**IDENTIFYING THE MOST COST EFFECTIVE METHOD OF RISK ASSESSING ASYMPTOMATIC WOLFF-PARKINSON-WHITE PATIENTS**

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Identify a cost effective approach to risk assessing asymptomatic WPW.

Methods: A cost effectiveness analysis using a decision tree model comparing asymptomatic WPW patients undergoing transvenous electrophysiology study (TVEPS) vs. exercise stress test (EST), then transesophageal electrophysiology study (TEEPS) progressing to TVEPS if risk not determined. A TEEPS followed EST when WPW remained and TVEPS followed TEEPS when atrial fibrillation (Afib) not inducible or the shortest pre excited RR interval< 250 msc. Efficacy was EST was 15% and TEEPS at inducing Afib was 88%; with 78% having no risk. Costs were EST $277, TEEPS $990, TVEPS $4035.

Results: This approach involving EST, TEEPS and potential TVEPS is the most cost-effective method of identifying risk in asymptomatic WPW patients with an expected cost of $2,174 compared to $4,035 for TVEPS. Combining efficacy and cost data the most cost effective means of risk assessment is to start with EST and if loss of VPE does not occur, progressing to TEEPS and if AFib not induced or is risky then performing a TVEPS with an average savings of $1,861 per patient. This approach remained cost effective to TEEPS efficacy rates of > 31% if not screened out at EST.

Conclusions: This approach of EST, then TEEPS on those that do not lose pre excitation in a single beat, to TVEPS in those where AFib with not-inducible or is risky is the most cost effective way to risk assess asymptomatic WPW patients with average savings of $1,861.