

**POPHLTH 720**

**Cost Effectiveness Evaluation**

Day 4  
Interpreting results  
William Leung

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**Plan for the session**

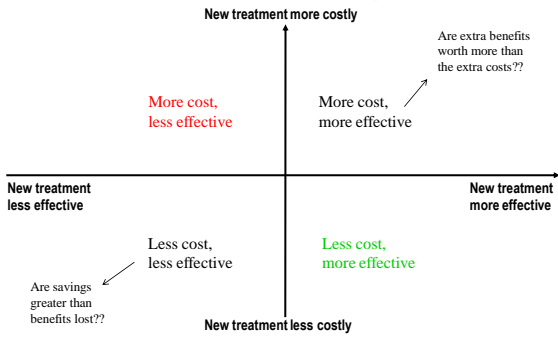
1. Revision
2. Dominance
3. Thresholds
4. ICER
5. Confidence ellipses
6. Cost effectiveness acceptability curves

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**1. Revision**

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## Cost effectiveness plane



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## ICER

We have two options, *A*, a new treatment, and *B*, the old treatment, the incremental cost-effectiveness ratio is

$$\frac{(\text{Average cost}_A - \text{Average cost}_B)}{(\text{Average effects}_A - \text{Average effects}_B)} = \text{ICER}$$

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## 2. Dominance

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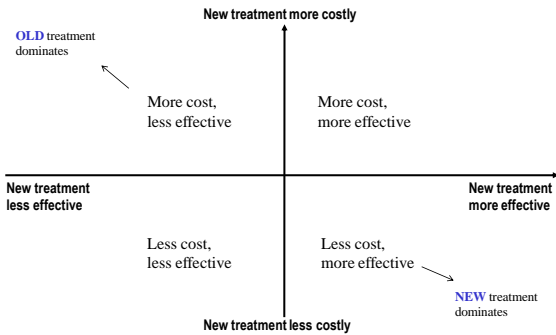
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## Strict dominance



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## Exercise

- From Fox-Rushby & Cairns (2005), consider a comparison of different treatment strategies below. The comparator is no treatment.
- There are 2 drugs, A & B. Drug A could be tried and continued until there is no evidence of an effect, or evidence of an adverse reaction, and similarly for Drug B.
- Alternatively, one drug could be tried first and in the event that there is no beneficial effect (or if there was an adverse reaction) the other drug could be tried.

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## Exercise

Strategy	Cost	QALY
Drug A → no treatment	1000	0.17
Drug B → no treatment	800	0.13
Drug A → Drug B → no treatment	1100	0.18
Drug B → Drug A → no treatment	900	0.19
No additional treatment	400	0.10

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## Exercise

### 1) Sort on cost

Strategy	Cost	QALY
1) No additional treatment	400	0.10
2) Drug B → no treatment	800	0.13
3) Drug B → Drug A → no treatment	900	0.19
4) Drug A → no treatment	1000	0.17
5) Drug A → Drug B → no treatment	1100	0.18

(c) Fox-Rushby & Cairns, 2005

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## Exercise

### 2) Identify strictly dominated

Strategy	Cost	QALY
1) No additional treatment	400	0.10
2) Drug B → no treatment	800	0.13
3) Drug B → Drug A → no treatment	900	0.19
<del>4) Drug A → no treatment</del>	1000	0.17
<del>5) Drug A → Drug B → no treatment</del>	1100	0.18

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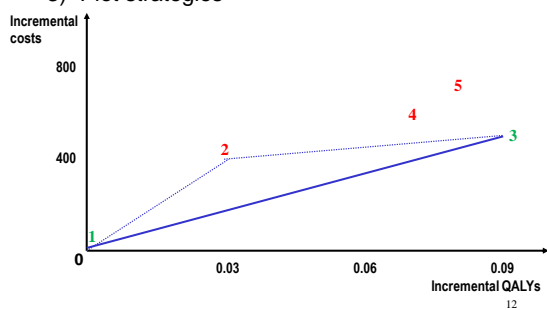
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## Exercise

### 3) Plot strategies



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## Exercise

Strategy	Cost	QALY	
1) No additional treatment	400	0.10	
2) Drug B → no treatment	800	0.13	Dominated (extended)
3) Drug B → Drug A → no treatment	900	0.19	ICER =     per QALY
4) Drug A → no treatment	1000	0.17	Dominated (strict)
5) Drug A → Drug B → no treatment	1100	0.18	Dominated (strict)

Calculate ICERs of:

- a) Strategy 3 vs 1
- b) Strategy 2 vs 1
- c) Strategy 3 vs 2

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## 3. Thresholds

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## WTP

- Maximum willingness to pay for a QALY improvement
  - Decision makers
  - Not absolute
  - Varies between countries
  - Toni later...

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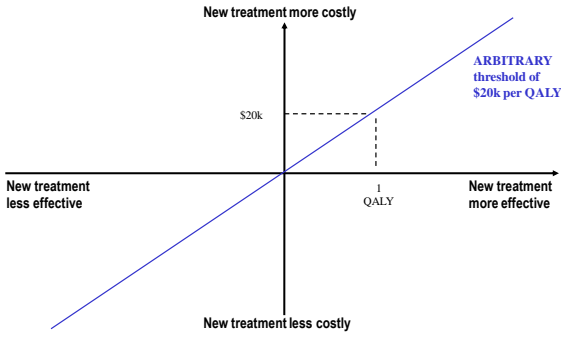
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### Threshold example



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### Question

- Is an ICER of \$35,000 cost effective?  
A. Yes  
B. No  
C. Need information on...

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### 4. ICERs

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## Bootstrapping

- Point estimate of ICER unlikely to be adequate
  - Sensitivity analysis (Laura next session)
  - Confidence intervals around ICER
- Bootstrapping
  - Common approach

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## Bootstrapping example

- RCT
  - Background
  - ICER is \$2,340
- Bootstrapping results
  - Mean ICER is \$2,615 per QALY
  - 95% confidence interval is from -\$20,841 to \$30,386

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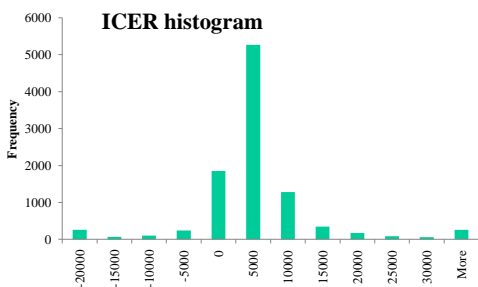
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## Bootstrapping example



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## Bootstrapping example

- In this simulation
  - Minimum ICER is less than  $-\$9,600,000$
  - Maximum ICER is more than  $\$7,600,000$
  - Could be worse
- Confidence interval crosses zero
  - How to interpret?

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## 5. Confidence ellipses

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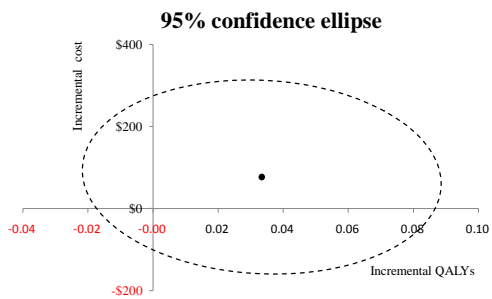
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## Bootstrapping example



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## 6. Cost effectiveness acceptability curves

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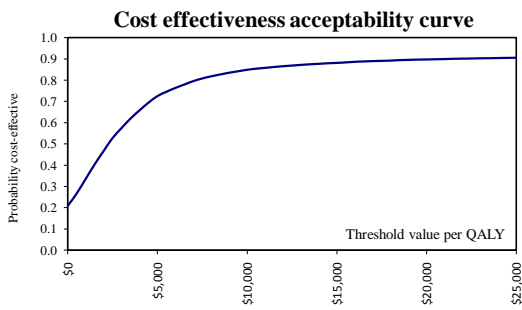
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## Bootstrapping example



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## Questions?

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