HEED Results using:

4 results:
Showing record 1 from the 4 matches found.

Article Reference No	061263
Author	**Hurley S F, Matthews J P, Guymer R H**
Article Title	Cost-effectiveness of ranibizumab for neovascular age-related macular degeneration
Journal Name	Cost Effectiveness and Resource Allocation
Journal Date	2008
Journal Reference	6:12
Publication Status	Published in a peer reviewed journal
Availability Details	Correspondence: Susan F Hurley, Bainbridge Consultants, 222/299 Queen St, Melbourne, VIC 3000, Australia. E-mail: susanhurley@bainbridgeconsultants.com
Cost Base Year	2004
Source Of Article	O
Countries Of Authors	Australia
Countries Applicable	USA, International
Type Of Article	Applied study
Type Of Econ Eval	**Cost effectiveness analysis;Cost utility analysis**
Technology Assessed	Pharmaceutical
ATC Codes	S01L
ICD-9 Codes	362; 369; V41
Drug Names	RANIBIZUMAB; **BEVACIZUMAB**
Prob. of Main Clinical Events	Randomised clinical trial;Other literature review
Quantities of Resources Used	Randomised clinical trial;Observational data;Other literature review;Modelling
Prices or Costs of Resources	Specific Estimates;National Publication
Outcomes	Randomised clinical trial;Observational data;Other literature review;Modelling
Values Of Outcomes	Previously Published Values
Outcome Measure	Probability of blindness; number of blind years; QALYs gained
Qual Of Life Index	Utility assessment;QALYs
Utility Measure	Time trade off

Source Of Data	Incorporated from another study
Costs Included	Patient costs;Hospital costs;Direct provider/purchaser costs;Indirect costs
Costs Discounted	3%
Benefits Discounted	3%
Sensitivity Tested	Sensitivity tested
Quantitatively Reported	Quantitatively reported
Abstract	Background: Intravitreal ranibizumab prevents vision loss and improves visual acuity in patients with neovascular age-related macular degeneration, but it is expensive, and efficacy beyond 2 years is uncertain. Methods: We assessed the cost-effectiveness of ranibizumab compared with no ranibizumab over 10 years, using randomized trial efficacy data for the first 2 years, post-trial efficacy assumptions, and ranibizumab acquisition costs ranging from the wholesale price ($1,950 per dose) to the price of bevazicumab ($50), a similar molecule which may be equally efficacious. We used a computer simulation model to estimate the probability of blindness, the number of quality-adjusted life-years (QALYs), direct costs (in 2004 U.S. dollars), and cost-effectiveness ratios for a 67-year old woman. Costs and QALYs were discounted at 3% per year. Results: The probability of blindness over 10 years was reduced from 56% to 34% if ranibizumab was efficacious for only 2 years, 27% if efficacy was maintained for a further 2 years only (base-case scenario), and 17% if visual acuity at 4 years was then sustained. It was cost-saving under all price assumptions, when caregiver costs were included. When caregiver costs were excluded, the cost per QALY for the base-case ranged from $5,600, assuming the bevazicumab price, to $91,900 assuming the wholesale ranibizumab price. The cost per QALY was <$50,000 when the cost of ranibizumab was less than $1000. Conclusion: From a societal perspective, ranibizumab was cost-saving. From a health care funder's perspective, ranibizumab was an efficient treatment when it cost less than $1000 per dose.
Study Question	Intravitreal ranibizumab prevents vision loss and improves visual acuity in patients with neovascular age-related macular degeneration, but it is expensive, and efficacy beyond two years is uncertain. Therefore, the aim of this Markov modelling study was to assess the cost-effectiveness of ranibizumab compared with no ranibizumab over 10 years. In order to do this, a computer simulation model was used to estimate the cost-effectiveness ratios for a 67 year-old woman. The analysis was conducted from the perspectives of both society and the health care funder.
Key Results	The probability of blindness over 10 years was reduced from 56% to 34% if ranibizumab was efficacious for only two years, 27% if efficacy was maintained for a further two years only

	(base-case scenario), and 17% if visual acuity at four years was then sustained. It was cost-saving under all price assumptions, when caregiver costs were included. When caregiver costs were excluded, the cost per QALY for the base-case ranged from US$5,600, assuming the bevacizumab price, to US$91,900 assuming the wholesale ranibizumab price. The cost per QALY was < per US$1,000 than less cost it when treatment efficient an was ranibizumab perspective, funder?s care health a From cost-saving. societal from that, conclude the findings, these on Based US$1,000. of>
Patient Group	67 and 77 year-old women and men treated for neovascular age-related macular degeneration with either ranibizumab or standard care (no ranibizumab). The base-case was a hypothetical 67 year-old woman with neovascular age-related macular degeneration.
Sponsor	Charity
Keywords	**Cost** Utility Analysis;**Cost** Effectiveness Analysis (**CEA**);Blindness;Modelling

Showing record 2 from the 4 matches found.

Article Reference No	064131
Author	**Tappenden P, Jones R, Paisley S, Carroll C**
Article Title	The cost-effectiveness of bevacizumab in the first-line treatment of metastatic colorectal cancer in England and Wales
Journal Name	European Journal of Cancer
Journal Date	2007
Journal Reference	43:2487-2494
Publication Status	Published in a peer reviewed journal
Availability Details	Correspondence: P Tappenden, School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK. E-mail:
Cost Base Year	2005
Source Of Article	O
Countries Of Authors	UK
Countries Applicable	UK
Type Of Article	Applied study
Type Of Econ Eval	**Cost effectiveness analysis**;**Cost utility analysis**
Technology Assessed	Pharmaceutical
ATC Codes	L01X

ICD-9 Codes	153
Drug Names	**BEVACIZUMAB**
Prob. of Main Clinical Events	Randomised clinical trial
Quantities of Resources Used	Randomised clinical trial
Prices or Costs of Resources	Local Standard Costs;'Ad Hoc' Estimation;Judgement
Outcomes	Randomised clinical trial
Values Of Outcomes	Previously Published Values
Outcome Measure	Life year gained, quality adjusted life years (QALYs)
Source Of Data	Elsewhere in study
Costs Included	Direct provider/purchaser costs
Sensitivity Tested	Sensitivity tested
Quantitatively Reported	Quantitatively reported
Abstract	Background: Bevacizumab is a humanised monoclonal antibody, which has demonstrated significant activity in metastatic colorectal cancer. The aim of this study is to estimate the cost-effectiveness of adding bevacizumab to chemotherapy for patients with untreated metastatic colorectal cancer. Methods: A decision-analytic model was developed to estimate the lifetime costs and benefits of adding bevacizumab to irinotecan plus FU/LV (IFL) or 5-FU/LV alone. Effectiveness outcomes, health utilities and resource use data were derived from recent bevacizumab RCTs and from the literature. Results: Adding bevacizumab to IFL costs approximately £62,857 per QALY gained. Adding bevacizumab to 5-FU/LV costs approximately £88,436 per QALY gained. The acquisition cost of bevacizumab is a key determinant of its cost-effectiveness. The probability that bevacizumab has a cost-effectiveness ratio that is better than £30,000 per QALY gained is close to zero. Conclusions: Given high acquisition costs in relation to clinical benefits, bevacizumab is unlikely to represent a cost-effective use of NHS resources.
Study Question	This study makes use of decision analysis to estimate costs per quality adjusted life year (QALY) for adding bevacizumab to chemotherapy for patients with untreated metastatic colorectal cancer. Bevacizumab is a humanised monoclonal antibody. Lifetime costs and benefits are projected.
Key Results	This decision analysis paper estimates the costs per quality adjusted life year (QALY) for adding bevacizumab to chemotherapy for patients with untreated metastatic colorectal cancer. Adding bevacizumab to irinotecan plus

	fluorouracil/leucovorin (IFL) costs an extra £19,361, resulting in a cost of £62,857 per QALY gained. Adding bevacizumab to 5-fluorouracil/leucovorin (5-FU/LV) costs an additional £15,615, resulting in a cost of £88,436 per QALY gained. Acquisition costs of bevacizumab are the key determinant of cost effectiveness. The probability that bevacizumab has a cost effectiveness ratio that is better than £30,000 per QALY gained is close to zero. Further research on quality of life implications is recommended.
Patient Group	Patients with colorectal cancer
Sponsor	Government/publicly funded policy making body
Keywords	**Cost** Utility Analysis;Colorectal - Cancer;Chemotherapy;Cancer - Colorectal;**Cost** Effectiveness Analysis (**CEA**);Pharmaceutical;QALYs;Quality Adjusted Life Years

Showing record 3 from the 4 matches found.

Article Reference No	065598
Author	**Jansman F GA, Postma M J, Brouwers J R B J**
Article Title	Cost considerations in the treatment of colorectal cancer
Journal Name	PharmacoEconomics
Journal Date	2007
Journal Reference	25(7):537-562
Publication Status	Published in a peer reviewed journal
Availability Details	Correspondence: Dr Frank G A Jansman, Department of Pharmacotherapy and Pharmaceutical Care, Groningen University Institute for Drug Exploration (GUIDE), Antonius Deusinglaan 1, 9713 AV Groningen, The Netherlands. E-mail: f.g.a.jansman@isala.nl
Source Of Article	O
Countries Of Authors	The Netherlands
Countries Applicable	The Netherlands
Type Of Article	Review of applied studies
Type Of Econ Eval	**Cost** of **illness**;**Cost effectiveness analysis**;**Cost utility analysis**
Technology Assessed	Pharmaceutical
ATC Codes	L01X; L01B; L01A
ICD-9 Codes	153; 154
Drug Names	**BEVACIZUMAB**; CAPECITABINE; CETUXIMAB;

	FLUOROPYRIMIDINE; FLUOROURACIL; IRONOTECAN; OXALIPLATIN; RALTITREXED; URACIL PLUS TEGAFUR
Prob. of Main Clinical Events	Other literature review
Quantities of Resources Used	Other literature review
Prices or Costs of Resources	'Ad Hoc' Estimation
Outcomes	Other literature review
Values Of Outcomes	Published Multi-attribute Utility Scale;Previously Published Values
Outcome Measure	Quality adjusted life years (QALYs)
Source Of Data	Incorporated from another study
Costs Included	Hospital costs;Direct provider/purchaser costs
Abstract	Colorectal cancer is among the most common malignancies in developed countries. Screening can reduce mortality significantly, although the most appropriate method is still under debate. Observational studies have revealed that lifestyle measures may also be beneficial for prevention of colorectal cancer. Surgery is still the most effective treatment modality for colorectal cancer. The survival benefits of chemotherapy are only modest. For nearly 5 decades, 5-fluorouracil (5-FU) has been the main cytotoxic agent for treatment of colorectal cancer. In the last decade, the new cytotoxic agents raltitrexed, irinotecan and oxaliplatin have been introduced, next to the oral 5-FU analogues capecitabine and tegafur in combination with uracil (UFT). Moreover, the immunotherapeutics bevacizumab and cetuximab have become approved for treatment of metastatic colorectal cancer. The economic implications of colorectal cancer treatment are substantial. The costs of treatment are mainly attributable to the early and terminal stage of the disease (i.e. surgery, hospitalisation, chemo- and immunotherapy and supportive care). The introduction of new chemo- and immunotherapeutics has caused a continuing increase of treatment expenditures. Therefore, comparative costs and cost effectiveness are important for assessing the value of new treatment regimens. The available study results suggest that addition of irinotecan or oxaliplatin to 5-FU/folinic acid dosage regimens is cost effective. Also, capecitabine is calculated to be cost effective when compared with 5-FU/folinic acid. For UFT, no comparative studies of cost effectiveness were found. Since raltitrexed and 5-FU/folinic acid have shown equal efficacy in terms of survival, cost-effectiveness analysis is considered not to be applicable and cost-minimisation analysis may be sufficient. At present, pharmacoeconomic analyses of combination treatment with the immunotherapeutics bevacizumab or cetuximab are not available, except for recent

	cost-effectiveness considerations by the UK National Institute for Health and Clinical Excellence with negative recommendations for both agents in the treatment of metastatic colorectal cancer. Given the high treatment costs, substantial toxicity and relatively limited efficacy of the fast changing chemo- and immunotherapeutic combinations for colorectal cancer, examination of cost-effectiveness studies should be conducted on a routine basis along with determination of clinical benefits. Reproduced by kind permission of Adis International Limited
Study Question	The main objective of this paper was to consider the economic implications of new treatments for colorectal cancer, based on the currently available pharmacoeconomic data. Several databases were used, including EMBASE and MEDLINE, to conduct an electronic search of papers from August 1996 to August 2006. Studies containing costs associated with screening, surveillance and diagnosis of the disease, as well as costs of hospitalization, surgery, radiotherapy, anticancer agents, supportive care, physician charges, clinic visits, laboratory fees and medications, were considered.
Key Results	Findings of this study show that there are several studies that have assessed the cost effectiveness and cost utility of different combinations of chemotherapy in the treatment of colorectal cancer. The results of these studies are difficult to compare but they suggest that addition of irinotecan or oxaliplatin to 5-fluorouracil (5-FU)/folinic acid dosage regimens are cost-effective, as is capecitabine when compared with 5-FU/folinic acid, assuming the US threshold of US$50,000 per quality adjusted life year (QALY) gained to be acceptable. No comparative cost-effectiveness studies were found for tegafur in combination with uracil (UFT). For raltitrexed versus 5FU/folinic acid, with equal efficacy in terms of survival, a cost minimization analysis was considered to be more applicable. Pharmacoeconomic study results of combination treatment with the immunotherapeutics bevacizumab or cetuximab are not yet available except for recent cost-effectiveness considerations by the UK National Institute for Health and Clinical Excellence (NICE). The authors believe that cost effectiveness studies of new treatment modalities for colorectal cancer should be conducted more frequently, along with determination of clinical benefits.
Patient Group	Individuals with colorectal cancer were considered for the present paper.
Keywords	QALYs;Quality Adjusted Life Years;Review of Applied Studies;Cancer - Colorectal;**Cost** Effectiveness Analysis (**CEA**);**Cost** of Illness;**Cost** Utility Analysis;Direct **Costs**;Chemotherapy;Outpatient Services;Hospital Care;Colorectal - Cancer

Showing record 3 from the 4 matches found.

Article Reference No	065598
Author	**Jansman F GA, Postma M J, Brouwers J R B J**
Article Title	Cost considerations in the treatment of colorectal cancer
Journal Name	PharmacoEconomics
Journal Date	2007
Journal Reference	25(7):537-562
Publication Status	Published in a peer reviewed journal
Availability Details	Correspondence: Dr Frank G A Jansman, Department of Pharmacotherapy and Pharmaceutical Care, Groningen University Institute for Drug Exploration (GUIDE), Antonius Deusinglaan 1, 9713 AV Groningen, The Netherlands. E-mail: f.g.a.jansman@isala.nl
Source Of Article	O
Countries Of Authors	The Netherlands
Countries Applicable	The Netherlands
Type Of Article	Review of applied studies
Type Of Econ Eval	**Cost** of **illness**;**Cost effectiveness analysis**;**Cost utility analysis**
Technology Assessed	Pharmaceutical
ATC Codes	L01X; L01B; L01A
ICD-9 Codes	153; 154
Drug Names	**BEVACIZUMAB**; CAPECITABINE; CETUXIMAB; FLUOROPYRIMIDINE; FLUOROURACIL; IRONOTECAN; OXALIPLATIN; RALTITREXED; URACIL PLUS TEGAFUR
Prob. of Main Clinical Events	Other literature review
Quantities of Resources Used	Other literature review
Prices or Costs of Resources	'Ad Hoc' Estimation
Outcomes	Other literature review
Values Of Outcomes	Published Multi-attribute Utility Scale;Previously Published Values
Outcome Measure	Quality adjusted life years (QALYs)
Source Of Data	Incorporated from another study
Costs Included	Hospital costs;Direct provider/purchaser costs

Abstract

Colorectal cancer is among the most common malignancies in developed countries. Screening can reduce mortality significantly, although the most appropriate method is still under debate. Observational studies have revealed that lifestyle measures may also be beneficial for prevention of colorectal cancer. Surgery is still the most effective treatment modality for colorectal cancer. The survival benefits of chemotherapy are only modest. For nearly 5 decades, 5-fluorouracil (5-FU) has been the main cytotoxic agent for treatment of colorectal cancer. In the last decade, the new cytotoxic agents raltitrexed, irinotecan and oxaliplatin have been introduced, next to the oral 5-FU analogues capecitabine and tegafur in combination with uracil (UFT). Moreover, the immunotherapeutics bevacizumab and cetuximab have become approved for treatment of metastatic colorectal cancer. The economic implications of colorectal cancer treatment are substantial. The costs of treatment are mainly attributable to the early and terminal stage of the disease (i.e. surgery, hospitalisation, chemo- and immunotherapy and supportive care). The introduction of new chemo- and immunotherapeutics has caused a continuing increase of treatment expenditures. Therefore, comparative costs and cost effectiveness are important for assessing the value of new treatment regimens. The available study results suggest that addition of irinotecan or oxaliplatin to 5-FU/folinic acid dosage regimens is cost effective. Also, capecitabine is calculated to be cost effective when compared with 5-FU/folinic acid. For UFT, no comparative studies of cost effectiveness were found. Since raltitrexed and 5-FU/folinic acid have shown equal efficacy in terms of survival, cost-effectiveness analysis is considered not to be applicable and cost-minimisation analysis may be sufficient. At present, pharmacoeconomic analyses of combination treatment with the immunotherapeutics bevacizumab or cetuximab are not available, except for recent cost-effectiveness considerations by the UK National Institute for Health and Clinical Excellence with negative recommendations for both agents in the treatment of metastatic colorectal cancer. Given the high treatment costs, substantial toxicity and relatively limited efficacy of the fast changing chemo- and immunotherapeutic combinations for colorectal cancer, examination of cost-effectiveness studies should be conducted on a routine basis along with determination of clinical benefits. Reproduced by kind permission of Adis International Limited

Study Question

The main objective of this paper was to consider the economic implications of new treatments for colorectal cancer, based on the currently available pharmacoeconomic data. Several databases were used, including EMBASE and MEDLINE, to conduct an electronic search of papers from August 1996 to August 2006. Studies containing costs associated with screening, surveillance and diagnosis of the disease, as well as

	costs of hospitalization, surgery, radiotherapy, anticancer agents, supportive care, physician charges, clinic visits, laboratory fees and medications, were considered.
Key Results	Findings of this study show that there are several studies that have assessed the cost effectiveness and cost utility of different combinations of chemotherapy in the treatment of colorectal cancer. The results of these studies are difficult to compare but they suggest that addition of irinotecan or oxaliplatin to 5-fluorouracil (5-FU)/folinic acid dosage regimens are cost-effective, as is capecitabine when compared with 5-FU/folinic acid, assuming the US threshold of US$50,000 per quality adjusted life year (QALY) gained to be acceptable. No comparative cost-effectiveness studies were found for tegafur in combination with uracil (UFT). For raltitrexed versus 5FU/folinic acid, with equal efficacy in terms of survival, a cost minimization analysis was considered to be more applicable. Pharmacoeconomic study results of combination treatment with the immunotherapeutics bevacizumab or cetuximab are not yet available except for recent cost-effectiveness considerations by the UK National Institute for Health and Clinical Excellence (NICE). The authors believe that cost effectiveness studies of new treatment modalities for colorectal cancer should be conducted more frequently, along with determination of clinical benefits.
Patient Group	Individuals with colorectal cancer were considered for the present paper.
Keywords	QALYs;Quality Adjusted Life Years;Review of Applied Studies;Cancer - Colorectal;**Cost** Effectiveness Analysis (**CEA**);**Cost** of Illness;**Cost** Utility Analysis;Direct **Costs**;Chemotherapy;Outpatient Services;Hospital Care;Colorectal - Cancer

Showing record 4 from the 4 matches found.

Article Reference No	065614
Author	**Krol M, Koopman M, Uyl-de Groot C, Punt C J A**
Article Title	A systematic review of economic analyses of pharmaceutical therapies for advanced colorectal cancer
Journal Name	Expert Opinion on Pharmacotherapy
Journal Date	2007
Journal Reference	8(9):1313-1328
Publication Status	Published in a journal of unknown status
Availability Details	Correspondence: Marieke Krol, MSc, Health Economist, Institute for Medical Technology Assessment, Erasmus Medical Centre, PO Box 1738, 3000 DR Rotterdam, The Netherlands. E-

	mail: h.krol@erasmusme.nl
Source Of Article	O
Countries Of Authors	The Netherlands
Countries Applicable	The Netherlands
Type Of Article	Review of applied studies
Type Of Econ Eval	**Cost minimisation**;**Cost** of **illness**;**Cost effectiveness analysis**;**Cost utility analysis**
Technology Assessed	Pharmaceutical
ATC Codes	L01B; L01X; L01A
ICD-9 Codes	153; 154
Drug Names	**BEVACIZUMAB**; CAPECITABINE; CETUXIMAB; FLUOROPYRIMIDINE; FLUOROURACIL; IRONOTECAN; OXALIPLATIN; RALTITREXED; URACIL PLUS TEGAFUR
Prob. of Main Clinical Events	Other literature review
Quantities of Resources Used	Other literature review
Prices or Costs of Resources	'Ad Hoc' Estimation
Outcomes	Other literature review
Values Of Outcomes	Published Multi-attribute Utility Scale;Previously Published Values
Costs Included	Hospital costs;Direct provider/purchaser costs
Study Question	The main objective of this paper was to review the cost and cost-effectiveness of advanced colorectal cancer pharmaceutical treatment. A systematic review of the literature was performed using the Cochrane Library and PubMed database from 2000 to 2006. The queries used for the review were rectal cancer with cost/costs and chemotherapy, colon cancer with cost/costs and chemotherapy, or colorectal cancer with cost/costs and chemotherapy. Only articles in peer-reviewed journals using the English language were considered. In addition, only articles where the main focus was costs or cost-effectiveness of chemotherapy for advanced colorectal cancer were considered. Of the 240 articles that were originally found, only 13 articles were reviewed.
Key Results	This review found 4 cost-minimization studies, 5 cost-benefit analyses, 2 cost-effectiveness analyses and 2 cost utility analyses. Three of these studies are modeling studies; two used life years as the main outcome measure (cost-effectiveness studies) and two more the quality-adjusted life year (cost-utility studies). The majority of the studies used the healthcare payer

	perspective; one used the patient perspective and two the hospital perspective. One article considered a combined perspective of the hospital and the healthcare payer and three articles considered the societal perspective. The majority of the studies reviewed did not include quality of life data and there is a paucity of cost and effectiveness data in this area. All studies on oral fluoropyrimidines concluded that the use of the oral drugs is cost saving compared to intravenously administered 5-fluorouracil/leucovorin (5-FU/LV). Treatment with new drugs has resulted in a significant increase in median overall survival, albeit their increasing cost.
Patient Group	Patients with advanced colorectal cancer were considered for the present review.
Keywords	QALYs;Quality Adjusted Life Years;Quality of Life;Review of Applied Studies;Cancer - Colorectal;**Cost** Effectiveness Analysis (**CEA**);**Cost** Minimisation Analysis;**Cost** Utility Analysis;**Cost** of Illness;Chemotherapy;Direct **Costs**;Economics;Indirect **Costs**;Metastatic Cancer;Systematic Review