



Mr Hans Bohnenblust
Swiss Medical Board
Zollikerstrasse 65
8702 Zollikon

Geneva, 29.10.2014

Swiss Medical Board Health Technology Assessment on CRT 29.9.2014

Dear Mr Bohnenblust

We thank you for having given us the opportunity to review the Health Technology Assessment (HTA) on cardiac resynchronization therapy pacemakers (CRT-P) by the Swiss Medical Board (SMB), dated 29.9.2014. The Swiss Society of Cardiology Working Group on Cardiac Pacing and Electrophysiology has appointed us as reviewers of this report.

Our main comments are:

1. The introduction on physiology of heart failure is well formulated and is mostly accurate, which is commendable bearing in mind that non-physicians prepared the report.
2. A major comment is that there are no CRT-P studies for NYHA II patients, as acknowledged by the authors. The reason for this is that these patients qualify for an ICD anyway, so only ICD vs CRT-D studies are available. It is inappropriate to extrapolate the utility of CRT-D vs optimal medical therapy (OMT) to CRT-P vs OMT, as these patients are from a different population altogether. An alternative would be to calculate the incremental cost-utility of CRT-D over ICD in your analysis, but this is outside the scope of your report.
3. The cost-weight of CRT has been reduced from 4.078 to 3.3 for 2015. The calculations should take this into account and be adjusted accordingly.
4. The analysis calculated a cost/QALY of 116'000 CHF for NYHA III/IV patients. This is much higher than the \$19 600/QALY for CRT-P vs. control over a 7-yr follow-up calculated for the COMPANION trial (Feldman et al JACC 2005) the 19 319 Euros/QALY for a

29-month follow-up in the CARE-HF trial (Calvert et al, EHJ 2005). Higher prices for healthcare in Switzerland are unlikely to account for these differences. The authors should comment on why their results differ so much from those reported in the peer-reviewed literature (an overview of which can be found in Boriani et al Europace (2011) 13, ii32–ii38).

5. The working model to calculate QALYs seems very simplified, and may not be accurate. Also, as CRT-P devices have a battery life of at least 5 years, and the costs are mostly up-front, it would be more appropriate to extend the analysis to beyond the 2.5-year period used for the analysis.
6. We acknowledge that an HTA should have input from members with different backgrounds and expertise, but nevertheless strongly believe that the writing group should also involve physicians who have clinical experience and scientific recognition in the field being evaluated, in order for the report to have full credibility.

We have annexed the annotated review of the reports which include more minor points for your consideration, and remain at your disposal to discuss any points you may wish to raise.

Yours Sincerely,



CC Dr Haran Burri
University Hospital of Geneva
President-elect of the Working Group



Dr Vincent Ganière
Hôpital de St-Loup
Member of the Working Group



PD Dr Beat Schär
University Hospital of Basel

Annexe: Review of the HTA by Prof. H. Burri / Dr Vincent Ganière (comments in English)
Review of the HTA by PD Dr Beat Schaer (comments in German)

Copy to: Prof. Urs Kaufmann, President of the Swiss Society of Cardiology
PD Dr. med. Othmar Pfister, President of the Swiss Working Group of Heart Failure