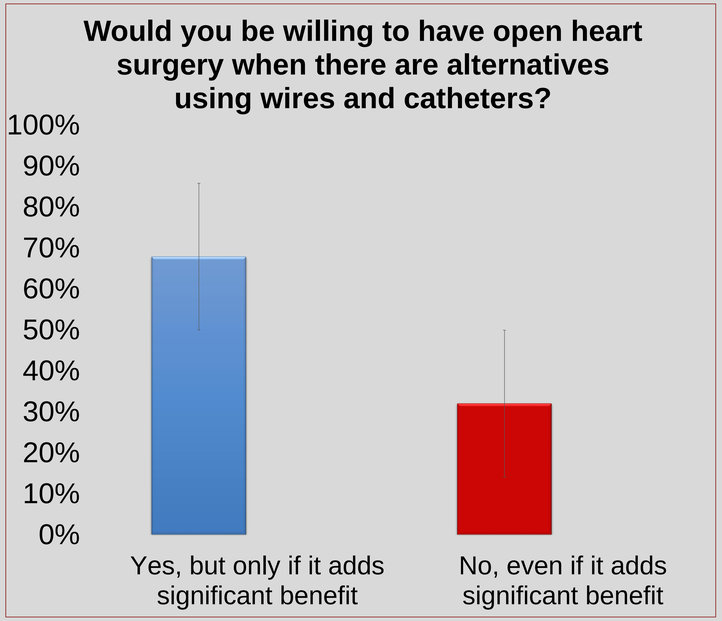
To What Degree Would Patients Prefer Less Invasive Options Even With Worse Outcomes?

Jason Han, MD; Akhil Rao; Mark Helmers MD, Amit Iyengar, MD MS; Benjamin Smood, MD; William L Patrick MD; John J. Kelly, MD; Peter Altschuler MD; Alan Herbst MD; Pavan Atluri, MD

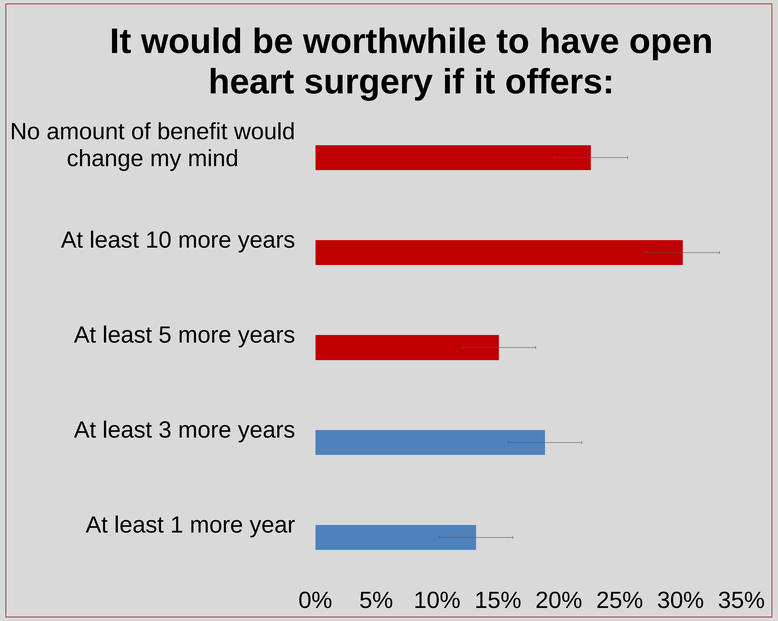
Introduction

- Given two operative options with equivalent outcomes, patients generally prefer the less invasive one
- However, to what extent patients may prefer less invasive options even with *inferior outcomes* has not been explored



Methods

- A **24-question survey** was distributed to users >55 years of age using Amazon Mechanical Turk
- The survey provided two hypothetical options – one that is open (SAVR) and one that is its endovascular counterpart (TAVR)
- Five-point Likert scale questions evaluated the salience and the degree of fear associated with a list of common operative complications and concerns



Results

- **Fifty-three individuals** completed the survey with a median age of 62 [12] years. 42% were male.
- Given both choices, **68%** would consider open surgery if it adds significant benefit while **32%** would unconditionally refuse it. **(Figure 1)**
- When asked to quantify "**significant benefit**," 13.2% said at least 1 year, 18.9% said 3 years, and 35.3% said 5 years of life gained (**Figure 2**).
- Most feared complications were **stroke (4.3),** prolonged ventilator dependence requiring a **tracheotomy (4.3)** and kidney failure requiring **dialysis (4.3)**
- Their least feared complications were requiring a pacemaker (3.1) and developing a para-valvular leak (3.5).

Conclusion

- A significant minority of patients may consider open surgery a point of contraindication even when faced with worse outcomes
- In a shared decision-making paradigm, these concerns can be addressed by providers more strategically