

Comments to the BASKET trial **(presented by M. Pfisterer)**

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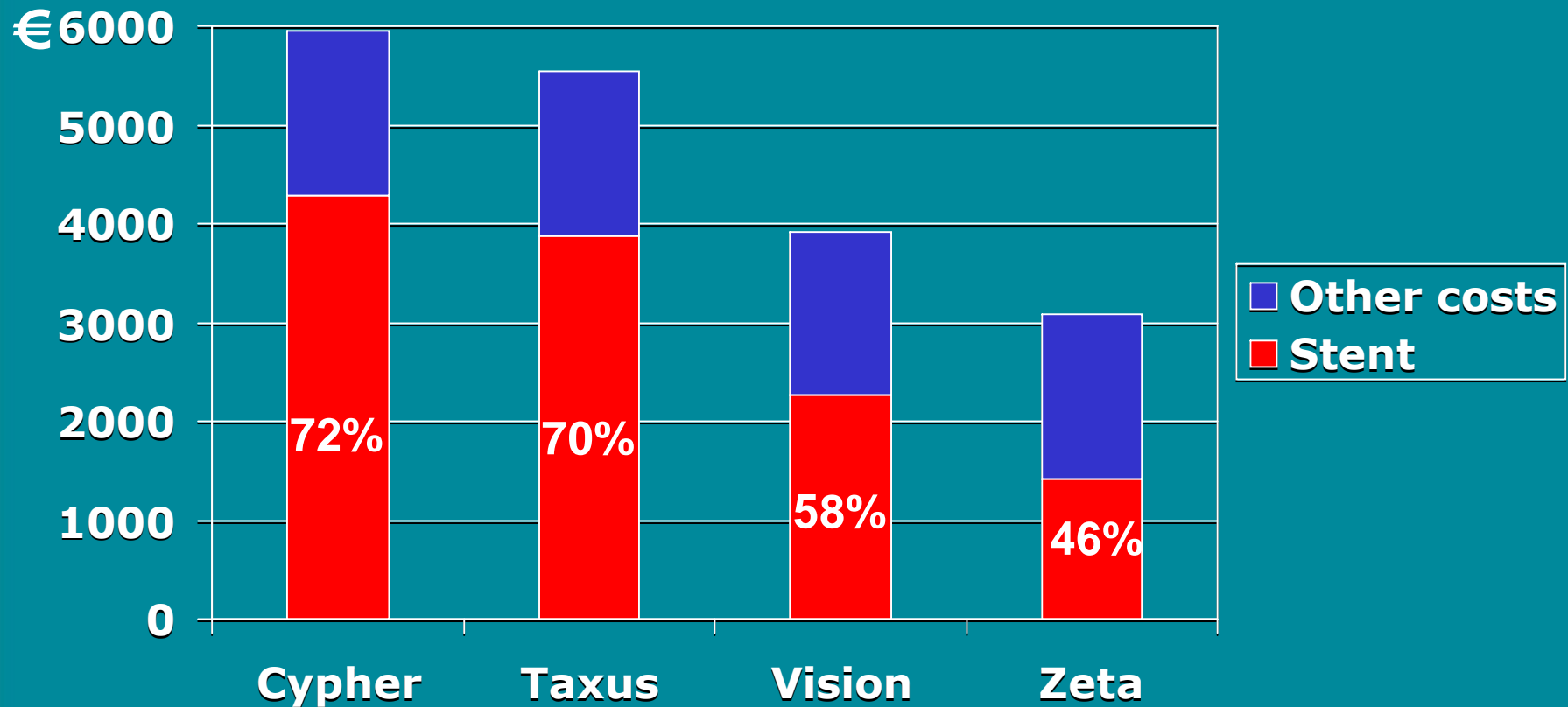
Study advantages:

- **Best available stents used in both categories (DES, BMS).**
- **Real life patients enrolled (60% acute, 40% elective)**
- **Optimal care provided (<2% mortality in mostly acutely ill population, almost 2 stents per pt. used).**

Study limitations:

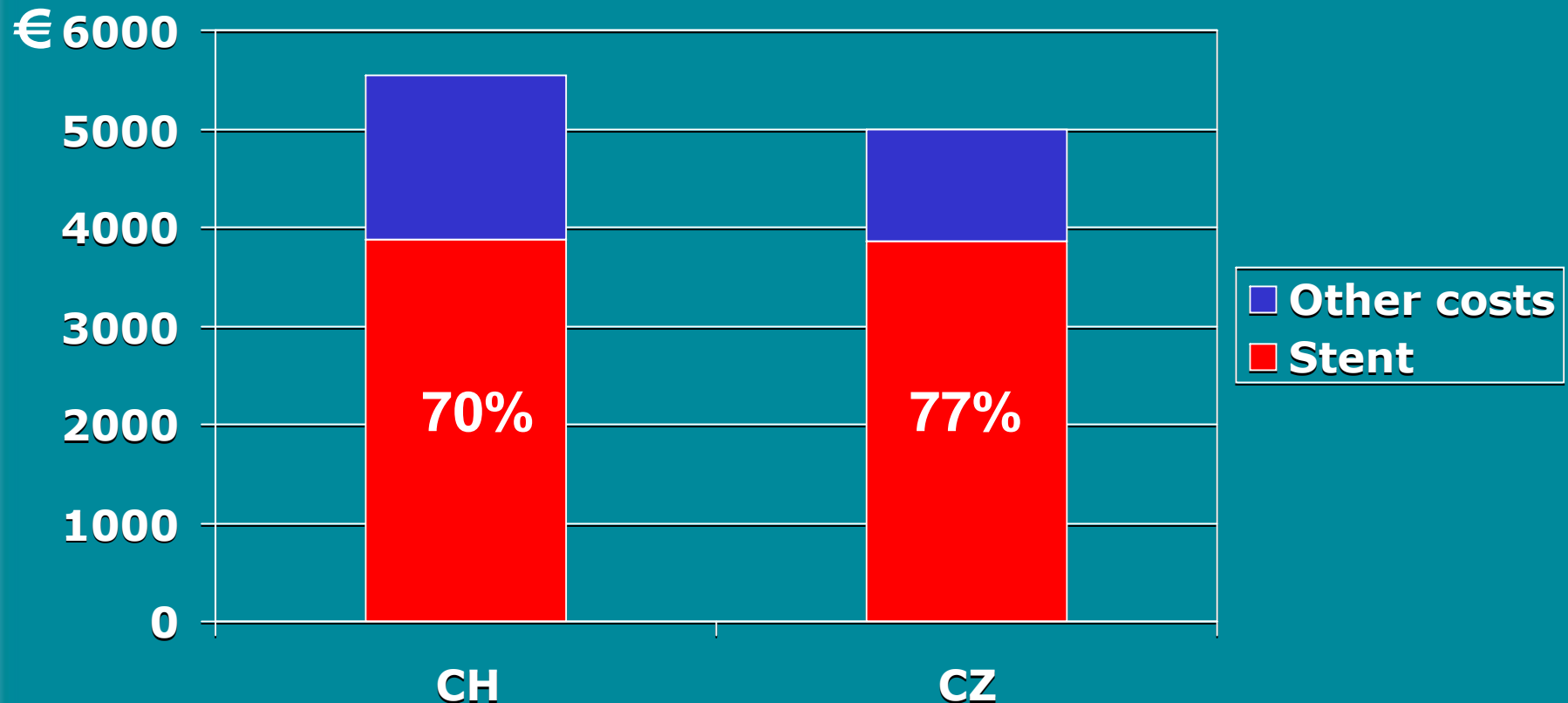
- **Choice of expensive BMS** (BMS Vision is cca 55% more expensive than BMS Zeta from the same company).
- **The validity of C/E data is more dependent on stent prices than on subsequent clinical events.**

Cypher / Taxus / Vision / Zeta: different stents prices expressed as percentage of total hospitalization costs.



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CH vs. CZ: DES price expressed as percentage of total hospitalization costs.



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Major messages:

- **Avoidance of one event by routine DES use is expensive.**
- **However, the risk of adverse event by routine DES use is reduced by 40%.**
- **Thus: each patient would clearly prefer to have a DES.**
- **The health care systems should find financial solution to allow routine use of DES for all PCI pts.**
- **The producers should simultaneously decrease DES prices.**
- **Before this will occur: DES should be used mainly in high-risk patients and high-risk arteries.**

Conclusion:

- 1. **DES** were clearly shown to be **clinically superior** to BMS by an industry-independent trial in the real-life setting.
- 2. DES are not saving any costs by reducing restenosis rates, the opposite is true: the routine use of **DES increases the health care costs.**