

Cost Analysis of Adrenal Adenoma Ablation Versus Surgery: Different Organ, Similar Story

Sanjit Tewari¹ 

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Costa's paper [1] entitled "Cost Analysis of Radiofrequency Ablation for Adrenal Adenoma in Patients with Primary Aldosteronism and Hypertension: Results from the ADERADHTA Pilot Study and Comparison with Surgical Adrenalectomy" is a novel addition to the cost analysis literature evaluating ablation. Previously, there had been limited if any published cost analyses with regard to adrenal gland-related ablation. Costa's paper provides compelling data and analysis to suggest that adrenal adenoma ablation is more cost-effective than surgery.

The ADERADHTA pilot study, from which Costa's ablation data comes, suggests significant clinical benefit following radiofrequency ablation for primary aldosteronism with adrenal adenoma. Specifically, there was significant improvement in blood pressure control and a high rate of effectively curing primary aldosteronism [2]. Costa's cost analysis of the ADERADHTA pilot study patients provides the basis for a separate value proposition by suggesting that ablation is also associated with less overall healthcare system cost. That said, cost breakdown analysis was limited and the tangible cost impacts of performing ablation versus surgery, particularly directly incurred patient costs, were not evaluated. Also, directly extrapolating findings to other healthcare systems is challenging.

The study does, however, establish significantly shorter lengths of hospital stays for the ablation group with

decreased associated cost components, which, of all economic variables, is likely the most readily extrapolated to other healthcare systems. Less time in the hospital means less cost, virtually irrespective of context. Despite the ablation needle usually constituting a large proportion of ablation procedure cost, the procedural cost of ablation has been suggested to be lower than the cost of surgery in other spaces such as thyroid ablation [3]. These themes of overall reduced cost and hospital stay have also been echoed in French literature regarding radiofrequency ablation for hepatic malignancies [4] amongst other organ sites.

Overall, different organ, similar story. Ablation is likely significantly cheaper than surgery, this time in the adrenal space. And despite heterogeneities in healthcare delivery systems and reimbursement paradigms, reduced hospital stay seems to be both an organ-agnostic and a healthcare system-agnostic feature of ablation that tends to stand in contrast to surgical treatment. Amongst likely many benefits, this feature of ablation generally provides a cost reduction when offered as an alternative to surgery.

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Declarations

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✉ Sanjit Tewari
sanjit.tewari@gmail.com

¹ Division of Diagnostic Imaging, Department of Nuclear Medicine, The University of Texas MD Anderson Cancer Center, Houston, USA

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