

Economic Plan

This document identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Bladder Cancer

2 List of Modelling Questions

Clinical questions by scope area	<p>f) What are the comparative patient outcomes for treating low-risk non-muscle invasive bladder cancer with:</p> <ul style="list-style-type: none"> • Transurethral resection • Intravesical chemotherapy
Population	<p>Patients with newly diagnosed NMIBC following first transurethral resection</p> <p><i>Subgroups</i></p> <ul style="list-style-type: none"> • Low risk NMIBC • Intermediate risk NMIBC • High risk NMIBC
Interventions considered for inclusion	<p>Intervention:</p> <ul style="list-style-type: none"> • Immediate single instillation of intravesical chemotherapy following transurethral resection <p>Comparison:</p> <ul style="list-style-type: none"> • Transurethral resection only (no intravesical chemotherapy)
Type of analysis	Cost-utility analysis (CUA)
Clinical questions by scope area	<p>What is the optimum follow-up for patients with bladder cancer with:</p> <p>Low, intermediate and high risk non-muscle invasive bladder cancer (NMIBC)</p>
Population	Patients with newly diagnosed NMIBC following first transurethral resection

	<p><i>Subgroups</i></p> <ul style="list-style-type: none"> • Low risk NMIBC • Intermediate risk NMIBC • High risk NMIBC
Interventions considered for inclusion	<ul style="list-style-type: none"> • Varying frequencies and durations of follow-up were considered in the model • Variations in the interventions used in follow-up were also considered, including: <ul style="list-style-type: none"> • Cystoscopy • Cytology • Urinary biomarkers (FISH)
Type of analysis	Cost-utility analysis (CUA)