT+ICD vs. ICD





Cumulative meta-analysis



All Cause Mortality - CRT+ICD vs. ICD alone (Cumulative Meta-Analysis)



All-Cause Mortality - Resynchronization vs. Control





-

CRT-related complications



Single-branch meta-analysis

Complication	Rate (Absolute)	95% CI
Implant Failure	8%	6% - 11%
Any Major Complication	13.2%	7.3% – 23.9%
LV Lead Complication	3%	1% - 8.7%





- Recent trials included → 4,228 patients added to the analysis
- CRT vs. medical therapy
 CRT + ICD vs. ICD



Conclusions



- Benefit consistent among NYHA classes
- Point estimate for device-related complications

SR for econ. evaluation



- Summarize / unify results of trials
- Robust evidence
- Results in subgroups

End-result



Please see our poster! (M-099)





MORTALITY WITH COMBINED CARDIAC RESYNCHRONIZATION AND IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR THERAPY IN HEART FAILURE

Eduardo G. Bertoldi, M.D., M.Sc.

Federal University of Rio Grande do Sul, Brazil

National Institute of Science and Technology for Health Technology Assessment (IATS), Brazil

Funnel Plot





Funnel Plot



