



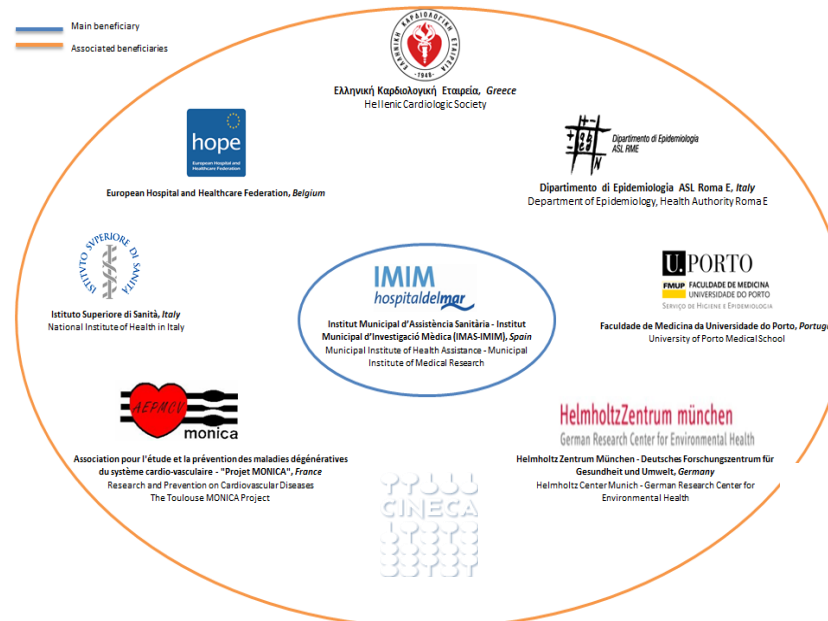
Co-funded by
the Health Programme
of the European Union

EUROTRACS

EUROpean Treatment & Reduction of Acute Coronary Syndromes cost analysis

Jaume Marrugat, on behalf of the EUROTRACS investigators
IMIM, Barcelona

**Project period:
1-6-2013 to 31-5-2015**





Coronary heart disease burden

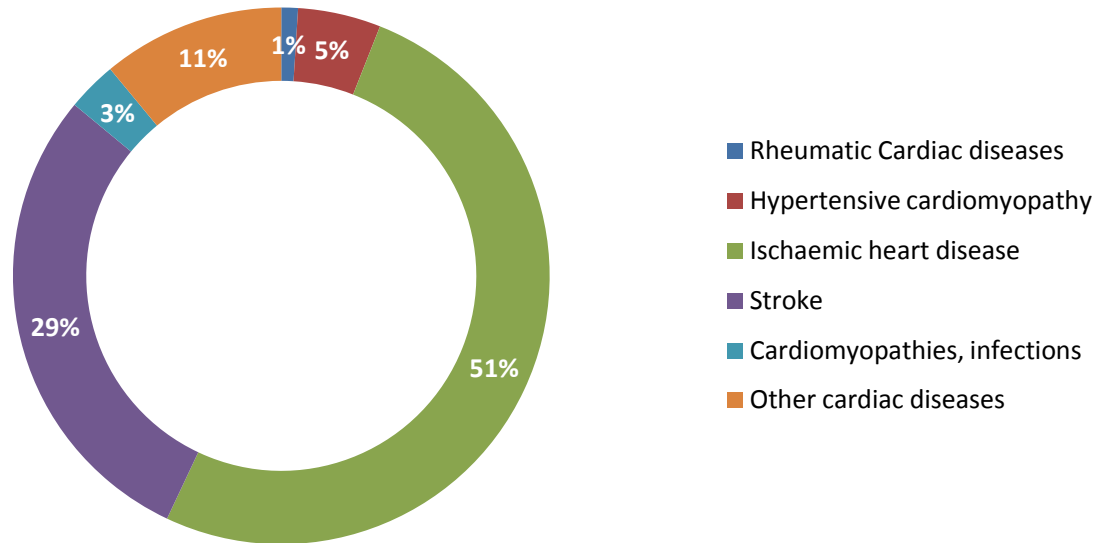
- €60,000 million annual costs in Europe:
 - Direct health costs (€20,000 million)
 - Productivity losses (€17,000 million)
 - Informal care (€23,000 million)
- Single most common cause of death in Europe, accounting for 1.8 million deaths yearly.
- Represents 23% of all European hospital admissions.



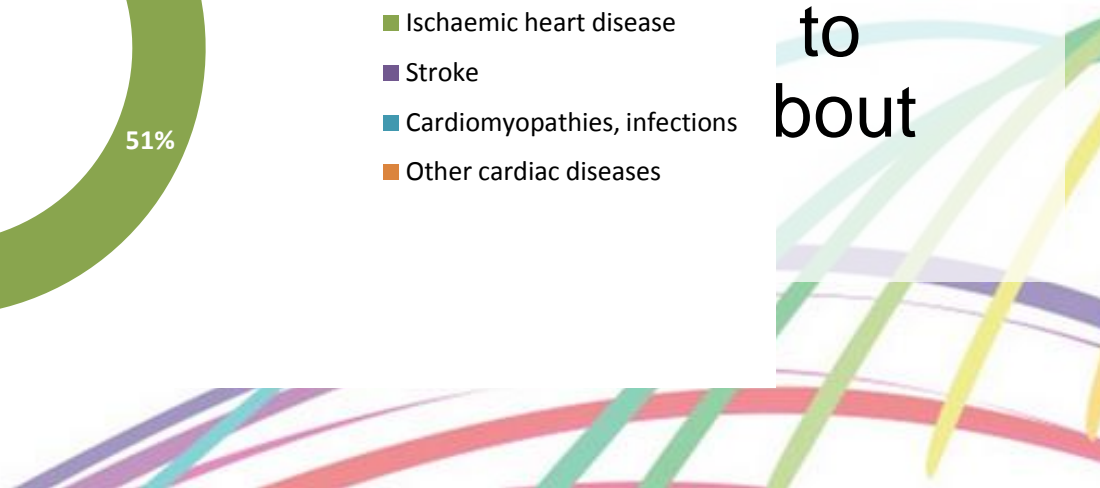
Background: acute coronary syndrome (ACS)

- ACS events, including unstable angina and myocardial infarction, cause much of the CAD costs.

- Elc
mc
ter
- Th
ins
tre



d in
dication.
to
bout





Key Objectives of EUROTRACS

- Analysing the efficiency of some interventions in terms of cost per Quality-Adjusted Life Year (QALY) gained in two fields:
 1. Three population interventions to lowering classical cardiovascular risk factors (smoking cholesterol and blood pressure) and
 2. **Optimal use of procedures in patients with ACS with special emphasis on the elderly (> 65 years) to minimize the inequalities in this patient subgroup that has higher mortality risk than patients \geq 65 years.**



What we did in objective 2

- Large cohort of acute coronary syndrome patients admitted in European Hospitals after 2000 was pooled, clean and analyzed (N=99,380)
- Their in-hospital complications (case fatality & heart failure) were determined.

What we did in objective 2

- The costs of PCI and treatment of ACS patients were collected in all participating countries.



Catheter driven intervention, also called percutaneous coronary interventions (or PCI), is a procedure typically used to re-open the coronary artery that has been occluded as a consequence of atherosclerosis during a heart attack.

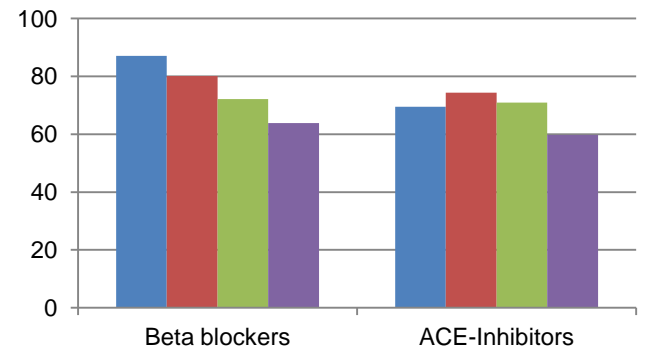
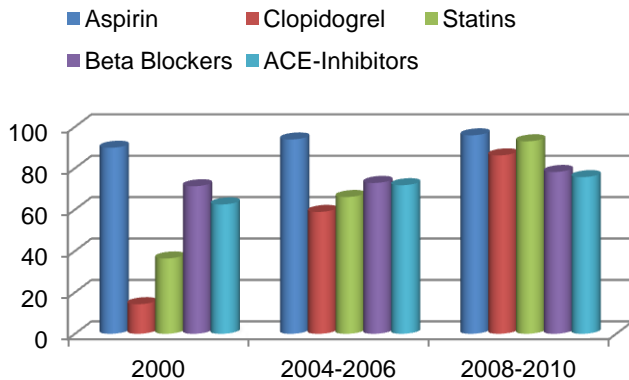
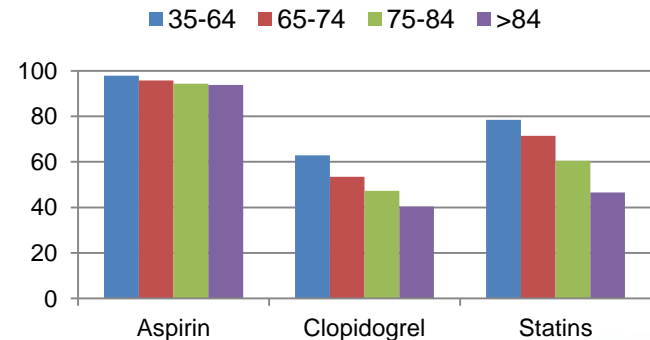
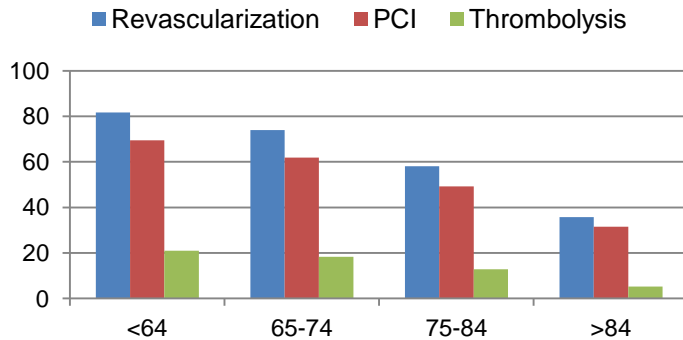
- Estimate cost-effectiveness of the optimal intensity use of PCI by age group were presented.



Information from EUROTRACS (ST elevation myocardial infarction)

ACS population ≥ 65 years

- Accounts for $> 50\%$ of ACS cases
- Produces $> 75\%$ of in-hospital mortality



In-hospital case fatality by intensity of PCI indication, age and delivery of PCI

| Age group | Tertile of PS | Case Fatality | |
|-----------|-----------------|---------------|------|
| | | no PCI | PCI |
| 35-64 | 1 st | 3.6% | 2.6% |
| | 2 nd | 2.0% | 1.0% |
| | 3 rd | 4.3% | 1.6% |
| ≥65 | 1 st | 11.8% | 6.8% |
| | 2 nd | 11.4% | 5.5% |
| | 3 rd | 15.5% | 7.4% |

PS, propensity score; PCI, percutaneous coronary intervention.

The optimal use of PCI in heart attack management

The intensive use of PCI could save 45 lives every 1,000 European patients hit by heart attack:

**8 in patients aged 35 to 64 years, and
37 in those over 64!**

All Incremental cost-effectiveness ratios (ICER) (€/QALY gained) < 16,000€ (optimal, according to WHO and NICE criteria is < 30,000€)

Self-EVALUATION

The chosen two-year period was a bit short.

Partners worked together in previous projects.

Four process and four outcome indicators were evaluated.
All were completed at a 100%.

On average, 89% of partners took part in meetings and teleconferences.

The average delay of deliverable submission was 0.6 months.



Programme ID Card & Contact

8 partners from Belgium, France, Germany, Greece, Italy, Portugal & Spain

Total Budget €1,919,969 (EU contributed with €1,146,581)

Project period: 1-6-2013 to 31-5-2015

To download leaflet, project brochure, and for more details visit: [**www.eurotracs-project.eu**](http://www.eurotracs-project.eu)

Jaume Marrugat
[**jmarrugat@imim.es**](mailto:jmarrugat@imim.es)
+34 93 316 0710