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Volume 65, Issue 10S Acute Coronary Syndromes**FRACTIONAL FLOW RESERVE (FFR) VERSUS ANGIOGRAPHY IN GUIDING MANAGEMENT TO OPTIMIZE OUTCOMES IN NON-ST ELEVATION MYOCARDIAL INFARCTION (FAMOUS - NSTEMI) HEALTH ECONOMIC ANALYSIS**

Poster Contributions

Poster Hall B1

Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Conquering the Platelet and More for Better Outcomes

Abstract Category: 2. Acute Coronary Syndromes: Clinical

Presentation Number: 1244-069

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**Background:** An economic model was developed to compare the medical resource cost and health outcome effects of physiology-guided management with FFR compared with standard angiography-guided management in patients with non-ST elevation myocardial infarction based on participants British Heart Foundation FAMOUS-NSTEMI pilot trial (NCT01764334).

**Methods:** Costs and health effects were estimated as a function of care received (CABG, PCI or medical therapy [MT]) using adjusted, marginal predictions from statistical models. Health effects were expressed as quality-adjusted life-years (QALYs), estimated from individual EQ-5D responses. Resource utilisation was prospectively recorded from randomisation to 12 months. Results were extended from the within-trial period to the lifetime using a simple extrapolation model.

**Results:** 350 NSTEMI patients were prospectively assigned to FFR guided (n=176) or angiography-guided (n=174) management. Within-trial costs were highest for those patients who received CABG followed by PCI and then medical therapy. However, within-trial QALYs were lowest for patients who received MT. On average over the lifetime, compared to standard care, FFR resulted in 0.01 additional QALYs at a cost savings of £236.

**Conclusion:** FFR showed the potential to reduce health service costs through reducing interventional procedures and increasing the use of MT. A future definitive trial should focus on health outcomes to ensure that FFR achieves its potential.

	CABG	MT	PCI
Trial costs (£)	18,978 (16,870 - 21,243)	6,145 (5,230 - 7,168)	7,955 (7,118 - 8,918)
Trial QALYs	0.79 (0.71 - 0.87)	0.77 (0.71 - 0.82)	0.80 (0.77 - 0.83)