

# Economic plan

This plan 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

Abdominal aortic aneurysm: diagnosis and management

## 2 List of modelling questions

<b>Review questions by scope area</b>	<b>What is the effectiveness of EVAR compared to open repair surgery in reducing morbidity and mortality in people with unruptured abdominal aortic aneurysms?</b>
Population	<p>People with an unruptured abdominal aortic aneurysm (AAA), stratified into the following sub-populations:</p> <ol style="list-style-type: none"> <li>1. People for whom open surgical repair (OSR) may be a suitable intervention               <ol style="list-style-type: none"> <li>a. Infrarenal AAA</li> <li>b. Complex AAA</li> </ol> </li> <li>2. People for whom OSR is not a suitable intervention               <ol style="list-style-type: none"> <li>a. Infrarenal AAA</li> <li>b. Complex AAA</li> </ol> </li> </ol>
Interventions and comparators considered for inclusion	<p>For sub-population 1 above:</p> <ol style="list-style-type: none"> <li>1. Endovascular aneurysm repair (EVAR);</li> <li>2. OSR.</li> </ol> <p>For sub-population 2 above:</p> <ol style="list-style-type: none"> <li>1. EVAR;</li> <li>2. No repair attempt (“no intervention”).</li> </ol>
Perspective	<p>Costs: NHS and Personal Social Services (PSS). Outcomes: All direct health effects.</p>
Outcomes	<p>Discounted quality adjusted life years (QALYs) Discounted costs Incremental cost-effectiveness ratio (ICER) Net monetary benefit (NMB)</p>
Type of analysis	Cost–utility analysis using a state-transition model
Issues to note	No randomised comparative clinical evidence were identified in people with complex AAA.
<b>Review questions by scope area</b>	<b>What is the effectiveness of EVAR compared to open repair surgery in repairing ruptured abdominal aortic aneurysms?</b>
Population	<p>People with a ruptured, infrarenal abdominal aortic aneurysm, stratified into the following sub-populations:</p> <ol style="list-style-type: none"> <li>1. People for whom OSR may be a suitable intervention</li> </ol>

	2. People for whom OSR is not a suitable intervention
Interventions and comparators considered for inclusion	For sub-population 1 above: 1. EVAR; 2. OSR. For sub-population 2 above: 1. EVAR; 2. No repair attempt (“no intervention”).
Perspective	Costs: NHS and PSS. Outcomes: All direct health effects.
Outcomes	Discounted QALYs Discounted costs ICER NMB
Type of analysis	Cost–utility analysis using a state-transition model
Issues to note	The use of EVAR to repair ruptured complex AAA is not typically feasible, because EVAR devices must be custom-made to suit the person’s anatomy in this population. As a result, no comparisons will be presented in people with a ruptured complex AAA.