

Cerebrovascular reserve-based strategy is cost-effective

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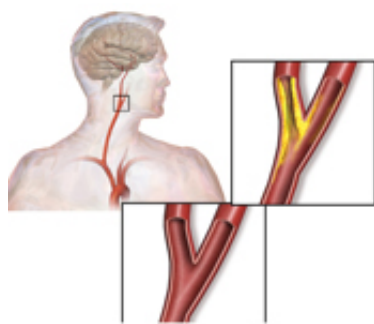


Image courtesy of Blausen Medical

QALYs), followed by CVR testing (\$16,583; 9.934 QALYs), with the highest costs per person and lifetime QALYs for immediate revascularization (\$20,950; 9.940 QALYs). The incremental cost-effectiveness ratio was \$23,000 per QALY for the CVR-based strategy versus medical therapy-based strategy, and \$760,000 per QALY for immediate revascularization versus the CVR-based strategy.

"CVR testing can be a cost-effective tool to identify asymptomatic patients with [carotid stenosis](#) who are most likely to benefit from revascularization," the authors write.

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(HealthDay)—A decision rule based on assessment of cerebrovascular reserve (CVR) seems to be cost-effective for prevention of stroke in asymptomatic patients with carotid artery stenosis, according to a study published in the February issue of *Radiology*.

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Ankur Pandya, Ph.D., from the Weill Cornell Medical College in New York City, and colleagues compared the cost-effectiveness of three strategies in [asymptomatic patients](#) with [carotid artery stenosis](#) for prevention of stroke. Immediate revascularization ([carotid endarterectomy](#)) and ongoing medical therapy (with antiplatelet, statin, and antihypertensive agents plus lifestyle modification) were compared with use of a CVR-based decision rule for treatment (patients with CVR impairment undergo immediate revascularization and others receive medical therapy). The authors projected lifetime quality-adjusted life-years (QALYs) and costs for patients with carotid stenosis with 70 to 89 percent carotid luminal narrowing at presentation using a decision analytic model.

The researchers found that the total costs per person and lifetime QALYs were lowest for the medical therapy-based strategy (\$14,597; 9.848

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