

70 percent in patients receiving HIFU compared to active observation.

Recent clinical guidelines do not mention HIFU as a therapeutic option for fibroadenomas/nodules.

Major United States health insurers do not cover HIFU and consider it experimental, investigational or unproven. In Germany, HIFU for breast fibroadenomas and benign thyroid nodules are covered by some insurers under special integrated care contracts.

### CONCLUSIONS:

HIFU for fibroadenomas/nodules is a technology still developing its evidence base. The peer-reviewed literature comprises a few small case series and two controlled trials showing fibroadenoma/nodule reduction in the short term (up to 12 months) but no long term outcomes. Professional opinion from current guidelines does not mention HIFU as an option.

It may be prudent to await stronger evidence on long-term patient-important outcomes before offering the treatment as a hospital service. HIFU may be suitable for further clinical research.

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## VP46 Cost Analysis Of Popliteal Aneurysm Management

### AUTHORS:

Christophe Pinget ([christophe.pinget@chuv.ch](mailto:christophe.pinget@chuv.ch)),  
Elisabeth Allain, François Saucy

### INTRODUCTION:

Popliteal artery aneurysm (PAA) is the most common peripheral arterial aneurysm and the second most common aneurysm after abdominal aortic aneurysm (AAA). It presents a risk of occlusion, which may lead to acute ischemia and leg amputation. To prevent these risks, asymptomatic PAA >2cm and symptomatic PAA must be treated. Although open PPA repair (OPAR) is still the gold standard, endovascular PAA repair (EPAR) is increasingly used to manage PAA. The objective of this

study is to compare the cost of these two medical procedures from the hospital perspective.

### METHODS:

Data were retrieved from the administrative database of Lausanne University Hospital (CHUV – Switzerland). Based on diagnostic codes and medical procedure codes, we selected all patients who underwent OPAR or EPAR between 2011 and 2015. Patient's age, length of stay and cost were compared between both groups using Student t-test.

### RESULTS:

We included seventy-three patient stays (OPAR forty and EPAR thirty-three). Gender balance was identical between groups (97 percent of male), but age was statistically significantly different (OPAR 67.5, EPAR 73,  $p = .04$ ). EPAR induced shorter mean length of stay (5.1 days versus 11.7 days,  $p = .0000$ ) and lower mean global cost (CHF 16,555 versus CHF23,514,  $p = .0085$ ). Cost of procedure amounted to CHF 9,536 for OPAR versus CHF 3,848 for EPAR, medical supply and implants amounted to CHF 1,284 for OPAR versus CHF 7,041 for EPAR and other costs of hospital stay amounted to CHF 12,694 for OPAR versus CHF 5,666 for EPAR. (CHF 1.00 = USD1.00 = EURO 0.93)

### CONCLUSIONS:

With higher patency rate, OPAR is still associated with better medical outcomes than EPAR. But EPAR is significantly less costly than OPAR. Implant cost of EPAR is more than offset by longer length of stay and operating time of OPAR.

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## VP47 Health Technology Assessment Of Intensive Care Ventilators For Pediatric Patients

### AUTHORS:

Francesco Faggiano, Martina Andellini, Federico Nocchi, Carlo Capussotto, Francesca Sabusco, Pietro Derrico, Matteo Ritrovato ([matteo.ritrovato@opbg.net](mailto:matteo.ritrovato@opbg.net))