



Title **Pulmonary Thromboendarterectomy (PTE) for Chronic Thromboembolic Pulmonary Hypertension (CTEPH)**

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Aim

To assess the safety and effectiveness of the procedure and under what circumstances public funding should be supported for this procedure to be performed in Australia.

Conclusions and results

Safety: Limited available information suggests significant morbidity and mortality associated with the procedure.

Effectiveness: Although comparisons with medical therapy and lung transplants were not available, there is evidence the procedure improves survival, functional status, quality of life, and hemodynamic outcomes.

Cost effectiveness: Providing PTE in Australia would have cost benefits relative to sending patients overseas for treatment. Compared to medical management of patients in Australia PTE, may cost less than \$13 500 per life-year gained.

Recommendations

There is sufficient evidence regarding the safety and effectiveness of PTE for CTEPH to support public funding for the procedure in Australia.

Method

MSAC conducted a systematic review of the biomedical literature from 1966 to 2000 using biomedical electronic databases, the Internet, and international health technology agency websites to identify relevant studies. Textbooks and reference lists of publications were also considered. Cost effectiveness measures compared the cost of funding PTE for 6 patients in Australia with current practice (sending 3 patients overseas and treating 3 medically in Australia) and treating all 6 medically in Australia. This analysis relied upon published estimates of increased survival from PTE compared to medical treatment. PTE in Australia was assumed to cost the same as a heart transplant. Data deficiencies, including lack of consistency, meant that cost effectiveness was assessed according to cost per life-year gained rather than quality-adjusted life-years.