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## Interventional Radiology Proved to Be More Cost-Effective



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A recent literature review was conducted to assess cost research in interventional radiology (IR). The evidence demonstrated that interventional radiology produces good clinical outcomes whilst also defeating surgery on cost effectiveness.

62 studies published between 2016 and 2022 were included in the study; assessment included adult and pediatric IR.

Overall, the team found that IR therapies were more cost-effective than their non-IR counterparts.

This was the case for at least six conditions: hepatocellular carcinoma (\$55,925 vs \$211,286), renal tumors (\$12,435 vs \$19,399), benign prostatic hyperplasia (\$6,464 vs \$9,221), uterine fibroids (\$3,772 vs \$6,318), subarachnoid hemorrhage (\$1,923 vs \$4,343), and stroke (\$551,159 vs \$577,181).

Using time-driven activity-based costing (TDABC), the team discovered disposable costs contributed most to total IR costs. This was the case for thoracic duct embolisation, ablation, chemoembolisation, radioembolisation, and venous malformations.

Despite the fact that IR has become more recognised as a primary specialty, it is not available globally. This could be the result of the lack of trained personnel and higher disposable costs compared to surgery.

The paper concluded, stating "Future steps include tailoring WTP thresholds to nation and health systems, cost-effective pricing for disposables, and standardising cost sourcing methodology".

**Source:** [Journal of Vascular and Interventional Radiology](#)

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