Clinical and cost-effectiveness of left ventricular assist devices as destination therapy for advanced heart failure: systematic review and economic evaluation

```
Sophie Beese,<sup>1†</sup> Tuba S Avşar,<sup>1,2†</sup>
Malcolm Price,<sup>1</sup> David Quinn,<sup>3</sup> Hoong S Lim,<sup>3</sup>
Janine Dretzke,<sup>1</sup> Chidubem O Ogwulu,<sup>1</sup>
Pelham Barton,<sup>1</sup> Louise Jackson<sup>1</sup> and David Moore<sup>1*</sup>
```

†Joint lead authors

Published August 2024 DOI: 10.3310/MLFA4009

Plain language summary

Clinical and cost-effectiveness of left ventricular assist devices as destination therapy for advanced heart failure: systematic review and economic evaluation

Health Technology Assessment 2024; Vol. 28: No. 38

DOI: 10.3310/MLFA4009

NIHR Journals Library www.journalslibrary.nihr.ac.uk

¹Institute of Applied Health Research, University of Birmingham, Birmingham, UK ²Institute of Epidemiology and Health, University College London, London, UK ³Cardiology, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

^{*}Corresponding author d.j.moore@bham.ac.uk

Plain language summary

The majority of patients with advanced heart failure would be unsuitable for heart transplantation due to their age and comorbidities but selected patients could benefit from a left ventricular assist device. Left ventricular assist device therapy for such patients is known as 'destination therapy'. This is a long-term therapy that involves implanting a battery-powered pump to support the patient's heart.

The purpose of this project was to collect and assess the research evidence on the effectiveness of left ventricular assist devices when used for destination therapy, and to estimate value for money compared to medical management from the United Kingdom National Health Service/personal social service perspective.

This research identified that the currently available left ventricular assist device improves patient survival as well as reducing stroke rates and complications compared to earlier devices and relative to medical management. However, there is uncertainty in the evidence due to the absence of studies directly comparing the current device to medical therapy alone. An ongoing clinical trial is currently assessing this. It also means there is uncertainty about whether left ventricular assist devices could provide value for money as determined currently for the United Kingdom National Health Service.

Health Technology Assessment

ISSN 2046-4924 (Online)

Impact factor: 3.6

A list of Journals Library editors can be found on the NIHR Journals Library website

Launched in 1997, *Health Technology Assessment* (HTA) has an impact factor of 3.6 and is ranked 32nd (out of 105 titles) in the 'Health Care Sciences & Services' category of the Clarivate 2022 Journal Citation Reports (Science Edition). It is also indexed by MEDLINE, CINAHL (EBSCO Information Services, Ipswich, MA, USA), EMBASE (Elsevier, Amsterdam, the Netherlands), NCBI Bookshelf, DOAJ, Europe PMC, the Cochrane Library (John Wiley & Sons, Inc., Hoboken, NJ, USA), INAHTA, the British Nursing Index (ProQuest LLC, Ann Arbor, MI, USA), Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and the Science Citation Index Expanded™ (Clarivate™, Philadelphia, PA, USA).

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

The full HTA archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hta.

Criteria for inclusion in the Health Technology Assessment journal

Manuscripts are published in *Health Technology Assessment* (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

Health Technology Assessment (HTA) research is undertaken where some evidence already exists to show that a technology can be effective and this needs to be compared to the current standard intervention to see which works best. Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients. Technologies in this context mean any method used to promote health; prevent and treat disease; and improve rehabilitation or long-term care. They are not confined to new drugs and include any intervention used in the treatment, prevention or diagnosis of disease.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This article

The research reported in this issue of the journal was funded by the HTA programme as award number NIHR128996. The contractual start date was in February 2020. The draft manuscript began editorial review in January 2023 and was accepted for publication in August 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 Beese *et al.* This work was produced by Beese *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).