## **CHEERS Checklist**

## Items to include when reporting economic evaluations of health interventions

The ISPOR CHEERS Task Force Report, Consolidated Health Economic Evaluation Reporting Standards (CHEERS)—Explanation and Elaboration: A Report of the ISPOR Health Economic Evaluations Publication Guidelines Good Reporting Practices Task Force, provides examples and further discussion of the 24-item CHEERS Checklist and the CHEERS Statement. It may be accessed via the Value in Health or via the ISPOR Health Economic Evaluation Publication Guidelines - CHEERS: Good Reporting Practices webpage: http://www.ispor.org/TaskForces/EconomicPubGuidelines.asp

Section/item	Item No	Recommendation	Reported on page No/ line No
Title and abstract			
Title	1	Identify the study as an economic evaluation or use more specific terms such as "cost-effectiveness analysis", and describe the interventions compared.	Section WP 3.5 Page 65
Abstract	2	Provide a structured summary of objectives, perspective, setting, methods (including study design and inputs), results (including base case and uncertainty analyses), and conclusions.	The word limits for PGfAR abstracts did not allow for this All information is contained in Section WP 3.5
Introduction			
Background and objectives	3	Provide an explicit statement of the broader context for the study.	Background section, pages 27-28
·		Present the study question and its relevance for health policy practice decisions.	or Background section, pages 27-28
Methods			Section WP 3.2, page 47 and
Target population and subgroups	4	Describe characteristics of the base case population and subgroups analysed, including why they were chosen.	Section WP 3.5, page 65, Table 4
Setting and location	5	State relevant aspects of the system(s) in which the decision( need(s) to be made.	S) Background section, pages 27-28
Study perspective	6	Describe the perspective of the study and relate this to the costs being evaluated.	Section WP 3.5, page 65
Comparators	7	Describe the interventions or strategies being compared and state why they were chosen.	Section WP 3.5, page 65
Time horizon	8	State the time horizon(s) over which costs and consequences are being evaluated and say why appropriate.	Section WP 3.5, page 65
Discount rate	9	Report the choice of discount rate(s) used for costs and outcomes and say why appropriate.	Section WP 3.5, page 65
Choice of health outcomes	10	Describe what outcomes were used as the measure(s) of benefit in the evaluation and their relevance for the type of analysis performed.	Section WP 3.5, page 65
Measurement of effectiveness	11a	Single study-based estimates: Describe fully the design features of the single effectiveness study and why the single study was a sufficient source of clinical effectiveness data.	Frial described in Section WP



	11b	Synthesis-based estimates: Describe fully the methods used for identification of included studies and synthesis of clinical effectiveness data.	Section WP 3.5, pages 70-74, and Appendix 13
Measurement and valuation of preference based outcomes	12	If applicable, describe the population and methods used to elicit preferences for outcomes.	Section WP 3.2, pages 47-48
Estimating resources and costs	13a	Single study-based economic evaluation: Describe approaches used to estimate resource use associated with the alternative interventions. Describe primary or secondary research methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	Section WP 3.5, pages 66-67 and Appendix 12. Subject to word limits.
	13b	Model-based economic evaluation: Describe approaches and data sources used to estimate resource use associated with model health states. Describe primary or secondary research methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	Section WP 3.5, page 73, and Appendix 13. Subject to word limits
Currency, price date, and conversion	14	Report the dates of the estimated resource quantities and unit costs. Describe methods for adjusting estimated unit costs to the year of reported costs if necessary. Describe methods for converting costs into a common currency base and the exchange rate.	Section WP 3.5, page 65, Table 4
Choice of model	15	Describe and give reasons for the specific type of decision- analytical model used. Providing a figure to show model structure is strongly recommended.	Section WP 3.5, page 68. Figure shown on page 69.
Assumptions	16	Describe all structural or other assumptions underpinning the decision-analytical model.	Section WP 3.5, pages 69-70
Analytical methods	17	Describe all analytical methods supporting the evaluation. This could include methods for dealing with skewed, missing, or censored data; extrapolation methods; methods for pooling data; approaches to validate or make adjustments (such as half cycle corrections) to a model; and methods for handling population heterogeneity and uncertainty.	Section WP 3.5, pages 71-74
Results			
Study parameters	18	Report the values, ranges, references, and, if used, probability distributions for all parameters. Report reasons or sources for distributions used to represent uncertainty where appropriate. Providing a table to show the input values is strongly	Appendix 13
Incremental costs and outcomes	19	categories of estimated costs and outcomes of interest, as well	Probabilistic estimates of cost-effectiveness reported in Section WP 3.5, page, 74, Table 7
Characterising uncertainty	20a	Single study-based economic evaluation: Describe the effects of sampling uncertainty for the estimated incremental cost and incremental effectiveness parameters, together with the impact	Probabilistic estimates of cost-effectiveness reported in Section WP 3.5, page, 68, Table 6. CEACs/planes not shown as analysis is not particularly meaningful.



Characterising heterogeneity	20b 21	of methodological assumptions (such as discount rate, study perspective).  Model-based economic evaluation: Describe the effects on the results of uncertainty for all input parameters, and uncertainty related to the structure of the model and assumptions.  If applicable, report differences in costs, outcomes, or cost-effectiveness that can be explained by variations between subgroups of patients with different baseline characteristics or other observed variability in effects that are not reducible by more information.	CE plane, CEAC and deterministic sensitivity analyses presented in Appendix 16  No subgroup analyses conducted
D'acceste d		more information.	
Discussion Study findings, limitations, generalisability, and current knowledge	22	Summarise key study findings and describe how they support the conclusions reached. Discuss limitations and the generalisability of the findings and how the findings fit with current knowledge.	Key findings reported in Section WP 3.5, pages 74-75, and Section Discussion page 79
Other			
Source of funding	23	Describe how the study was funded and the role of the funder in the identification, design, conduct, and reporting of the analysis. Describe other non-monetary sources of support.	Page 2
Conflicts of interest	24	Describe any potential for conflict of interest of study contributors in accordance with journal policy. In the absence of a journal policy, we recommend authors comply with International Committee of Medical Journal Editors recommendations.	Page 2

For consistency, the CHEERS Statement checklist format is based on the format of the CONSORT statement checklist

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