J.14 Cancer

Study	[Chalayer 2016[165]]			
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost-effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Decision analytic model **Approach to analysis:** A decision tree based on results of Palumbo 2011 clinical trial[724]. **Perspective:** France National Health Insurance System **Time horizon:** 6 months **Treatment effect duration:**[(a)] 6 months **Discounting:** Costs: n/a ; Outcomes: n/a	**Population:** Patients newly diagnosed with multiple myeloma treated with protocols including thalidomide **Cohort settings:** Start age: NR Male: NR **Intervention 1:** Aspirin (100mg/day) for 3 months. **Intervention 2:** LMWH standard dose, standard duration) (Enoxaparin 40mg/day) for 6 months.	**Total costs (mean per patient):** Intervention 1: £230 Intervention 2: £1,283 Incremental (2−1): £1,053 (95% CI: NR; p=NR) **Currency & cost year:** 2013 Euros (presented here as 2013 UK pounds[(b)]) **Cost components incorporated:** Hospitalisation GP visits Home nursing Laboratory investigation Radiologic procedures Drugs	**QALYs (mean per patient):** Intervention 1: 0.300 Intervention 2: 0.299 Incremental (2−1): -0.001 (95% CI: NR; p=NR)	**ICER (Intervention 2 versus Intervention 1):** Intervention 1 dominant (less costly and more effective)(pa) 95% CI: n/a Probability Intervention 2 cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** None of the sensitivity analyses undertaken changed the conclusion**.**
Data sources				
Health outcomes: data on baseline risks and relative treatment effects are based on a single RCT (Palumbo 2011[724]). These outcomes included DVT, PE, stroke, acute MI, major bleeding and sudden death. **Quality-of-life weights:** EQ-5D index values were used. **Cost sources:** National unit cost sources were used including National reimbursement database and Vidal drug compendium.				
Comments				
Source of funding: None. **Limitations:** Some uncertainty regarding the applicability of unit costs from France in 2013 to current NHS context. The model does not incorporate any long-term consequences such as CTEPH or PTS. Baseline risk and relative treatment effects are based on a single open-label trial, so by definition, does not reflect all available evidence. Costs of LMWH administration might be underestimated.				

Overall applicability:[c] Partially applicable **Overall quality**[d] potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CTEPH: chronic thromboembolic pulmonary hypertension; CUA: cost-utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; n/a: not applicable; NR: not reported; pa: probabilistic analysis; PTS: post-thrombotic syndrome; QALYs: quality-adjusted life years

(a) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long.

(b) Converted using 2013 purchasing power parities[715]

(c) Directly applicable / Partially applicable / Not applicable

(d) Minor limitations / Potentially serious limitations / Very serious limitations