

Registry Priorities and Objectives

TEC/BCBSA Perspective

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**BlueCross BlueShield
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An Association of Independent
Blue Cross and Blue Shield Plans

STATISTICS IN MEDICINE, VOL. 3, 361–370 (1984)

USING OBSERVATIONAL DATA FROM REGISTRIES TO COMPARE TREATMENTS: THE FALLACY OF OMNIMETRICS

SYLVAN B. GREEN AND DAVID P. BYAR

National Institutes of Health, Bethesda, MD 20205, U.S.A.

Curative catheter ablation in atrial fibrillation and typical atrial flutter: systematic review and economic evaluation

M Rodgers, C McKenna, S Palmer,
D Chambers, S Van Hout, S Golder,
C Pepper, D Todd and N Woolacott

The available evidence suggests that RFCA is a relatively safe and efficacious procedure for the therapeutic treatment of AF and typical atrial flutter.

There is some randomised evidence to suggest that RFCA is superior to AADs in patients with drug-refractory paroxysmal AF in terms of freedom from arrhythmia at 12 months. RFCA appears to be cost-effective if the observed quality of life benefits are assumed to continue over a patient's lifetime. However, there remain uncertainties around longer-term effects of the intervention and the extent to which published effectiveness findings can be generalised to 'typical' UK practice.

Pulmonary Vein Isolation for Treatment of Atrial Fibrillation

...radiofrequency catheter ablation of the pulmonary veins as a treatment for atrial fibrillation meets the TEC criteria for:

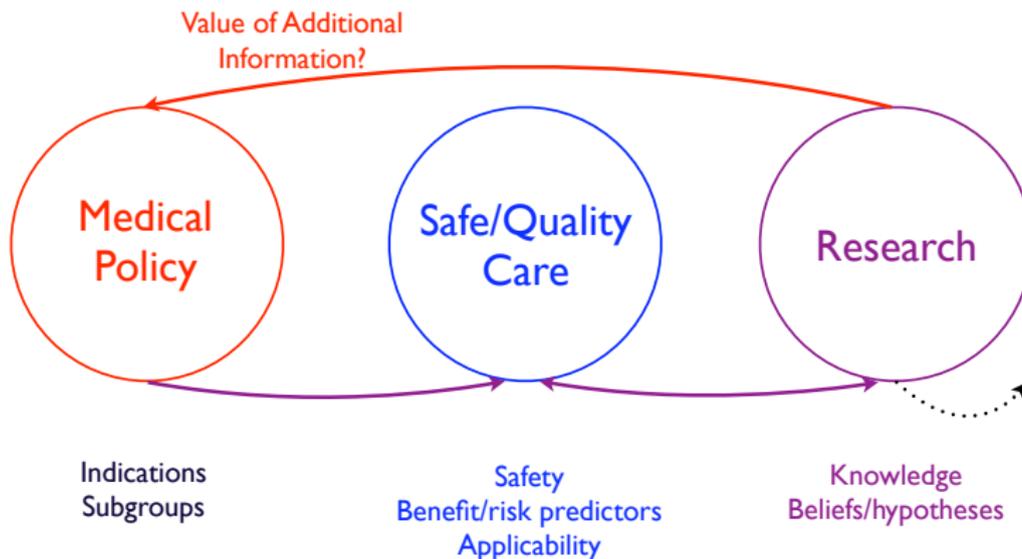
- patients with symptomatic paroxysmal or persistent atrial fibrillation who have failed antiarrhythmic medications, as an alternative to continued medical management; and
- patients with class II or III congestive heart failure and symptomatic atrial fibrillation in whom heart rate is poorly controlled by standard medications, as an alternative to AV nodal ablation and pacemaker insertion.

For other patients with atrial fibrillation, including first-line treatment for paroxysmal atrial fibrillation, radiofrequency catheter ablation of the pulmonary veins does not meet the TEC criteria.

[Data on the most important clinical outcomes is lacking. None of the trials reports on the most relevant clinical outcomes such as mortality, thromboembolic events, and cardiovascular complications. This is a major gap in the literature that precludes conclusions on the impact of radiofrequency catheter ablation in the broader population of patients with atrial fibrillation.](#)



Priorities/Objectives



Decision Certainty

- Comparative benefits/risks?
- Sufficient evidence?
- Generalizability?
- Opportunity costs?