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**NOT PERFECT,
BUT...**

Reply to the Editor:

Santarpino and colleagues¹ correctly highlight some of the weakness of the cost-utility analysis of transcatheter versus surgical aortic

valve replacement recently published by Tam and associates in *The Journal of Thoracic and Cardiovascular Surgery*.² Most of these limitations have been acknowledged

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by Tam and colleagues in the text of their excellent report. It is obvious that aggregate data analysis are far from perfect in terms of representing patient-level heterogeneity, patient selection decision-making, and the granularity of the data set. However, compared with individual studies, aggregated data drastically increases the sample size and, thus, the precision of the analysis. For example, the study quoted by Santarpino and associates³ on the comparison between transcatheter and sutureless surgical valve replacement is a single-center experience on the basis of 102 propensity score-matched patient pairs and has obvious limitations in term of generalizability and power.

In summary, individual patients' data and aggregate data analysis have weaknesses and strengths. With this in mind, the report by Tam and others² is a very important step in the right direction in evaluating transcatheter aortic valve replacement using complex cost-utility analysis.

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