

Cost-utility analyses published in 2002 and 2003, with ratios converted to 2002 US dollars

The data are taken from the published literature and inclusion in this table does not imply an endorsement of the quality or validity of the information. More detail about the objectives and scope of this project can be found in the "Overview" page of this web site and in papers listed in the "Publication" page.

Infectious				
Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00747	2002	IFN-alfa therapy of 5 MU 3x weekly for 24 weeks VERSUS Usual supportive care with no IFN-alfa therapy IN Chronic hepatitis B patients in Taiwan with hepatitis B early antigen (HBeAg), no liver cirrhosis, and a serum alanine aminotransferase (ALT) concentration greater than twice the upper limit of normal - age 35	4.5	\$15,000
2002-01-00817	2002	Interferon-alpha (IFN) in a dose of 5 million units (MU) daily for 16 weeks VERSUS No treatment IN Patients with chronic hepatitis B infection (HBsAg positive and elevated serum aminotransferase activity for at least 6 months, evidence of active viral replication, and a histological diagnosis of chronic hepatitis but no cirrhosis) - age 30	3.5	\$6,400
2002-01-00858	2002	Interferon alfa (48 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Genotype I - age 35	5.5	\$21,000
2002-01-00858	2002	Interferon alfa and ribavirin (24 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Genotype I - age 35	5.5	\$18,000
2002-01-00858	2002	Interferon alfa and ribavirin (48 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Genotype I - age 35	5.5	\$12,000
2002-01-00858	2002	Pegylated interferon alfa (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Genotype I - age 35	5.5	Dominated
2002-01-00858	2002	Pegylated interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Genotype I - age 35	5.5	\$42,000
2002-01-00858	2002	Interferon alfa and ribavirin (24 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Non-1 Genotype - age 35	5.5	\$3,000
2002-01-00858	2002	Interferon alfa (48 wks) VERSUS Interferon alfa and ribavirin (24 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Non-1 Genotype - age 35	5.5	Dominated
2002-01-00858	2002	Interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (24 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Non-1 Genotype - age 35	5.5	\$41,000
2002-01-00858	2002	Pegylated interferon alfa (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Non-1 Genotype - age 35	5.5	Dominated
2002-01-00858	2002	Pegylated interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & moderate chronic HCV, Non-1 Genotype - age 35	5.5	\$110,000
2002-01-00858	2002	Interferon alfa (48 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Genotype I - age 35	5.5	\$69,000
2002-01-00858	2002	Interferon alfa and ribavirin (24 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Genotype I - age 35	5.5	\$54,000
2002-01-00858	2002	Pegylated interferon, 48 wks VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Genotype I - age 35	5.5	\$79,000
2002-01-00858	2002	Interferon alfa and ribavirin (48 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Genotype I - age 35	5.5	\$37,000
2002-01-00858	2002	Pegylated interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Genotype I - age 35	5.5	\$120,000
2002-01-00858	2002	Interferon alfa (48 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Non-1 Genotype - age 35	5.5	\$26,000
2002-01-00858	2002	Interferon alfa and ribavirin (24 wks) VERSUS No treatment IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Non-1 Genotype - age 35	5.5	\$12,000
2002-01-00858	2002	Interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (24 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Non-1 Genotype - age 35	5.5	\$120,000
2002-01-00858	2002	Pegylated interferon alfa (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Non-1 Genotype - age 35	5.5	Dominated
2002-01-00858	2002	Pegylated interferon alfa and ribavirin (48 wks) VERSUS Interferon alfa and ribavirin (48 wks) IN HIV/HCV coinfecting patients with CD4 cell counts of 350 cells/microL & mild chronic HCV, Non-1 Genotype - age 35	5.5	\$310,000
2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$14,000
2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$14,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$28,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$28,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with no increased LDL cholesterol levels associated with antiretroviral therapy	5	\$28,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with no increased LDL cholesterol levels associated with antiretroviral therapy	5	\$28,000

2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) and Pravastatin treatment VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$14,000
2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) and Pravastatin treatment VERSUS Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) and no Pravastatin treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$140,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed and Pravastatin treatment VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$28,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed and Pravastatin treatment VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed and Pravastatin treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$29,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed and Pravastatin treatment VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed and no Pravastatin treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL plus elevated LDL cholesterol levels associated with antiretroviral therapy	5	\$300,000
2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 20% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$18,000
2002-01-00873	2002	Antiretroviral therapy begun at a CD4 cell count of 350/uL (early therapy) VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 40% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$26,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 20% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$35,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS No treatment IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 40% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$45,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 20% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$41,000
2002-01-00873	2002	Antiretroviral therapy (ART) begun at a CD4 cell count of 350/uL (early therapy) with continued non-beneficial treatment after 4 lines of ART had failed VERSUS Antiretroviral therapy (ART) begun at a CD4 cell count of 200/uL (deferred therapy) with continued non-beneficial treatment after 4 lines of ART had failed IN Patients with starting CD4 cell counts of 350/uL and HIV RNA levels of 10000 to 30000 copies/mL with 40% decrease in QOL due to fat redistribution symptoms associated with antiretroviral therapy	5	\$77,000
2002-01-00903	2002	Widespread pneumococcal vaccination VERSUS No pneumococcal vaccination IN Children presenting to the emergency room with meningial signs	4	\$460,000
2002-01-00903	2002	Widespread meningococcal vaccination VERSUS No meningococcal vaccination IN Children presenting to the emergency room with meningial signs	4	\$26,000
2002-01-00917	2002	6 intervention sessions on sexual behavior and condom use VERSUS 1 control session on nutrition IN Non-HIV-infected urban women at high risk for STDs/HIV	5	\$37,000
2002-01-00917	2002	2 intervention sessions on condom use alone VERSUS 1 control session on nutrition IN Non-HIV-infected urban women at high risk for STDs/HIV	5	\$9,900
2002-01-00917	2002	6 intervention sessions on sexual behavior and condom use VERSUS 2 intervention sessions on condom use alone IN Non-HIV-infected urban women at high risk for STDs/HIV	5	\$140,000
2002-01-00920	2002	Pneumococcal vaccine VERSUS No pneumococcal vaccine IN Healthy young American adults - age 22	5.5	\$56,000
2002-01-00920	2002	Pneumococcal vaccine VERSUS No pneumococcal vaccine IN Healthy young American adults - age 35	5.5	\$24,000
2002-01-00927	2002	No test and treat with amantadine VERSUS No test or treatment IN Febrile adult patients with influenza symptoms	6	\$12
2002-01-00927	2002	Test then treat with zanamivir VERSUS No test and treat with amantadine IN Febrile adult patients with influenza symptoms	6	\$380
2002-01-00927	2002	No test and treat with rimantadine VERSUS No test and treat with amantadine IN Febrile adult patients with influenza symptoms	6	\$320
2002-01-00927	2002	Test then treat with amantadine VERSUS Test then treat with amantadine IN Febrile adult patients with influenza symptoms	6	Dominated
2002-01-00927	2002	Test then treat with rimantadine VERSUS No test and treat with amantadine IN Febrile adult patients with influenza symptoms	6	Dominated
2002-01-00927	2002	No test and treat with zanamivir VERSUS No test and treat with amantadine IN Febrile adult patients with influenza symptoms	6	\$190
2002-01-00927	2002	No test and treat with oseltamivir VERSUS No test and treat with amantadine IN Febrile adult patients with influenza symptoms	6	\$90,000
2002-01-00977	2002	Combination therapy (CMB) with alpha interferon and ribavirin VERSUS No treatment IN Patients with mild Hepatitis C (HCV) in the UK - age 40	5	\$9,600
2002-01-00997	2002	Mass immunization campaign with Serogroup C polysaccharide vaccine VERSUS No immunization campaign IN Quebec residents in 1993 - age 6 months to 20 years	5.5	\$47,000
2002-01-01033	2002	Genetic screening and monthly prophylaxis for genotype at high-risk for rheumatic fever VERSUS No genetic screening but standard prophylaxis for streptococcal pharyngitis and/or acute rheumatic fever for all subjects IN Newborns	5	\$8,500
2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for Nevada in 1997 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for Arizona in 1997 and Oregon in 1997 IN Hypothetical cohort of HIV patients with CD4 250/uL (in antiretroviral drug strategy " low efficacy" scenario) - age 33, 80% male	4	\$7,600
2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for South Dakota in 1997, 1998, and 1999 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for Nevada in 1997 IN Hypothetical cohort of HIV patients with CD4 250/uL (in antiretroviral drug strategy " low efficacy" scenario) - age 33, 80% male	4	\$11,000
2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for Florida in 1997 and Oklahoma in 1997, 1998, and 1999 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for South Dakota in 1997, 1998, and 1999 IN Hypothetical cohort of HIV patients with CD4 250/uL (in antiretroviral drug strategy " low efficacy" scenario) - age 33, 80% male	4	\$30,000

2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for Mississippi in 1997 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for Arizona in 1997 and Oregon in 1997 IN Hypothetical cohort of HIV patients with CD4 350/uL (in antiretroviral drug strategy "high efficacy" scenario) - age 33, 80% male	4	\$8,400
2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for Oklahoma in 1999 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for Mississippi in 1997 IN Hypothetical cohort of HIV patients with CD4 350/uL (in antiretroviral drug strategy "high efficacy" scenario) - age 33, 80% male	4	\$18,000
2002-01-01057	2002	AIDS Drug Assistance Program (ADAP) Formulary policy for Oregon in 1999, Missouri in 1999, and Florida in 1998 and 1999 VERSUS AIDS Drug Assistance Program (ADAP) Formulary policy for Oklahoma in 1999 IN Hypothetical cohort of HIV patients with CD4 350/uL (in antiretroviral drug strategy "high efficacy" scenario) - age 33, 80% male	4	\$22,000
2002-01-01073	2002	Targeted vaccination for individuals found to be negative for anti-HAV antibody after initial screening VERSUS No vaccination IN Patients in the USA with chronic hepatitis C viral infection - age 45+	5	\$55,000
2002-01-01073	2002	Universal vaccination VERSUS Targeted vaccination for individuals found to be negative for anti-HAV antibody after initial screening IN Patients in the USA with chronic hepatitis C viral infection - age 45+	5	\$4,200,000
2002-01-01112	2002	Selective vaccination of patients found nonimmune in screening for hepatitis A VERSUS Passive immunization (immunoglobulin during a hepatitis A outbreak) IN Health care workers (physicians, nurses, and paramedics) in Israel - age 18-39	4	\$59,000
2002-01-01112	2002	Selective vaccination of patients found nonimmune in screening for hepatitis A VERSUS Passive immunization (immunoglobulin during a hepatitis A outbreak) IN Health care workers (physicians, nurses, and paramedics) in Israel - age 40+	4	\$41,000
2002-01-01112	2002	Systematic mass vaccination campaign without screening VERSUS Selective vaccination of patients found nonimmune in screening for hepatitis A IN Health care workers (physicians, nurses, and paramedics) in Israel - age 18-39	4	\$74,000
2002-01-01112	2002	Systematic mass vaccination campaign without screening VERSUS Selective vaccination of patients found nonimmune in screening for hepatitis A IN Health care workers (physicians, nurses, and paramedics) in Israel - age 40+	4	\$330,000
2002-01-01143	2002	Combination therapy of ribavirin and interferon alfa VERSUS No treatment IN Hypothetical cohort of patients with hepatitis C	3.5	\$260
2002-01-01143	2002	Combination therapy of ribavirin and interferon alfa VERSUS Monotherapy of interferon alfa IN Hypothetical cohort of patients with hepatitis C	3.5	\$56
2002-01-01168	2002	Scenario where only treatment with IFN-alpha or no treatment was available VERSUS Scenario where treatment with lamivudine was available in addition to treatment with IFN-alpha or no treatment IN Patients in Australia with chronic hepatitis B with pretreatment elevated alanine aminotransferase $\geq 2 \times$ upper limit of normal	3.5	Cost-Saving
2002-01-01168	2002	No antiviral treatment VERSUS Scenario where treatment with lamivudine was available in addition to treatment with IFN-alpha or no treatment IN Patients in Australia with chronic hepatitis B with pretreatment elevated alanine aminotransferase $\geq 2 \times$ upper limit of normal	3.5	Cost-Saving
2002-01-01171	2002	Tuberculin skin testing and treatment with isoniazid and pyridoxine daily for 9 months for positive test results VERSUS No treatment IN Documented immigrants 18 years of age or older who entered the US from developing nations (China) n the year 2000	6.5	Cost-Saving
2002-01-01171	2002	Tuberculin skin testing and treatment with rifampin daily for 4 months for positive test results VERSUS Tuberculin skin testing and treatment with isoniazid and pyridoxine daily for 9 months for positive test results IN Documented immigrants 18 years of age or older who entered the US from developing nations (China) n the year 2000	6.5	\$15,000
2002-01-01171	2002	Tuberculin skin testing and treatment with rifampin and pyrazinamide daily for 2 months for positive test results VERSUS Tuberculin skin testing and treatment with isoniazid and pyridoxine daily for 9 months for positive test results IN Documented immigrants 18 years of age or older who entered the US from developing nations (China) int he year 2000	6.5	\$1,300
2002-01-01175	2002	Introduction of pre-school DTPa Bordetella pertussis booster to UK child primary vaccination schedule (with low underlying pertussis prevalence and long-lasting vaccine protection period) VERSUS Current UK child primary vaccination schedule IN Pre-school children in the UK	3.5	\$23,000
2002-01-01175	2002	Introduction of pre-school DTPa Bordetella pertussis booster to UK child primary vaccination schedule (with high underlying pertussis prevalence and short-lasting vaccine protection period) VERSUS Current UK child primary vaccination schedule IN Pre-school children in the UK	3.5	\$55,000
2003-01-00473	2003	Screening of all workers for Q fever exposure and subsequent vaccination of those not already immune VERSUS No screening and no vaccination IN Unvaccinated meat industry workers in Australia	5.5	\$3,300
2003-01-00473	2003	Screening of 20% of workers for Q fever exposure and subsequent vaccination of those not already immune VERSUS No screening and no vaccination IN Unvaccinated agricultural industry workers in Australia	5.5	\$4,200
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$100/month intervention) VERSUS No intervention to improve adherence IN Patients with early stage HIV infection (mean CD4 count - 350 cells/microL)	5	\$29,000
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$500/month intervention) VERSUS No intervention to improve adherence IN Patients with early stage HIV infection (mean CD4 count - 350 cells/microL)	5	\$51,000
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$1000/month intervention) VERSUS No intervention to improve adherence IN Patients with early stage HIV infection (mean CD4 count - 350 cells/microL)	5	\$76,000
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$100/month intervention) VERSUS No intervention to improve adherence IN Patients with advanced stage HIV infection (mean CD4 count - 87 cells/microL)	5	\$23,000
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$500/month intervention) VERSUS No intervention to improve adherence IN Patients with advanced stage HIV infection (mean CD4 count - 87 cells/microL)	5	\$34,000
2003-01-00502	2003	Clinical intervention to improve adherence to antiretroviral therapy (\$1000/month intervention) VERSUS No intervention to improve adherence IN Patients with advanced stage HIV infection (mean CD4 count - 87 cells/microL)	5	\$47,000
2003-01-00512	2003	12 week PCR testing with discontinuation of therapy for nonresponders (interferon alfa-2b plus ribavirin) VERSUS No treatment IN Previously untreated patients with chronic hepatitis C and elevated transaminases	4	\$1,500
2003-01-00512	2003	24 week PCR testing with discontinuation of therapy for nonresponders (peginterferon alfa-2b + 800 mg ribavirin) VERSUS 24 week PCR testing and treatment (interferon alfa-2b + ribavirin) IN Previously untreated patients with chronic hepatitis C and elevated transaminases	4	\$24,000
2003-01-00512	2003	24 week PCR testing with discontinuation of therapy for nonresponders (peginterferon alfa-2b + weight-based ribavirin) VERSUS 24 week PCR testing and treatment (interferon alfa-2b + ribavirin) IN Previously untreated patients with chronic hepatitis C and elevated transaminases	4	\$14,000
2003-01-00512	2003	12 week PCR testing with discontinuation of therapy for nonresponders (peginterferon alfa-2b + 800 mg ribavirin) VERSUS 12 week PCR testing and treatment (interferon alfa-2b + ribavirin) IN Previously untreated patients with chronic hepatitis C and elevated transaminases	4	\$22,000
2003-01-00512	2003	12 week PCR testing with discontinuation of therapy for nonresponders (peginterferon alfa-2b + weight-based ribavirin) VERSUS 12 week PCR testing and treatment (interferon alfa-2b + ribavirin) IN Previously untreated patients with chronic hepatitis C and elevated transaminases	4	\$13,000
2003-01-00538	2003	Joint hepatitis A and B vaccine VERSUS Hepatitis B vaccine only IN Young adult attenders of public sexually transmitted disease (STD) clinics	5.5	\$13,000
2003-01-00546	2003	Recombinant human activated protein C (rhAPC) and usual care VERSUS Usual anti-infective therapy and usual care IN Patients with severe sepsis - mean age 61	6	\$20,000
2003-01-00560	2003	Universal screening for Hepatitis C virus VERSUS No screening IN Patients attending genito-urinary medicine clinics in England - age 32	5.5	\$120,000

2003-01-00566	2003	Hepatitis A immunization at 2 years of age VERSUS No immunization IN 2000 healthy birth cohort in US regions with historic hepatitis A infection rate at > 200% national average	5	Cost-Saving
2003-01-00566	2003	Hepatitis A immunization at 2 years of age VERSUS No immunization IN 2000 healthy birth cohort in US regions with historic hepatitis A infection rate at 100-199% national average	5	Cost-Saving
2003-01-00566	2003	Hepatitis A immunization at 2 years of age VERSUS No immunization IN 2000 healthy birth cohort in US regions with historic hepatitis A infection rate at 50-99% national average	5	\$14,000
2003-01-00566	2003	Hepatitis A immunization at 2 years of age VERSUS No immunization IN 2000 healthy birth cohort in US regions with historic hepatitis A infection rate at < 50% national average	5	\$63,000
2003-01-00566	2003	Hepatitis A immunization at 2 years of age VERSUS No immunization IN 2000 healthy birth cohort in all US regions of varying historic hepatitis A infection rates	5	\$1,400
2003-01-00570	2003	Treatment with zanamivir VERSUS Treatment with amantadine IN Unvaccinated healthy working adults presenting with influenza symptoms during the influenza season - age 20-50	4	\$160,000
2003-01-00570	2003	Treatment with amantadine VERSUS No antiviral treatment IN unvaccinated healthy, working adults between 20 and 50 years of age presenting with influenza- like illness during the influenza season	4	Cost-Saving
2003-01-00574	2003	College-based vaccination against hepatitis B VERSUS No vaccination IN College students who have not been previously immunized against hepatitis A or B - age 18	4	Cost-Saving
2003-01-00574	2003	College-based vaccination against hepatitis A/B VERSUS No vaccination IN College students who have not been previously immunized against hepatitis A or B - age 18	4	Cost-Saving
2003-01-00574	2003	College-based vaccination against hepatitis A/B VERSUS College-based vaccination against hepatitis B IN College students who have not been previously immunized against hepatitis A or B - age 18	4	Cost-Saving
2003-01-00578	2003	Addition to current Swiss immunization program of generalized vaccination against invasive meningococcal disease (1 dose each at ages 2, 4, and 6 months) VERSUS Current Swiss immunization program (which is selective to children with medical risk factors) IN Theoretical birth cohort of 80,000 children in Switzerland	4	\$58,000
2003-01-00578	2003	Addition to current Swiss immunization program of generalized vaccination against invasive meningococcal disease (one dose at age 12 months) VERSUS Current Swiss immunization program (which is selective to children with medical risk factors) IN Theoretical birth cohort of 80,000 children in Switzerland	4	\$20,000
2003-01-00578	2003	Addition to current Swiss immunization program of generalized vaccination against invasive meningococcal and pneumococcal disease (one dose at age 12 months) VERSUS Current Swiss immunization program (which is selective to children with medical risk factors) IN Theoretical birth cohort of 80,000 children in Switzerland	4	\$14,000
2003-01-00578	2003	Addition to current Swiss immunization program of generalized vaccination against invasive meningococcal and pneumococcal disease (1 dose each at ages 2, 4, and 6 months) VERSUS Current Swiss immunization program (which is selective to children with medical risk factors) IN Theoretical birth cohort of 80,000 children in Switzerland	4	\$36,000
2003-01-00611	2003	Methadone maintenance therapy VERSUS No treatment IN Heterosexual male and female injection drug users IDU) and heterosexual female non-IDU sex partners of male IDUs	3	\$97,000
2003-01-00611	2003	Street outreach (provision of bleach and condoms plus risk reduction counseling) VERSUS No treatment IN Heterosexual male and female injection drug users IDU) and heterosexual female non-IDU sex partners of male IDUs	3	\$1,300
2003-01-00649	2003	Observation without testing or treatment VERSUS Throat culture with antibiotic treatment for positive results IN Adult patients with suspected group A beta-hemolytic streptococcus (GAS) pharyngitis	6	Dominated
2003-01-00649	2003	Optical immunoassay (OIA) alone with antibiotic treatment for positive results VERSUS Throat culture with antibiotic treatment for positive results IN Adult patients with suspected group A beta-hemolytic streptococcus (GAS) pharyngitis	6	Dominated
2003-01-00649	2003	Empirical treatment with penicillin without any testing VERSUS Throat culture with antibiotic treatment for positive results IN Adult patients with suspected group A beta-hemolytic streptococcus (GAS) pharyngitis	6	Dominated
2003-01-00649	2003	Optical Immunoassay (OIA) followed by culture to confirm negative OIA test result only; antibiotic treatment for positive results on either test VERSUS Throat culture with antibiotic treatment for positive results IN Adult patients with suspected group A beta-hemolytic streptococcus (GAS) pharyngitis	6	Dominated
2003-01-00651	2003	Monotherapy with interferon alfa-2b VERSUS No Treatment IN Patients with elevated alanine aminotransferase who test positive on HCV RNA assays and on serological tests for HCV antibodies and who have no histological evidence for fibrosis on liver biopsy - age 40	6	\$23,000
2003-01-00651	2003	Monotherapy with pegylated interferon alfa-2b VERSUS No Treatment IN Patients with elevated alanine aminotransferase who test positive on HCV RNA assays and on serological tests for HCV antibodies and who have no histological evidence for fibrosis on liver biopsy - age 40	6	\$21,000
2003-01-00651	2003	Combination therapy with interferon and ribavirin VERSUS Monotherapy with pegylated interferon alfa-2b IN Patients with elevated alanine aminotransferase who test positive on HCV RNA assays and on serological tests for HCV antibodies and who have no histological evidence for fibrosis on liver biopsy - age 40	6	\$24,000
2003-01-00651	2003	Combination therapy with pegylated interferon and ribavirin VERSUS Combination therapy with interferon and ribavirin IN Patients with elevated alanine aminotransferase who test positive on HCV RNA assays and on serological tests for HCV antibodies and who have no histological evidence for fibrosis on liver biopsy - age 40	6	\$36,000
2003-01-00674	2003	Routine immunisation program using pneumococcal conjugate heptavalent vaccine VERSUS No vaccination IN Healthy infants in Switzerland	3	\$21,000
2003-01-00699	2003	Donation testing for antibodies to HIV, HBV, and HCV as well as the HBsAg and the HIV p24 antigen VERSUS Donation testing with the same battery of tests plus NAT IN Patients receiving 1 unit of a blood component (RBCs, PLTs, or FFP) from a single donor - mean age 60	3	\$7,900,000
2003-01-00750	2003	Oseltamivir (tamiflu) available for prescription (on formulary) VERSUS Oseltamivir (tamiflu) not available for prescription (not on formulary) IN Otherwise healthy nonelderly patients presenting with influenza-like illness to primary care physicians in Canada - age 16-64	3.5	\$38,000
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin at a fixed dose for 48 weeks VERSUS Interferon alfa-2b and ribavirin for 48 weeks IN Male with untreated chronic hepatitis C (all base-case patients) - age 43	3	\$4,300
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin adjusted according to body weight for 48 weeks VERSUS Peginterferon alfa-2b and ribavirin at a fixed dose for 48 weeks IN Male with untreated chronic hepatitis C (all base-case patients) - age 43	3	\$1,500
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin adjusted according to body weight with good therapeutic compliance by patient for 48 weeks VERSUS Peginterferon alfa-2b and ribavirin adjusted according to body weight for 48 weeks IN Male with untreated chronic hepatitis C (genotype 1 base-case patients) - age 43	3	Cost-Saving
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin adjusted according to body weight for 48 weeks VERSUS Peginterferon alfa-2b and ribavirin at a fixed dose for 48 weeks IN Male with untreated chronic hepatitis C (genotype 1 base-case patients) - age 43	3	\$2,000
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin at a fixed dose for 48 weeks VERSUS Interferon alfa-2b and ribavirin for 48 weeks IN Male with untreated chronic hepatitis C (genotype 1 base-case patients) - age 43	3	\$2,900
2003-01-00751	2003	Peginterferon alfa-2b and ribavirin adjusted according to body weight with good therapeutic compliance by patient for 48 weeks VERSUS Peginterferon alfa-2b and ribavirin adjusted according to body weight for 48 weeks IN Male with untreated chronic hepatitis C (all base-case patients) - age 43	3	Cost-Saving
2003-01-00753	2003	Interferon monotherapy for 6 months VERSUS No treatment IN Patients with chronic hepatitis C previously not responding to interferon monotherapy	5	\$12,000

2003-01-00753	2003	Combination therapy of interferon and ribavirin for 6 months with standard doses of interferon VERSUS No treatment IN Patients with chronic hepatitis C previously not responding to interferon monotherapy	5	\$5,600
2003-01-00753	2003	Combination therapy of interferon and ribavirin for 6 months with high doses of interferon VERSUS No treatment IN Patients with chronic hepatitis C previously not responding to interferon monotherapy	5	\$5,500
2003-01-00753	2003	Combination therapy of interferon and ribavirin for 12 months with standard doses of interferon VERSUS No treatment IN Patients with chronic hepatitis C previously not responding to interferon monotherapy	5	\$6,900
2003-01-00787	2003	Standard interferon alfa-2b plus ribavirin VERSUS No antiviral treatment IN Patients with chronic hepatitis C who had received no prior therapy, RNA positivity for HCV, elevated transaminases, and recent liver biopsy	6	\$3,500
2003-01-00787	2003	Peginterferon alfa-2b plus fixed ribavirin VERSUS Standard interferon alfa-2b plus ribavirin IN Patients with chronic hepatitis C who had received no prior therapy, RNA positivity for HCV, elevated transaminases, and recent liver biopsy	6	\$14,000
2003-01-00787	2003	Peginterferon alfa-2b plus weight based ribavirin VERSUS Peginterferon alfa-2b plus fixed ribavirin IN Patients with chronic hepatitis C who had received no prior therapy, RNA positivity for HCV, elevated transaminases, and recent liver biopsy	6	\$2,300
2003-01-00802	2003	New enhanced-sensitivity HbSAg assays in routine donor testing VERSUS Current HbSAg assays in routine donor testing IN European recipients of blood transfusions	6	\$710,000
2003-01-00802	2003	Single-sample HBV NAT in routine donor testing VERSUS Current HbSAg assays in routine donor testing IN European recipients of blood transfusions	6	\$5,000,000
2003-01-00802	2003	Single-sample HBV NAT in routine donor testing VERSUS New enhanced-sensitivity HbSAg assays in routine donor testing IN European recipients of blood transfusions	6	\$45,000,000
2003-01-00812	2003	Central venous catheters impregnated with minocycline/rifampin VERSUS Central venous catheters impregnated with chlorhexidine/silver sulfadiazine IN Hospitalized adults at high risk of developing a catheter-related bloodstream infection who have been catheterized for 8 days	5	Cost-Saving
2003-01-00812	2003	Central venous catheters impregnated with minocycline/rifampin VERSUS Central venous catheters impregnated with chlorhexidine/silver sulfadiazine IN Hospitalized adults at high risk of developing a catheter-related bloodstream infection who have been catheterized for 15 days	5	Cost-Saving
2003-01-00812	2003	Central venous catheters impregnated with minocycline/rifampin VERSUS Central venous catheters impregnated with chlorhexidine/silver sulfadiazine IN Hospitalized adults at high risk of developing a catheter-related bloodstream infection who have been catheterized for 22 days	5	Cost-Saving
2003-01-00813	2003	Three doses of Hepatitis B vaccine in early life VERSUS No vaccination IN Hypothetical cohort of newborns in India	3.5	\$13
2003-01-00815	2003	Treatment with drotrecogin alfa (activated protein C) with 96-hour intravenous infusion at 24 microg/kg/hr plus usual care VERSUS Placebo plus usual care IN Patients with severe sepsis in the intensive care unit - age 18+	5.5	\$51,000
2003-01-00825	2003	Universal vaccination against high-risk human papillomavirus (HPV) infection VERSUS No vaccination IN Hypothetical cohort of 12 year old girls in the US	6	\$23,000
2003-01-00846	2003	Prophylaxis with trimethoprim-sulfamethoxazole and azithromycin VERSUS Prophylaxis with trimethoprim-sulfamethoxazole IN Patients in France with HIV infection started on first-line highly active antiretroviral therapy (HAART) at CD4 <= 350 cells/microL	6	\$27,000
2003-01-00846	2003	Prophylaxis with trimethoprim-sulfamethoxazole and fluconazole VERSUS Prophylaxis with trimethoprim-sulfamethoxazole and azithromycin IN Patients in France with HIV infection started on first-line highly active antiretroviral therapy (HAART) at CD4 <= 350 cells/microL	6	\$62,000
2003-01-00846	2003	Prophylaxis with trimethoprim-sulfamethoxazole, azithromycin, and fluconazole VERSUS Prophylaxis with trimethoprim-sulfamethoxazole and fluconazole IN Patients in France with HIV infection started on first-line highly active antiretroviral therapy (HAART) at CD4 <= 350 cells/microL	6	\$62,000
2003-01-00846	2003	Prophylaxis with trimethoprim-sulfamethoxazole, azithromycin, fluconazole, and ganciclovir VERSUS Prophylaxis with trimethoprim-sulfamethoxazole, azithromycin, and fluconazole IN Patients in France with HIV infection started on first-line highly active antiretroviral therapy (HAART) at CD4 <= 350 cells/microL	6	\$150,000

Malignant Neoplasms

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00855	2002	Testing with SLM and treating positives with high-dose adjuvant interferon (IFN) VERSUS Observation only IN Patients with clinical stage II malignant melanoma after surgical excision of their melanoma	5	\$19,000
2002-01-00855	2002	Low-dose adjuvant interferon (IFN) treatment for all patients VERSUS Testing with SLM and treating positives with high-dose adjuvant interferon (IFN) IN Patients with clinical stage II malignant melanoma after surgical excision of their melanoma	5	\$58,000
2002-01-00855	2002	Testing with SLM and treating with high or low dose adjuvant interferon based on positive or negative results respectively VERSUS Testing with SLM and treating positives with high-dose adjuvant interferon (IFN) IN Patients with clinical stage II malignant melanoma after surgical excision of their melanoma	5	\$32,000
2002-01-00897	2002	Positron emission tomography (PET) and Endoscopic ultrasound with fine needle aspiration biopsy VERSUS Computed tomography (CT) scan and Endoscopic ultrasound with fine needle aspiration biopsy IN Patients with with local, regional, and distant esophageal cancer	3.5	\$63,000
2002-01-01021	2002	Mastectomy, chemotherapy, and postmastectomy radiation therapy VERSUS Mastectomy and chemotherapy IN Premenopausal women who have undergone mastectomy and are lymph-node positive status - age 45	5.5	\$24,000
2002-01-01039	2002	Initial endoscopic placement of a metal biliary stent VERSUS Initial endoscopic placement of a plastic biliary stent IN Patients with unresectable pancreatic carcinoma and obstructive jaundice	5	Cost-Saving
2002-01-01044	2002	Biennial cervical screening using liquid-based cytology where a result of ASC-US is ignored VERSUS No screening IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$13,000
2002-01-01044	2002	Biennial cervical screening using conventional cytology where a result of ASC-US is ignored VERSUS No screening IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$11,000
2002-01-01044	2002	Biennial cervical screening using conventional cytology (where results reflect the unstratified category of ASC) where a result of ASC is ignored VERSUS No screening IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$11,000
2002-01-01044	2002	Biennial cervical screening using conventional cytology (where results reflect the unstratified category of ASC) with HPV DNA testing VERSUS Biennial cervical screening using conventional cytology (where results reflect the unstratified category of ASC) where a result of ASC is ignored IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$21,000
2002-01-01044	2002	Biennial cervical screening using conventional cytology with HPV DNA testing VERSUS Biennial cervical screening using conventional cytology where a result of ASC-US is ignored IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$29,000

2002-01-01044	2002	Biennial cervical screening using liquid based cytology with HPV DNA testing VERSUS Biennial cervical screening using liquid based cytology where a result of ASC-US is ignored IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$38,000
2002-01-01044	2002	Biennial cervical screening using liquid based cytology with repeat cytology VERSUS Biennial cervical screening using liquid based cytology with HPV DNA testing IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	Dominated
2002-01-01044	2002	Biennial cervical screening using conventional cytology with 2- visit HPV DNA testing VERSUS Biennial cervical screening using conventional cytology with HPV DNA testing IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	Dominated
2002-01-01044	2002	Biennial cervical screening using conventional cytology with repeat cytology VERSUS Biennial cervical screening using conventional cytology with HPV DNA testing IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	Dominated
2002-01-01044	2002	Biennial cervical screening using conventional cytology with immediate colposcopy VERSUS Biennial cervical screening using conventional cytology with HPV DNA testing IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$450,000
2002-01-01044	2002	Biennial cervical screening using liquid based cytology with immediate colposcopy VERSUS Biennial cervical screening using liquid based cytology with reflex HPV DNA testing IN Women diagnosed as having atypical squamous cells of undetermined significance (ASC-US)	5	\$700,000
2002-01-01045	2002	Pap test every 3 years until the age of 75 VERSUS Pap test every 3 years until the age of 65 IN Hypothetical cohort of U.S. women - age 20	6	\$12,000
2002-01-01045	2002	Pap test every 2 years until the age of 75 VERSUS Pap test every 3 years until the age of 75 IN Hypothetical cohort of U.S. women - age 20	6	\$31,000
2002-01-01045	2002	Pap test every 2 years until the age of 100 VERSUS Pap test every 2 years until the age of 75 IN Hypothetical cohort of U.S. women - age 20	6	\$59,000
2002-01-01045	2002	Pap test and HPV test every 2 years until the age of 75 VERSUS Pap test every 2 years until the age of 100 IN Hypothetical cohort of U.S. women - age 20	6	\$73,000
2002-01-01045	2002	Pap test and HPV test every 2 years until the age of 100 VERSUS Pap test and HPV test every 2 years until the age of 75 IN Hypothetical cohort of U.S. women - age 20	6	\$80,000
2002-01-01095	2002	Primary radioactive iodine treatment VERSUS Primary surgery - anti-thyroid drugs (ATDs) followed by thyroid lobectomy once euthyroidism has been achieved IN a 40 year old woman with a single toxic thyroid nodule presenting as clinical hyperthyroidism	5.5	Dominated
2002-01-01095	2002	Lifelong medical therapy with anti-thyroid drugs (ATDs) followed by thyroid lobectomy VERSUS Primary radioactive iodine treatment IN a 40 year old woman with a single toxic thyroid nodule presenting as clinical hyperthyroidism	5.5	Dominated
2002-01-01095	2002	Lifelong medical therapy with anti-thyroid drugs (ATDs) followed by radioactive iodine treatment VERSUS Anti-thyroid drugs (ATDs) followed by thyroid lobectomy once euthyroidism has been achieved IN a 40 year old woman with a single toxic thyroid nodule presenting as clinical hyperthyroidism	5.5	Dominated
2002-01-01097	2002	Tamoxifen and chemotherapy VERSUS Tamoxifen alone IN Postmenopausal women with node-positive early breast cancer	5	\$5,500
2002-01-01147	2002	Selective mediastinoscopy VERSUS Chest computed tomography alone IN Patients with known non-smal-cell lung cancer (NSCLC) - T1 tumors	5.5	\$26,000
2002-01-01147	2002	Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T1 tumors	5.5	\$85,000
2002-01-01147	2002	Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T2 tumors	5.5	\$46,000
2002-01-01147	2002	Selective mediastinoscopy VERSUS Chest computed tomography alone IN Patients with known non-smal-cell lung cancer (NSCLC) - T2 tumors	5.5	\$41,000
2002-01-01147	2002	Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T3 tumors	5.5	\$58,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 35	5.5	\$88,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 50	5.5	\$140,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 60	5.5	\$150,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 35	5.5	\$11,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 50	5.5	\$30,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 60	5.5	\$59,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 35	5.5	\$12,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 50	5.5	\$31,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 60	5.5	\$61,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma-in-situ) - age 35	5.5	\$18,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma-in-situ) - age 50	5.5	\$41,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma in-situ) - age 60	5.5	\$75,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (two or more first-degree relatives affected) - age 35	5.5	\$45,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (two or more first-degree relatives affected) - age 50	5.5	\$89,000
2002-01-01148	2002	Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (two or more first-degree relatives affected) - age 60	5.5	\$140,000
2002-01-01166	2002	Prophylactic cranial irradiation VERSUS No prophylactic cranial irradiation IN Patients in Canada with limited-stage small-cell lung cancer (SCLC) who have achieved a complete remission (assume utility of toxicity and relapse to be 1.0)	2.5	\$890
2002-01-01166	2002	Prophylactic cranial irradiation VERSUS No prophylactic cranial irradiation IN Patients in Canada with limited-stage small-cell lung cancer (SCLC) who have achieved a complete remission (assume utility of toxicity and relapse to be .25)	2.5	\$1,100

2003-01-00474	2003	Tamoxifen administration for five years modelled to represent 5 years total of breast cancer prevention VERSUS Placebo administration for five years IN Hypothetical cohort of initially healthy women in Australia at high risk for breast cancer	6	\$32,000
2003-01-00474	2003	Tamoxifen administration for five years modelled to represent 10 years total of breast cancer prevention VERSUS Placebo administration for five years IN Hypothetical cohort of initially healthy women in Australia at high risk for breast cancer	6	\$16,000
2003-01-00474	2003	Tamoxifen administration for five years modelled to represent no reduced incidence at 10 years ("delayed") VERSUS Placebo administration for five years IN Hypothetical cohort of initially healthy women in Australia at high risk for breast cancer	6	\$170,000
2003-01-00480	2003	Resection after neoadjuvant therapy for N2 nodal disease VERSUS Initial resection IN Patients with lung cancer with N2 nodal disease identified at the time of thoracotomy	3.5	\$17,000
2003-01-00493	2003	Sleeve lobectomy VERSUS Pneumonectomy IN Patients with early stage lung cancer who have acceptable lung function	3.5	\$1,000
2003-01-00550	2003	Subcutaneous treatment with epoetin-alfa 150 IU/kg three times a week for 28 weeks VERSUS Placebo IN Anemic patients with stage IV breast cancer receiving nonplatinum-containing chemotherapy - age 18+	6	\$14,000
2003-01-00553	2003	Treatment with first-line letrozole (with the option of second-line tamoxifen) VERSUS Treatment with first-line tamoxifen (with the option of second-line letrozole) IN Postmenopausal women with advanced breast cancer	4	\$120,000
2003-01-00607	2003	Use of free transverse rectus abdominis myocutaneous (TRAM) flap VERSUS Use of unipedicled TRAM flap IN Postmastectomy reconstruction patients	3	\$3,400
2003-01-00615	2003	Treatment with imatinib mesilate (600mg daily) VERSUS Conventional therapies of combination chemotherapy (DAT) and palliative care IN Patients in advanced stages of chronic myeloid leukemia (CML) (presenting in accelerated phase)	3.5	\$43,000
2003-01-00615	2003	Treatment with imatinib mesilate (600mg daily) VERSUS Conventional therapies of combination chemotherapy (DAT) and palliative care IN Patients in advanced stages of chronic myeloid leukemia (CML) (presenting in blast crisis)	3.5	\$62,000
2003-01-00682	2003	Letrozole - 2.5 mg daily VERSUS Tamoxifen - 20mg daily IN Postmenopausal women with advanced hormone-sensitive breast cancer who have not received first-line hormonal therapy in the advanced setting	3	\$8,700
2003-01-00682	2003	Anastrozole - 1 mg daily VERSUS Tamoxifen - 20mg daily IN Postmenopausal women with advanced hormone-sensitive breast cancer who have not received first-line hormonal therapy in the advanced setting	3	\$14,000
2003-01-00712	2003	Testing with computed tomography (CT); if CT results indeterminate, transthoracic needle biopsy; if CT results benign, watch and wait VERSUS Watchful waiting IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (low probability of malignancy (26%))	6	\$11,000
2003-01-00712	2003	Testing with computed tomography (CT); if CT results indeterminate, testing with positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if FDG-PET results positive, surgery; if FDG-PET results negative, biopsy; if CT results benign, watch and w VERSUS Testing with CT; if CT results indeterminate, biopsy; if CT results benign, watch and wait IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (low probability of malignancy (26%))	6	\$21,000
2003-01-00712	2003	Testing with computed tomography (CT); if results indeterminate, testing with positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if FDG-PET results positive, surgery; if FDG-PET results negative, biopsy; if CT results benign, biopsy VERSUS Testing with CT; if results indeterminate, testing with FDG-PET; if FDG-PET results positive, surgery; if FDG-PET results negative, biopsy; if CT results benign, watch and wait IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (low probability of malignancy (26%))	6	\$47,000
2003-01-00712	2003	Testing with computed tomography (CT) and positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if CT results indeterminate and FDG-PET results positive, surgery; if CT results benign and FDG-PET results negative, watch and wait; if CT results VERSUS Testing with CT; if results indeterminate, FDG-PET; if FDG-PET results positive, surgery; if FDG-PET results negative, transthoracic needle biopsy; if CT results benign, biopsy IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (low probability of malignancy (26%))	6	\$300,000
2003-01-00712	2003	Testing with computed tomography (CT); if CT results indeterminate, transthoracic needle biopsy; if CT results benign, watch and wait VERSUS Watchful waiting IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (high probability of malignancy (79%))	6	\$6,600
2003-01-00712	2003	Testing with computed tomography (CT); if results indeterminate, surgery; if CT results benign, testing with positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if FDG-PET results positive, biopsy; if FDG-PET results negative, watch and wait VERSUS Testing with CT; if CT results indeterminate, biopsy; if CT results benign, watch and wait IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (high probability of malignancy (79%))	6	\$17,000
2003-01-00712	2003	Testing with computed tomography (CT); if CT results indeterminate, surgery; if CT results benign, testing with positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if FDG-PET results positive, surgery; if FDG-PET results negative, watchful w VERSUS Testing with CT; if CT results indeterminate, surgery; if CT results benign, testing with FDG-PET; if FDG-PET results positive, biopsy; if FDG-PET results negative, watchful waiting IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (high probability of malignancy (79%))	6	\$52,000
2003-01-00712	2003	Testing with computed tomography (CT); if results indeterminate, surgery; if CT results benign, testing with positron emission tomography with 18-fluorodeoxyglucose (FDG-PET); if FDG-PET results positive, surgery; if FDG-PET results negative, biopsy VERSUS Testing with CT; if results indeterminate, surgery; if CT results benign, testing with FDG-PET; if FDG-PET results positive, surgery; if FDG-PET results negative, watch and wait IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (high probability of malignancy (79%))	6	\$69,000
2003-01-00733	2003	6 month follow-up interval for testing and treatment, 1 hepatic resection, and resection of no more than 6 metastases VERSUS No-test/no-treat IN Male patients who have previously undergone resection of a primary colorectal carcinoma (CRC) and are known to have developed metachronous liver metastases - age 65	4.5	\$19,000
2003-01-00743	2003	Screening with transabdominal ultrasound (US) and alfa-fetoprotein (AFP) concentration measurement alternating at 6 month intervals VERSUS No Screening IN Transplant-eligible patients with cirrhosis secondary to chronic hepatitis C viral infection - age 50	4.5	\$28,000
2003-01-00743	2003	Screening with alfa-fetoprotein (AFP) concentration measurement alone at 6 month intervals VERSUS Screening with transabdominal ultrasound (US) and AFP alternating at 6 month intervals IN Transplant-eligible patients with cirrhosis secondary to chronic hepatitis C viral infection - age 50	4.5	Dominated
2003-01-00743	2003	Screening with abdominal three phase CT and AFP (alfa-fetoprotein) concentration measurement alternating at 6 month intervals VERSUS Screening with transabdominal ultrasound (US) and AFP alternating at 6 month intervals IN Transplant-eligible patients with cirrhosis secondary to chronic hepatitis C viral infection - age 50	4.5	\$17,000
2003-01-00743	2003	Screening with abdominal magnetic resonance imaging (MRI) and AFP (alfa-fetoprotein) concentration measurement alternating at 6 month intervals VERSUS Screening with abdominal three phase CT and AFP alternating at 6 month intervals IN Transplant-eligible patients with cirrhosis secondary to chronic hepatitis C viral infection - age 50	4.5	\$120,000
2003-01-00743	2003	Screening with abdominal three phase CT and AFP (alfa-fetoprotein) concentration measurement alternating at 6 month intervals VERSUS No Screening IN Transplant-eligible patients with cirrhosis secondary to chronic hepatitis C viral infection - age 50	4.5	\$26,000
2003-01-00755	2003	Breast conservation surgery with radiation VERSUS Mastectomy IN Female Medicare recipients with Stage I or II breast cancer with no previous cancer diagnosis - age 67+	5.5	\$220,000
2003-01-00755	2003	Patient choice between breast conservation surgery with radiation treatment (BCSRT) or mastectomy VERSUS Mastectomy IN Female Medicare recipients with Stage I or II breast cancer with no previous cancer diagnosis - age 67+	5.5	\$82,000
2003-01-00795	2003	Single-fraction radiotherapy VERSUS Multiple-fraction radiotherapy (6 fractions of 4 Gy) IN Cancer patients in the Netherlands with painful bone metastases from solid tumors	4.5	Cost-Saving

2003-01-00809	2003	Selection-based management policy using DNA-ploidy as an experimental marker (prostatectomy for nondiploid result; monitoring for diploid result) VERSUS Monitoring (observation) IN Male patients diagnosed with moderately differentiated (Gleason sum score 5-7) prostate cancer - age 60	5.5	\$18,000
2003-01-00809	2003	Radical prostatectomy for all patients VERSUS Selection-based management policy using DNA-ploidy as an experimental marker (prostatectomy for nondiploid result; monitoring for diploid result) IN Male patients diagnosed with moderately differentiated (Gleason sum score 5-7) prostate cancer - age 60	5.5	\$25,000
2003-01-00829	2003	Annual helical computed tomography (CT) screening VERSUS No screening IN A hypothetical cohort of current heavy-smokers (>20 pack-years) who were eligible for lung resection surgery - age 60	5.5	\$120,000
2003-01-00829	2003	Annual helical computed tomography (CT) screening VERSUS No screening IN A hypothetical cohort of quitting heavy-smokers (>20 pack-years) who were eligible for lung resection surgery - age 60	5.5	\$570,000
2003-01-00829	2003	Annual helical computed tomography (CT) screening VERSUS No screening IN A hypothetical cohort of former heavy-smokers (>20 pack-years) who were eligible for lung resection surgery - age 60	5.5	\$2,400,000
2003-01-01154	2003	Letrozole (2.5 mg/day) as first-line hormonal therapy VERSUS Tamoxifen (20 mg/day) as first-line hormonal therapy IN Postmenopausal women with advanced breast cancer that is estrogen receptor and/or progesterone receptor positive or of unknown receptor status	4.5	\$5,500

Endocrine Disorders

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-01032	2002	Intensive glycemic control (consisting of insulin or sulfonylurea therapy) VERSUS Standard treatment to control blood glucose level IN Patients in the US newly diagnosed as having type 2 diabetes - age 25+	4.5	\$46,000
2002-01-01032	2002	Intensive hypertension control (treatment with angiotensin-converting enzyme inhibitors or beta-blockers) VERSUS Moderate hypertension control (treatment with diet and drugs but without angiotensin-converting enzyme inhibitors or beta-blockers) IN Patients in the US newly diagnosed as having type 2 diabetes and hypertension - age 25+	4.5	Cost-Saving
2002-01-01032	2002	Treatment with pravastatin VERSUS Standard treatment to control serum cholesterol level IN Patients in the US newly diagnosed as having type 2 diabetes and above normal serum cholesterol levels but without history of coronary heart disease (CHD) - age 25+	4.5	\$58,000
2003-01-00349	2003	Conventional wound care and adjunctive use of hyperbaric oxygen (HBO2) therapy VERSUS Conventional wound care only IN Hypothetical cohort of 1000 patients with severe diabetic foot ulcers (Wagner's classification III or above) - age 60	3	\$5,200
2003-01-00504	2003	Three months of standard treatment and use of GlucoWatch Biographer VERSUS Three months of standard treatment IN 40 children and adolescents with type I diabetes - age 7-17	4	\$61,000
2003-01-00608	2003	Metformin intervention initiated at a dose of 850 mg once a day and increased to 850 mg twice daily in one month's time VERSUS Placebo in same dosage as metformin IN Participants in a diabetes prevention program with impaired glucose tolerance and a BMI of 22-24 kg/m ² or higher - age 25+	4.5	\$110,000
2003-01-00608	2003	Intensive lifestyle intervention with dieting, physical activity, and behavior modification lessons/sessions VERSUS Placebo intervention initiated at a dose of 850 mg once a day and increased to 850 mg twice daily in one month's time IN Participants in a diabetes prevention program with impaired glucose tolerance and a BMI of 22-24 kg/m ² or higher - age 25+	4.5	\$54,000
2003-01-00666	2003	Continuous subcutaneous insulin infusion using an insulin pump VERSUS Multiple daily injections IN Patients with insulin-dependent diabetes (IDDM)	5.5	\$17,000
2003-01-00672	2003	Continuous combined oral preparation of norethisterone acetate and ethinylestradiol (NA/EE) as first-line therapy VERSUS Combination of oral conjugated equine oestrogen and oral medroxyprogesterone acetate (CEE/MPA) as first-line therapy IN Menopausal women - age 50	4.5	\$15,000
2003-01-00672	2003	Continuous combined oral preparation of norethisterone acetate and ethinylestradiol (NA/EE) as second-line therapy VERSUS Combination of oral conjugated equine oestrogen and oral medroxyprogesterone acetate (CEE/MPA) as second-line therapy IN Menopausal women - age 50	4.5	\$15,000
2003-01-00672	2003	Continuous combined oral preparation of norethisterone acetate and ethinylestradiol (NA/EE) as first-line therapy VERSUS No hormonal replacement therapy IN Menopausal women - age 50	4.5	\$1,600
2003-01-00672	2003	Continuous combined oral preparation of norethisterone acetate and ethinylestradiol (NA/EE) as second-line therapy VERSUS No hormonal replacement therapy IN Menopausal women - age 50	4.5	\$750
2003-01-00819	2003	Screening for diabetic retinopathy by retinal photography with a portable digital camera VERSUS No screening IN Aboriginal Canadians from isolated territories in Northern Ontario with diabetes	4	\$11,000
2003-01-00819	2003	Screening for diabetic retinopathy every 6 months by retina specialists VERSUS No screening IN Aboriginal Canadians from isolated territories in Northern Ontario with diabetes	4	\$28,000

Neuro-Psychiatric and Neurological Conditions

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-00071	2002	Treatment with riluzole VERSUS Best supportive care IN Patients with amyotrophic lateral sclerosis in the UK	4	\$38,000
2002-01-00979	2002	Standard treatment and adjunctive therapy with entacapone VERSUS Standard treatment alone IN Patients with idiopathic Parkinson's disease and end-of-dose motor fluctuations	5.5	\$10,000
2002-01-01008	2002	Continuing aggressive care VERSUS Withholding pulmonary resuscitation and ventilatory support after day 3 of coma IN High risk patients who experienced non-traumatic coma - age 18+	5	\$150,000
2002-01-01008	2002	Continuing aggressive care VERSUS Withholding pulmonary resuscitation and ventilatory support after day 3 of coma IN Low risk patients who experienced non-traumatic coma - age 18+	5	\$96,000
2002-01-01010	2002	Continuous intrathecal baclofen infusion pump VERSUS No treatment IN Patients with severe disabling spasticity refractory to oral therapy - Category 1 (bedbound patients with severe spasticity)	4	\$12,000
2002-01-01010	2002	Continuous intrathecal baclofen infusion pump VERSUS No treatment IN Patients with severe disabling spasticity refractory to oral therapy - Category 2 (bedbound patients with no pain)	4	\$22,000
2002-01-01010	2002	Continuous intrathecal baclofen infusion pump VERSUS No treatment IN Patients with severe disabling spasticity refractory to oral therapy - Category 3 (wheelchair users with moderate spasms)	4	\$14,000
2002-01-01049	2002	Treatment with interferon beta-1b VERSUS Placebo (no treatment) IN Patients from a Canadian epidemiological dataset (vs. a comparator clinical trial dataset) who converted from relapsing-remitting to secondary progressive multiple sclerosis (MS) in the model	4.5	\$29,000

2002-01-01104	2002	Preventive treatment with interferon beta VERSUS Usual care IN Hypothetical cohort of UK women with initial RRMS (Relapsing-Remitting Multiple Sclerosis) - age 30	5	\$94,000
2002-01-01150	2002	Treatment with donepezil (3 mg/day for the first week and 5 mg/day thereafter) VERSUS Conventional therapy IN Patients with mild Alzheimer's disease in Japan	3	Cost-Saving
2002-01-01150	2002	Treatment with donepezil (3 mg/day for the first week and 5 mg/day thereafter) VERSUS Conventional therapy IN Patients with moderate Alzheimer's disease in Japan	3	Cost-Saving
2002-01-01162	2002	Treatment with the cholinesterase inhibitor galantamine VERSUS No pharmacological treatment (placebo) IN Patients in the Netherlands with mild to moderate Alzheimer's disease	4.5	Cost-Saving
2002-01-01170	2002	Spinal cord stimulation plus physical therapy VERSUS Physical therapy alone IN Patients with chronic reflex sympathetic dystrophy of one extremity	4.5	Cost-Saving
2003-01-00066	2003	Interferon beta-1b therapy for 36 months VERSUS No treatment IN Patients with active relapsing-remitting or secondary progressive multiple sclerosis	5	\$7,900
2003-01-00066	2003	Interferon beta-1b therapy for 54 months VERSUS No treatment IN Patients with active relapsing-remitting or secondary progressive multiple sclerosis	5	\$39,000
2003-01-00435	2003	Six weekly cognitive behavioral therapy session for insomnia with continued use of hypnotic medications permitted VERSUS Continued use of hypnotic medications alone IN Patients in the UK being treated for insomnia who had been using hypnotics for at least the prior month (but not neuroleptics) - age 30+	2	\$5,000
2003-01-00511	2003	Intravenous immunoglobulin - 2 g/kg body weight VERSUS Six weeks of fluctuating levels of prednisolone by week IN Patients with chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)	4.5	\$300,000
2003-01-00571	2003	Intraoperative facial nerve monitoring during both revision and primary surgery VERSUS Intraoperative facial nerve monitoring during revision surgery only IN Patients undergoing middle ear or mastoid surgery	4	Cost-Saving
2003-01-00571	2003	Intraoperative facial nerve monitoring during revision surgery only VERSUS No intraoperative facial nerve monitoring during primary or revision surgery IN Patients undergoing middle ear or mastoid surgery	4	Cost-Saving
2003-01-00632	2003	Treatment with galantamine at 16 mg per day VERSUS No pharmacological treatment IN UK patients with mild to moderate Alzheimer's disease	4	\$13,000
2003-01-00665	2003	Enhanced depression treatment over 1 year with training of primary care team in Agency for Healthcare Research and Quality (AHRQ) guidelines VERSUS Conventional depression treatment over 1 year IN 211 US primary care patients beginning a new treatment episode for major depression	4	\$16,000
2003-01-00670	2003	Vagus nerve stimulator implantation VERSUS No device implantation IN Patients with medically refractory epilepsy	3.5	\$52,000
2003-01-00677	2003	Dynamic susceptibility-weighted contrast material-enhanced (DSC) magnetic resonance (MR) imaging VERSUS Standard clinical workup IN Community dwelling patients with mild to moderate dementia who present to a specialized AD center	5	\$650,000
2003-01-00677	2003	Fluorine 18 fluorodeoxyglucose (FDG) positron emission tomography (PET) VERSUS Dynamic susceptibility-weighted contrast material-enhanced (DSC) magnetic resonance (MR) imaging IN Community dwelling patients with mild to moderate dementia who present to a specialized AD center	5	Dominated
2003-01-00677	2003	Computed single photon emission computed tomography (SPECT) VERSUS Dynamic susceptibility-weighted contrast material-enhanced (DSC) magnetic resonance (MR) imaging IN Community dwelling patients with mild to moderate dementia who present to a specialized AD center	5	Dominated
2003-01-00677	2003	Hypothetical perfect exam with sensitivity and specificity of 1.0 VERSUS Standard clinical workup IN Community dwelling patients with mild to moderate dementia who present to a specialized AD center	5	\$240,000
2003-01-00677	2003	No imaging and treatment with donepezil hydrochloride (Aricept) for all patients VERSUS Standard clinical workup IN Community dwelling patients with mild to moderate dementia who present to a specialized AD center	5	\$150,000
2003-01-00706	2003	Treatment with mitoxantrone hydrochloride plus routine supportive care VERSUS Routine supportive care only IN Patients with secondary progressive or progressive relapsing multiple sclerosis (MS)	4	Cost-Saving
2003-01-00706	2003	Treatment with interferon beta-1b plus routine supportive care VERSUS Treatment with mitoxantrone hydrochloride plus routine supportive care IN Patients with secondary progressive or progressive relapsing multiple sclerosis (MS)	4	\$690,000
2003-01-00706	2003	Treatment with interferon beta-1b plus routine supportive care VERSUS Routine supportive care only IN Patients with secondary progressive or progressive relapsing multiple sclerosis (MS)	4	\$260,000
2003-01-00723	2003	Health Authority managed entry of donepezil into market by using existing services with consultant assessment and general practitioners taking up prescribing after 5 weeks VERSUS No managed entry of donepezil into market IN Alzheimer's patients in the Northwest health region of UK	3.5	\$860,000
2003-01-00723	2003	Health Authority managed entry of donepezil into market by using existing services with consultant-only prescribing VERSUS No managed entry of donepezil into market IN Alzheimer's patients in the Northwest health region of UK	3.5	\$950,000
2003-01-00723	2003	Health Authority managed entry of donepezil into market by establishing a specialist service with consultant-only prescribing VERSUS No managed entry of donepezil into market IN Alzheimer's patients in the Northwest health region of UK	3.5	\$1,500,000
2003-01-00746	2003	Enhanced depression treatment that adheres to guidelines of the Agency for Healthcare Research and Quality (AHRQ) VERSUS Usual depression treatment IN Female primary care patients who meet DSM-IV criteria for current major depression	5	\$5,500
2003-01-00746	2003	Enhanced depression treatment that adheres to guidelines of the Agency for Healthcare Research and Quality (AHRQ) VERSUS Usual depression treatment IN Male primary care patients who meet DSM-IV criteria for current major depression	5	\$140
2003-01-00762	2003	Interferon beta-1a, 6 MIU/wk (Avonex) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting multiple sclerosis (MS) - age 30	5	\$110,000
2003-01-00762	2003	Interferon beta-1a, 22 µg/wk (Rebif) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting multiple sclerosis (MS) - age 30	5	\$150,000
2003-01-00762	2003	Interferon beta-1a - 44 µg/wk (Rebif) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting multiple sclerosis (MS) - age 30	5	\$180,000
2003-01-00762	2003	Interferon beta-1b, 8 MIU/wk (Betaferon) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting multiple sclerosis (MS) - age 30	5	\$130,000
2003-01-00762	2003	Glatiramer acetate 20 mg/wk (Copaxone) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting multiple sclerosis (MS) - age 30	5	\$250,000
2003-01-00762	2003	Interferon beta 1b 8 MIU/wk (Betaferon) VERSUS Conventional multiple sclerosis treatment - symptom control, physiotherapy, psychiatric support, social support, disability aids IN Patients with untreated relapsing remitting and secondary progressive multiple sclerosis (MS) - age 30	5	\$120,000
2003-01-00837	2003	Dimethyl sulfoxide (DMSO) and placebo acetylcysteine VERSUS Acetylcysteine and placebo dimethyl sulfoxide (DMSO) IN Patients in the Netherlands with reflex sympathetic dystrophy (RSD) in only one extremity - age 18+	4	Cost-Saving
2003-01-01155	2003	Manual-assisted cognitive behavioral therapy VERSUS Usual care (i.e. problem-solving, psychotherapy) IN Patients presenting to emergency room after a repeat episode of deliberate self harm who did not require inpatient care - age 16-65	4	\$100,000
2003-01-01176	2003	Topiramate first line and carbamazepine second line VERSUS Carbamazepine first line and topiramate second line IN Patients in the UK with newly diagnosed epilepsy with partial seizures following initiation with conventional anti-epileptic drugs	4.5	\$56,000

2003-01-01176	2003	Topiramate first line and valproate second line VERSUS Valproate first line and topiramate second line IN Patients in the UK with newly diagnosed epilepsy with generalized seizures following initiation with conventional anti-epileptic drugs	4.5	\$45,000
2003-01-01176	2003	Valproate first line and lamotrigine second line VERSUS Topiramate first line and valproate second line IN Patients in the UK with newly diagnosed epilepsy with generalized seizures following initiation with conventional anti-epileptic drugs	4.5	\$180,000
2003-01-01176	2003	Topiramate first line and lamotrigine second line VERSUS Valproate first line and lamotrigine second line IN Patients in the UK with newly diagnosed epilepsy with generalized seizures following initiation with conventional anti-epileptic drugs	4.5	\$2,600

Sense Organ Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00853	2002	Non-surgical therapy (patching) followed by alignment surgery for treatment failures VERSUS No treatment IN Children with amblyopia	5.5	\$2,100
2002-01-00877	2002	Unilateral cochlear implantation VERSUS No intervention IN Adults with profound postlingual bilateral deafness who did not benefit from acoustic hearing aids preoperatively	5	\$27,000
2002-01-00877	2002	Unilateral cochlear implantation VERSUS Management with acoustic hearing aids IN Adults with profound postlingual bilateral deafness who benefitted marginally from acoustic hearing aids preoperatively	5	\$43,000
2002-01-00877	2002	Simultaneous bilateral cochlear implantation VERSUS Unilateral cochlear implantation IN Adults with profound postlingual bilateral deafness who did or did not benefit from acoustic hearing aids preoperatively	5	\$98,000
2002-01-00877	2002	Prior unilateral cochlear implantation with second additional implantation VERSUS Prior unilateral cochlear implantation with no additional intervention IN Adults with profound postlingual bilateral deafness who are existing users of one cochlear implantation	5	\$110,000
2002-01-00906	2002	Cataract surgery VERSUS No cataract surgery IN Patients scheduled for cataract extraction in one eye	3.5	\$4,500
2002-01-00969	2002	Cochlear implantation VERSUS No implantation IN Older adults (prelingually and postlingually deafened patients combined) - age 50 - 83	4.5	\$10,000
2002-01-00969	2002	Cochlear implantation VERSUS No implantation IN Older deaf adults (post-lingually deafened patients only) - age 50 - 83	4.5	\$9,900
2002-01-00969	2002	Cochlear implantation VERSUS No implantation IN Older adults (pre-lingually deafened patients only) - age 50-83	4.5	\$10,000
2002-01-01051	2002	Cochlear implantation VERSUS Use of hearing aids IN Postlingually deafened patients with large vestibular aqueduct syndrome in either ear and with severe to profound hearing loss	2.5	\$13,000
2002-01-01103	2002	Initial cataract surgery VERSUS Observation IN Patients who undergo initial cataract surgery as part of the PORT (US National Cataract Patient Outcomes Research Team)* study	4	\$2,100
2002-01-01110	2002	Vitrectomy with perfluoropropane gas VERSUS Natural course of retinal detachment IN Patients with rhegmatogenous retinal detachment associated with severe proliferative vitreoretinopathy and have had no previous vitrectomy	4	\$49,000
2002-01-01110	2002	Vitrectomy with silicone oil VERSUS Natural course of retinal detachment IN Patients with rhegmatogenous retinal detachment associated with severe proliferative vitreoretinopathy and have had no previous vitrectomy	4	\$42,000
2002-01-01110	2002	Vitrectomy with perfluoropropane gas VERSUS Natural course of retinal detachment IN Patients with rhegmatogenous retinal detachment associated with severe proliferative vitreoretinopathy and have had a previous vitrectomy	4	\$48,000
2002-01-01110	2002	Vitrectomy with silicone oil VERSUS Natural course of retinal detachment IN Patients with rhegmatogenous retinal detachment associated with severe proliferative vitreoretinopathy and have had a previous vitrectomy	4	\$65,000
2002-01-01130	2002	Laser photocoagulation therapy for visual loss VERSUS No treatment IN Patients with macular edema associated with branch retinal vein occlusion	3.5	\$4,600
2003-01-00510	2003	Second-eye cataract surgery VERSUS Preexisting unilateral pseudophakia IN Cohort of US patients with prior successful cataract surgery in fellow eye - median age 73	4.5	\$2,800
2003-01-00664	2003	Laser photocoagulation therapy VERSUS Observation IN Patients with unilateral or bilateral extrafoveal choroidal neovascularization associated with age-related macular degeneration	3.5	\$24,000
2003-01-00764	2003	Usual process of hearing-aid fitting VERSUS No treatment IN Adult first-time hearing aid users in the Netherlands with no contraindications for hearing aid use	5	\$20,000
2003-01-01179	2003	Cataract surgery and posterior chamber intraocular lens implantation VERSUS No treatment IN Patients with bilateral cataracts with 20/83 vision - age 73	2	\$1,600

Cardiovascular Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00845	2002	Use of low-molecular-weight heparin (LMWH) enoxaparin VERSUS Use of warfarin IN US patients undergoing total hip replacement surgery	4.5	\$3,900
2002-01-00876	2002	Ultrasound screening for abdominal aortic aneurysms VERSUS No screening IN Men from four primary care health centers in the UK - age 65-74 years	5	\$57,000
2002-01-00889	2002	Elective endovascular repair VERSUS Elective open surgical repair IN Men with 5-6 cm infrarenal abdominal aortic aneurysm who are eligible for both endovascular and open surgical repair - age 70	5.5	\$10,000
2002-01-00946	2002	Implantation of an implantable cardiac defibrillator (ICD) VERSUS Treatment with amiodarone IN Patients with varying rates of sudden and nonsudden cardiac death	4.5	\$59,000
2002-01-00948	2002	Abdominal ultrasonography screening of all patients for abdominal aortic aneurysms prior to rupture VERSUS No screening for abdominal aortic aneurysms prior to rupture IN Canadian smoker and nonsmoker primary care patients (male and female) - age 50+	2.5	\$520
2002-01-00950	2002	Quick screen ultrasound exam VERSUS No screen IN Males with risk factors for abdominal aortic aneurysms - age 70	4	\$12,000
2002-01-00980	2002	Tinzaparin sodium VERSUS Unfractionated heparin IN Patients with deep vein thrombosis	6	Cost-Saving
2002-01-01000	2002	Atorvastatin VERSUS No statins IN Patients with estimated coronary heart disease (risk factors from the Scandinavian Simvastatin Survival Study (4S) - age 40+	2.5	\$1,300

2002-01-01000	2002	Fluvastatin VERSUS No statins IN Patients with estimated coronary heart disease (risk factors from the Scandinavian Simvastatin Survival Study (4S) - age 40+	2.5	\$2,700
2002-01-01000	2002	Pravastatin VERSUS No statins IN Patients with estimated coronary heart disease (risk factors from the Scandinavian Simvastatin Survival Study (4S) - age 40+	2.5	\$4,400
2002-01-01000	2002	Simvastatin VERSUS No statins IN Patients with estimated coronary heart disease (risk factors from the Scandinavian Simvastatin Survival Study (4S) - age 40+	2.5	\$3,200
2002-01-01004	2002	25 mg/day spironolactone VERSUS Standard therapy: angiotensin-converting enzyme inhibitor, a loop diuretic, and in some cases, digoxin IN Patients with severe heart failure (NY Heart Association Severity Class III or IV) and left ventricular ejection fraction <= 35%, with history of Class IV within 6 months prior to enrollment	5.5	Cost-Saving
2002-01-01017	2002	Current use of aspirin VERSUS No aspirin IN Patients with coronary disease - age 35-84	5	\$11,000
2002-01-01017	2002	Aspirin for all eligible patients VERSUS Current use of aspirin IN Patients with coronary disease - age 35-84	5	\$11,000
2002-01-01017	2002	Aspirin for all eligible patients and clopidogrel for the remaining 5.7% VERSUS Aspirin for all eligible patients IN Patients with coronary disease - age 35-84	5	\$32,000
2002-01-01017	2002	Clopidogrel for all patients VERSUS Aspirin for all eligible patients and clopidogrel for the remaining 5.7% IN Patients with coronary disease - age 35-84	5	\$260,000
2002-01-01017	2002	Combination of clopidogrel for all patients plus aspirin for eligible patients VERSUS Aspirin for all eligible patients and clopidogrel for the remaining 5.7% IN Patients with coronary disease - age 35-84	5	\$140,000
2002-01-01023	2002	Anti-coagulation therapy with warfarin VERSUS No anti-coagulation therapy IN Individuals with nonrheumatic atrial fibrillation - age 65	3	Cost-Saving
2002-01-01023	2002	Anti-coagulation therapy with warfarin VERSUS No anti-coagulation therapy IN Individuals with nonrheumatic atrial fibrillation - age 85	3	Cost-Saving
2002-01-01030	2002	Prophylactic program including compression stockings and patient education VERSUS No prophylactic program IN Patients with a history of venous stasis ulceration - age 55	5.5	\$17,000
2002-01-01058	2002	Screen for the Factor V Leiden mutation and treat all carriers with oral anti-coagulant (warfarin) for 3 yrs VERSUS Six months standard oral anti-coagulant therapy (warfarin) without testing IN Women having suffered a first episode of venous thromboembolism (VTE) - age 35	4	Cost-Saving
2002-01-01058	2002	Screen for the Factor V Leiden mutation and treat all carriers with oral anti-coagulant (warfarin) for lifetime VERSUS Six months standard oral anti-coagulant therapy (warfarin) without testing IN Women having suffered a first episode of venous thromboembolism (VTE) - age 35	4	Dominated
2002-01-01084	2002	Combination aspirin-dipyridamole therapy for secondary stroke prevention VERSUS Aspirin therapy for secondary stroke prevention IN Hypothetical cohort of 1000 UK stroke survivors 30 days after initial stroke	4	\$10,000
2002-01-01084	2002	Stroke Unit care VERSUS Conventional care IN Hypothetical cohort of 1000 UK stroke survivors with acute stroke	4	\$1,600
2002-01-01084	2002	Thrombolytic (rt-PA) therapy VERSUS No early acute therapy IN Hypothetical cohort of 1000 UK stroke survivors with acute ischemic stroke treated hours after stroke onset	4	Cost-Saving
2002-01-01093	2002	Cardiac pulmonary resuscitation VERSUS No treatment IN Patients who experienced in-hospital cardiac arrest - age 80+	2.5	\$96,000
2002-01-01100	2002	Administration of anecrod within 3 hours of symptom onset VERSUS Administration of placebo within 3 hours of symptom onset IN Patients with acute ischemic stroke with moderate to severe deficits - age 18+	5	Cost-Saving
2002-01-01120	2002	Gemfibrozil treatment VERSUS No treatment IN Men with coronary heart disease (CHD), low levels of high-density lipoprotein cholesterol (HDL-C) - (mean 32 mg/dL), and low levels of low-density lipoprotein cholesterol (LDL-C) - (mean 111mg/dL) - age 74 or less	4.5	Cost-Saving
2002-01-01128	2002	Routine antihypertensive treatment plus benazepril VERSUS Routine antihypertensive treatment plus placebo IN Patients with chronic renal insufficiency and hypertension treated with agents other than ACE inhibitors	4.5	Cost-Saving
2002-01-01149	2002	Primary treatment of percutaneous transluminal angioplasty (PTA) with stent placement VERSUS Primary treatment of exercise with no secondary treatment if primary treatment failed IN Male with 1-year history of severe unilateral claudication, no history of coronary artery disease and an initial ankle-brachial index (lowest value of 2 limbs) of 0.70 - age 60	5.5	\$45,000
2002-01-01149	2002	Primary treatment of exercise with secondary treatment of either PTA or bypass surgery if primary treatment failed VERSUS Primary treatment of percutaneous transluminal angioplasty (PTA) with stent placement IN Male with 1-year history of severe unilateral claudication, no history of coronary artery disease and an initial ankle-brachial index (lowest value of 2 limbs) of 0.70 - age 60	5.5	\$370,000
2002-01-01169	2002	Treatment with ramipril VERSUS Placebo IN Patients in Sweden at high risk of cardiovascular events	3	\$3,500
2003-01-00500	2003	Stenting using standard techniques VERSUS Off-pump bypass surgery using the "Octopus" tissue stabilizer IN Patients referred for coronary angioplasty with stable or unstable angina (Braunwald Class I-IIb) and/or documented ischemia irrespective of the extent of vessel disease	4	Cost-Saving
2003-01-00501	2003	Public placement of defibrillators VERSUS No public placement of defibrillators IN Individuals with prehospital cardiopulmonary arrests (due to presumed heart disease) that occurred in all major airports, railway stations, and bus stations throughout Scotland	5	\$65,000
2003-01-00518	2003	CT angiography VERSUS Medical therapy IN Patients with medication-resistant hypertension	4	\$17,000
2003-01-00518	2003	MR angiography VERSUS Medical therapy IN Patients with medication-resistant hypertension	4	\$17,000
2003-01-00518	2003	CT angiography VERSUS Natural history of medication-resistant hypertension IN Patients with medication-resistant hypertension	4	Cost-Saving
2003-01-00518	2003	Conventional angiography VERSUS Natural history of medication-resistant hypertension IN Patients with medication-resistant hypertension	4	\$7,500
2003-01-00518	2003	MR angiography VERSUS Natural history of medication-resistant hypertension IN Patients with medication-resistant hypertension	4	\$6,400
2003-01-00518	2003	Conventional angiography VERSUS Medical therapy IN Patients with medication-resistant hypertension	4	\$1,300
2003-01-00532	2003	Cardiac stent VERSUS Balloon angioplasty IN Patients with acute myocardial infarction (AMI) enrolled in the Controlled Abciximab and Device Investigation to Lower Late Angioplasty Complications (CADILLAC) trial	5.5	\$11,000
2003-01-00532	2003	Abciximab infusions VERSUS No abciximab IN Patients with acute myocardial infarction (AMI) enrolled in the Controlled Abciximab and Device Investigation to Lower Late Angioplasty Complications (CADILLAC) trial	5.5	Dominated
2003-01-00544	2003	One-year preventive intervention to control risk factors for cardiovascular disease VERSUS No intervention IN Hypertensive patients from 30 general practice clinics in Israel	1.5	Cost-Saving
2003-01-00585	2003	Placement of an intra-vena-caval bird's nest filter (BNF) with anti-coagulation therapy VERSUS Anti-coagulation therapy alone IN Patients with malignant brain tumors and deep venous thrombosis of the lower extremities at risk for pulmonary embolism	4	\$300,000
2003-01-00597	2003	Helicopter transport to tertiary care center followed by treatment with intravenous (IV) thrombolysis or intra-arterial (IA) thrombolysis VERSUS No helicopter transport with no thrombolysis IN Patients with acute ischemic stroke - mean age 65	3	\$6,700

2003-01-00598	2003	National Institute of Neurological Disorders and Stroke (NINDS)-compliant strategy for target population VERSUS Standard care IN Males presenting to the emergency room with signs and symptoms of acute ischemic stroke - age 65	5	Cost-Saving
2003-01-00599	2003	Cardiac enzyme testing at presentation alone VERSUS Discharge without additional testing IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$260,000
2003-01-00599	2003	Observation for at least six hours and cardiac enzyme testing VERSUS Cardiac enzyme testing at presentation alone IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$27,000
2003-01-00599	2003	Admit to hospital for 24 hours then cardiac enzyme testing (no EST before discharge) VERSUS Observation for at least six hours and cardiac enzyme testing IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$53,000
2003-01-00599	2003	Observation for at least six hours, cardiac enzyme testing, and exercise stress test (EST) if blood tests are negative VERSUS Admit to hospital for 24 hours then cardiac enzyme testing (no EST before discharge) IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$16,000
2003-01-00599	2003	Admit to hospital for 24 hours, cardiac enzyme testing, and exercise stress test (EST) if blood tests are negative VERSUS Observation for at least six hours, cardiac enzyme testing, and exercise stress test (EST) if blood tests are negative IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$180,000
2003-01-00599	2003	Observation for at least six hours, cardiac enzyme testing, and exercise stress test (EST) if blood tests are negative VERSUS Observation for at least six hours and cardiac enzyme testing IN Patients presenting to hospital with acute chest pain unexplained by trauma or chest radiological findings	3.5	\$42,000
2003-01-00601	2003	Initial resuscitation automated external defibrillators (AED) provided through public access deployment VERSUS Treatment by emergency medical services equipped with automated external defibrillators (AED) IN Simulated cohort of cardiac arrest victims in the US	5	\$30,000
2003-01-00610	2003	Immediate prophylactic percutaneous transluminal angioplasty with stent placement (PTA-S) VERSUS Delay in treatment until patients develop refractory hypertension or renal insufficiency IN A hypothetical cohort of 1000 patients with unilateral 50% asymptomatic atherosclerotic renal artery stenosis (RAS) - age 61+	3.5	\$13,000
2003-01-00613	2003	Antihypertensive treatment VERSUS No antihypertensive treatment IN Men with low risk of cardiovascular risk - age 30-39	4	\$2,400
2003-01-00613	2003	Antihypertensive treatment VERSUS No antihypertensive treatment IN Men with low risk of cardiovascular risk - age 40-49	4	\$2,000
2003-01-00613	2003	Antihypertensive treatment VERSUS No antihypertensive treatment IN Men with low risk of cardiovascular risk - age 50-59	4	\$1,500
2003-01-00613	2003	Antihypertensive treatment VERSUS No antihypertensive treatment IN Men with low risk of cardiovascular risk - age 60-69	4	\$1,600
2003-01-00613	2003	Antihypertensive treatment VERSUS No antihypertensive treatment IN Men with low risk of cardiovascular risk - age 70-79	4	\$1,400
2003-01-00622	2003	Standard EMS for cardiac arrest supplemented by defibrillation by trained lay responders VERSUS Standard EMS for cardiac arrest including first-responder defibrillation followed by advanced life support IN 140 patients with cardiac arrest in US casinos	5.5	\$55,000
2003-01-00629	2003	Ultrasound screening incorporating unilateral duplex Doppler examination to detect deep vein thrombosis (DVT) VERSUS No ultrasound screening IN Patients with acute respiratory failure requiring mechanical ventilation - mean age 60	5.5	\$8,800
2003-01-00645	2003	Deployment of automated external defibrillators (AEDs) on 4 million annual commercial passenger flights by domestic carriers VERSUS No deployment of automated external defibrillators (AEDs) on such flights IN Victims of cardiac arrest while flying on a domestic commercial airline	5	\$35,000
2003-01-00694	2003	Deferring the decision for percutaneous coronary intervention (PCI) to obtain a nuclear stress imaging study (NUC) VERSUS Measuring myocardial fraction flow reserve (FFR) to help guide the decision for PCI IN Patients with an intermediate coronary lesion and no prior functional study	4	\$840,000
2003-01-00694	2003	Measuring myocardial fraction flow reserve (FFR) to guide the decision for percutaneous coronary intervention (PCI) VERSUS Stenting intermediate lesions in all patients IN Patients with an intermediate coronary lesion and no prior functional study	4	Cost-Saving
2003-01-00705	2003	First-line therapy with ACE inhibitors VERSUS Conventional first-line therapy with beta-endoceptor antagonists or diuretics IN Male patients without cardiovascular comorbidity requiring antihypertensive drug therapy - age 40	5.5	\$760,000
2003-01-00705	2003	Risk stratification of echocardiography and individualized therapy (ACE inhibitor therapy in the presence of left ventricular hypertrophy (LVH); conventional therapy in the absence of LVH) VERSUS Conventional first-line therapy with beta-endoceptor antagonists or diuretics IN Male patients without cardiovascular comorbidity requiring antihypertensive drug therapy - age 40	5.5	\$0
2003-01-00705	2003	Risk stratification of echocardiography and individualized therapy (ACE inhibitor therapy in the presence of left ventricular hypertrophy (LVH); conventional therapy in the absence of LVH) VERSUS Conventional first-line therapy with beta-endoceptor antagonists or diuretics IN Male patients without cardiovascular comorbidity requiring antihypertensive drug therapy - age 40	5.5	\$220,000
2003-01-00713	2003	C-reactive protein screening followed by targeted statin therapy for patients with elevated C-reactive protein levels VERSUS No C-reactive protein screening and no statin therapy (usual care) IN Hypothetical cohort of men who have no overt hyperlipidemia (LDL <149 mg/dL) - age 58	6	\$50,000
2003-01-00713	2003	C-reactive protein screening followed by targeted statin therapy for patients with elevated C-reactive protein levels VERSUS No C-reactive protein screening and no statin therapy (usual care) IN Hypothetical cohort of women who have no overt hyperlipidemia (LDL <149 mg/dL) - age 58	6	\$99,000
2003-01-00713	2003	Statin therapy for all patients VERSUS C-reactive protein screening followed by targeted statin therapy for patients with elevated C-reactive protein levels IN Hypothetical cohort of men who have no overt hyperlipidemia (LDL <149 mg/dL) - age 58	6	\$530,000
2003-01-00713	2003	Statin therapy for all patients VERSUS C-reactive protein screening followed by targeted statin therapy for patients with elevated C-reactive protein levels IN Hypothetical cohort of women who have no overt hyperlipidemia (LDL <149 mg/dL) - age 58	6	\$670,000
2003-01-00763	2003	Color-guided duplex ultrasound (DUS) in all patients and subsequent angioplasty for patients with suitable lesions VERSUS No imaging work-up and supervised walking exercise program IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$21,000
2003-01-00763	2003	Magnetic resonance angiography (MRA) in all patients and subsequent angioplasty for patients with suitable lesions VERSUS No imaging work-up and supervised walking exercise program IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$20,000
2003-01-00763	2003	Intraarterial digital subtraction angiography (DSA) in all patients and subsequent angioplasty for patients with suitable lesions VERSUS Magnetic resonance angiography (MRA) in all patients and subsequent angioplasty for patients with suitable lesions IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$400,000
2003-01-00763	2003	Color-guided duplex ultrasound (DUS) in all patients and subsequent angioplasty for patients with suitable lesions and bypass surgery for those without VERSUS Magnetic resonance angiography (MRA) in all patients and subsequent angioplasty for patients with suitable lesions IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$200,000
2003-01-00763	2003	Magnetic resonance angiography (MRA) in all patients and subsequent angioplasty for patients with suitable lesions and bypass surgery for those without VERSUS MRA in all patients and subsequent angioplasty for patients with suitable lesions IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$150,000

2003-01-00763	2003	Intraarterial digital subtraction angiography (DSA) in all patients and subsequent angioplasty for patients with suitable lesions and bypass surgery for those without VERSUS Magnetic resonance angiography (MRA) in all patients and subsequent angioplasty for patients with suitable lesions IN Previously untreated patients presenting with severe unilateral intermittent claudication of at least 1 year duration - age 60	5.5	\$130,000
2003-01-00799	2003	Carotid endarterectomy (CEA) VERSUS Carotid angioplasty and stenting (CAS) IN Patients requiring intervention to address carotid artery stenosis > 70% (symptomatic) or > 80% (asymptomatic) - age 70	3.5	Cost-Saving
2003-01-00810	2003	"On-pump" coronary bypass surgery (with cardiopulmonary bypass) VERSUS "Off-pump" coronary bypass surgery (without cardiopulmonary bypass) IN Low risk patients with predominantly single or double-vessel coronary disease undergoing coronary bypass surgery	4	\$200,000
2003-01-00828	2003	Duplex ultrasonography (US) VERSUS No diagnostic workshop IN Male patients with severe lifestyle-limiting intermittent claudication to undergo pretreatment imaging workup - age 60	5	\$40,000
2003-01-00828	2003	Magnetic resonance (MR) angiography VERSUS No diagnostic workshop IN Male patients with severe lifestyle-limiting intermittent claudication to undergo pretreatment imaging workup - age 60	5	\$380,000
2003-01-00828	2003	Intraarterial digital subtraction angiography (DSA) VERSUS Magnetic resonance (MR) angiography IN Male patients with severe lifestyle-limiting intermittent claudication to undergo pretreatment imaging workup - age 60	5	\$520,000
2003-01-00848	2003	Coronary artery bypass graft and percutaneous transluminal coronary angioplasty plus abciximab VERSUS Medical management (beta blockers and long-term nitrates) IN Patients in the UK with coronary heart disease and angina expected to require revascularization	4	\$29,000
2003-01-00848	2003	Coronary artery bypass graft and percutaneous transluminal coronary angioplasty VERSUS Coronary artery bypass graft and percutaneous transluminal coronary angioplasty plus abciximab IN Patients in the UK with coronary heart disease and angina expected to require revascularization	4	Dominated
2003-01-00848	2003	Coronary artery bypass graft and stent VERSUS Coronary artery bypass graft and percutaneous transluminal coronary angioplasty plus abciximab IN Patients in the UK with coronary heart disease and angina expected to require revascularization	4	\$210,000
2003-01-00848	2003	Coronary artery bypass graft and stent plus abciximab VERSUS Coronary artery bypass graft and stent IN Patients in the UK with coronary heart disease and angina expected to require revascularization	4	\$4,700
2003-01-01156	2003	Angiography and surgical management of culprit aneurysms VERSUS No treatment IN Patients with poor-grade aneurysmal subarachnoid hemorrhage presenting to a neurosurgical unit in the UK	1.5	\$6,200

Respiratory Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00912	2002	Educational interventions VERSUS Usual care IN Patients with asthma who were to be treated with inhaled steroids by national guidelines	5.5	Cost-Saving
2002-01-00922	2002	Brief advice plus nicotine replacement therapy VERSUS Brief advice IN Smoking adults	2.5	\$2,600
2002-01-00922	2002	Brief advice plus bupropion SR VERSUS Brief advice IN Smoking adults	2.5	\$1,600
2002-01-00922	2002	Brief advice plus bupropion SR and nicotine replacement therapy VERSUS Brief advice IN Smoking adults	2.5	\$2,100
2002-01-00922	2002	Counseling plus nicotine replacement therapy VERSUS Counseling IN Smoking adults	2.5	\$1,100
2002-01-00922	2002	Counseling plus bupropion SR VERSUS Counseling IN Smoking adults	2.5	\$690
2002-01-00922	2002	Counseling plus bupropion SR and nicotine replacement therapy VERSUS Counseling IN Smoking adults	2.5	\$970
2002-01-01056	2002	Prophylactic regimen of dapsone, then aerosolized pentamidine, then atovaquone in face of TMP/SMX intolerance VERSUS No prophylaxis IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	\$4,900
2002-01-01056	2002	Prophylactic regimen of aerosolized pentamidine, then dapsone, then tovaquone in face of TMP/SMX intolerance VERSUS Prophylactic regimen of dapsone, then aerosolized pentamidine, then atovaquone in face of TMP/SMX intolerance IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	Dominated
2002-01-01056	2002	Prophylactic regimen of aerosolized pentamidine, then atovaquone, then dapsone in face of TMP/SMX intolerance VERSUS Prophylactic regimen of dapsone, then aerosolized pentamidine, then atovaquone in face of TMP/SMX intolerance IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	Dominated
2002-01-01056	2002	Prophylactic regimen of atovaquone, then aerosolized pentamidine, then dapsone in face of TMP/SMX intolerance VERSUS Prophylactic regimen of dapsone, then aerosolized pentamidine, then atovaquone in face of TMP/SMX intolerance IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	Dominated
2002-01-01056	2002	Prophylactic regimen of atovaquone, then dapsone, then aerosolized pentamidine in face of TMP/SMX intolerance VERSUS Prophylactic regimen of dapsone, then aerosolized pentamidine, then atovaquone in face of TMP/SMX intolerance IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	\$1,700,000
2002-01-01056	2002	Stop prophylaxis CD4 >200uL VERSUS No prophylaxis IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	\$5,500
2002-01-01056	2002	Stop prophylaxis CD4 >300uL VERSUS Stop prophylaxis CD4 >200uL IN Hypothetical cohort of HIV infected patients in the US with initial CD4 cell counts of 350/uL who were given Pneumocystis carinii pneumonia (PCP) prophylaxis after their first measured CD4 lymphocyte count less than 200uL	6	\$10,000
2002-01-01098	2002	Single-lung transplantation VERSUS Medical treatment IN Patients with end-stage lung disease in the United Kingdom	4	\$51,000

2002-01-01098	2002	Double-lung transplantation VERSUS Medical treatment IN Patients with end-stage lung disease in the United Kingdom	4	\$35,000
2002-01-01098	2002	Heart-lung transplantation VERSUS Medical treatment IN Patients with end-stage lung disease in the United Kingdom	4	\$31,000
2003-01-00496	2003	Treatment with bosentan for 1 year VERSUS Treatment with epoprostenol for 1 year IN Hypothetical cohort of patients with pulmonary arterial hypertension	2.5	Cost-Saving
2003-01-00496	2003	Treatment with bosentan for 1 year VERSUS Treatment with treprostinil for 1 year IN Hypothetical cohort of patients with pulmonary arterial hypertension	2.5	Cost-Saving
2003-01-00496	2003	Treatment with treprostinil for 1 year VERSUS Treatment with epoprostenol for 1 year IN Hypothetical cohort of 100 patients with pulmonary arterial hypertension	2.5	\$120,000,000
2003-01-00698	2003	Pulmonary rehabilitation then lung-volume-reduction surgery VERSUS Pulmonary rehabilitation then continued medical treatment IN Patients with severe emphysema participating in the National Emphysema Treatment Trial (NETT)	6	\$190,000
2003-01-00740	2003	Nasal continuous positive airway pressure (nCPAP) treatment VERSUS No treatment IN Men with obstructive sleep apnoea syndrome (OSAS) with apnoea/hypopnoea index (AHI) > 30 and daytime sleepiness (Epworth scale score > 10) - age 50	4	\$5,600
2003-01-00752	2003	Low-dose proton pump inhibitor (PPI) VERSUS Standard-dose proton pump inhibitor (PPI) IN Hypothetical cohort of patients in Hong Kong with healed oesophagitis in remission	3	Dominated
2003-01-00752	2003	Standard-dose histamine-2 receptor antagonist (H2RA) therapy VERSUS Low-dose proton pump inhibitor (PPI) IN Hypothetical cohort of patients in Hong Kong with healed oesophagitis in remission	3	Dominated
2003-01-00793	2003	Treatment with augmentation therapy (intravenous pooled human plasma antiprotease) until FEV1 is below 35% predicted VERSUS No treatment with augmentation therapy IN Patients with severe alpha-1-antitrypsin (AAT) deficiency - age 46	5.5	\$210,000
2003-01-00793	2003	Treatment with augmentation therapy (intravenous pooled human plasma antiprotease) for life VERSUS Treatment with augmentation therapy until FEV1 is below 35% predicted IN Patients with severe alpha-1-antitrypsin (AAT) deficiency - age 46	5.5	\$710,000

Digestive Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese men with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 45	4.5	\$27,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese women with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 45	4.5	\$17,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese men with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 35	4.5	\$29,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese women with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 35	4.5	\$15,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese men with body mass of 50 kg/m2 who have been unable to lose weight with conservative therapies - age 35	4.5	\$11,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese women with body mass of 50 kg/m2 who have been unable to lose weight with conservative therapies - age 35	4.5	\$5,800
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese men with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 55	4.5	\$36,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese women with body mass of 40 kg/m2 who have been unable to lose weight with conservative therapies - age 55	4.5	\$16,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese men with body mass of 50 kg/m2 who have been unable to lose weight with conservative therapies - age 55	4.5	\$14,000
2002-01-00880	2002	Gastric bypass surgery VERSUS No treatment IN Relatively healthy obese women with body mass of 50 kg/m2 who have been unable to lose weight with conservative therapies - age 55	4.5	\$5,500
2002-01-00933	2002	Elective prophylactic resection if a third attack occurs VERSUS Elective prophylactic resection after the first attack IN Individuals having fully recovered from a recent attack of uncomplicated diverticulitis - age 60	4.5	Cost-Saving
2002-01-00933	2002	Elective prophylactic resection if a third attack occurs VERSUS Elective prophylactic resection if a second attack occurs IN Individuals having fully recovered from a recent attack of uncomplicated diverticulitis - age 60	4.5	Cost-Saving
2002-01-00972	2002	Medical treatment (omeprazole) VERSUS Surgery (laparoscopic Nissen fundoplication) IN Men with proven grade 2-4 erosive reflux esophagitis refractory to H2-blockers - age 45	4	\$91,000
2002-01-00982	2002	Pneumatic balloon dilation VERSUS Botulinum toxin treatment IN Patient with newly diagnosed achalasia who is eligible for pneumatic balloon dilation, Heller myotomy, or Botulinum toxin treatment - age 50	6.5	\$1,500
2002-01-00982	2002	Heller myotomy VERSUS Pneumatic balloon dilation IN Patient with newly diagnosed achalasia who is eligible for pneumatic balloon dilation, Heller myotomy, or Botulinum toxin treatment - age 50	6.5	\$6,000,000
2002-01-00996	2002	Intermittent short course H2RA VERSUS Intermittent long course H2RA IN Adults with moderate to severe heartburn	5	\$4,900
2002-01-00996	2002	Intermittent PPI VERSUS Intermittent short course H2RA IN Adults with moderate to severe heartburn	5	\$8,000
2002-01-00996	2002	Step-down maintenance H2RA VERSUS Intermittent PPI IN Adults with moderate to severe heartburn	5	\$15,000
2002-01-00996	2002	Maintenance PPI VERSUS Step-down maintenance H2RA IN Adults with moderate to severe heartburn	5	\$56,000
2002-01-01094	2002	Cadaveric orthotopic liver transplantation VERSUS End-stage liver disease without transplantation (natural history) IN Patients with end-stage liver disease on waiting list for transplantation in Switzerland	5.5	\$23,000
2002-01-01094	2002	Cadaveric and living-donor orthotopic liver transplantation VERSUS End-stage liver disease without transplantation (natural history) IN Patients with end-stage liver disease on waiting list for transplantation in Switzerland	5.5	\$24,000
2002-01-01109	2002	Appropriate surgical intervention plus adjuvant therapy of antithrombin III and fresh frozen donor serum VERSUS Appropriate surgical intervention IN Patients with diffuse secondary peritonitis (in 3 or 4 abdominal quadrants, a white blood count > 10,000 / uL, rectal temperature > 38 degrees C, and a surgically curable problem) - age 18+	1	\$7,500
2002-01-01111	2002	"Proton pump inhibitor-test" strategy - an initial "proton" pump inhibitor test followed by less intensive therapeutic trials in those testing positive and sequential invasive diagnostic testing as needed VERSUS Traditional "step-up" approach IN Hypothetical cohort of patients presenting to their primary care provider with typical gastro-esophageal reflux disease (GERD) symptoms	4	\$14,000

2002-01-01163	2002	Empiric proton pump inhibitor followed by endoscopy for nonresponders VERSUS Test and treat for Helicobacter pylori followed by proton pump inhibitor trial followed by endoscopy for nonresponders IN Patients presenting with dyspepsia with no "alarm symptoms" and no current nonsteroidal anti-inflammatory drugs (NSAID) use - age < 45	4.5	\$29,000
2002-01-01163	2002	Empiric proton inhibitor followed by test and treat for Helicobacter pylori followed by endoscopy for nonresponders VERSUS Empiric proton pump inhibitor followed by endoscopy for nonresponders IN Patients presenting with dyspepsia with no "alarm symptoms" and no current nonsteroidal anti-inflammatory drugs (NSAID) use - age < 45	4.5	Cost-Saving
2003-01-00523	2003	Liver transplant VERSUS No liver transplant (shadow life) IN Patients with primary biliary cirrhosis (PBC) listed for a liver transplant	6	\$51,000
2003-01-00523	2003	Liver transplant VERSUS No liver transplant (shadow life) IN Patients with alcoholic liver disease (ALD) listed for a liver transplant	6	\$84,000
2003-01-00523	2003	Liver transplant VERSUS No liver transplant (shadow life) IN Patients listed for a liver transplant with primary sclerosing cholangitis (PSC)	6	\$37,000
2003-01-00606	2003	Test for Helicobacter pylori; treat if positive or maintenance therapy with proton pump inhibitor (PPI) if negative VERSUS Empirical treatment for possible Helicobacter pylori infection plus therapy with proton pump inhibitor (PPI) for 2 months IN Patients with gastrointestinal bleeding from a duodenal ulcer already controlled with endoscopic and pharmaceutical treatment	2.5	Dominated
2003-01-00606	2003	Maintenance therapy with proton pump inhibitor (PPI) alone VERSUS Test for Helicobacter pylori; treat if positive or maintenance therapy with proton pump inhibitor (PPI) if negative IN Patients with gastrointestinal bleeding from a duodenal ulcer already controlled with endoscopic and pharmaceutical treatment	2.5	Dominated
2003-01-00639	2003	Photodynamic therapy (PDT) VERSUS Intensive endoscopic surveillance IN Men who have Barrett's esophagus with high-grade dysplasia and who are surgical candidates - age 55	4	\$13,000
2003-01-00639	2003	Photodynamic therapy (PDT) VERSUS Surgical esophagectomy IN Men who have Barrett's esophagus with high-grade dysplasia and who are surgical candidates - age 55	4	\$3,400
2003-01-00639	2003	Surgical esophagectomy VERSUS Intensive endoscopic surveillance IN Men who have Barrett's esophagus with high-grade dysplasia and who are surgical candidates - age 55	4	Dominated
2003-01-00708	2003	Screen all patients with upper endoscopy and treat those with large varices with nonselective beta-blockers VERSUS (universal prophylaxis) IN A hypothetical cohort of patients with hepatic cirrhosis and no history of esophageal variceal bleed	4	Dominated
2003-01-00708	2003	No primary esophageal bleeding prophylaxis VERSUS Treat all patients with nonselective beta blockers without undergoing upper endoscopy IN A hypothetical cohort of patients with hepatic cirrhosis and no history of esophageal variceal bleed	4	Dominated
2003-01-00708	2003	Screen all patients with upper endoscopy and treat those with large varices with nonselective beta-blockers VERSUS No primary esophageal bleeding prophylaxis IN A hypothetical cohort of patients with hepatic cirrhosis and no history of esophageal variceal bleed	4	\$710
2003-01-00726	2003	Treatment with 1 mg alosetron twice daily VERSUS No treatment with alosetron (standard care including anti-spasmodics, antidiarrhoeals, or antidepressants) IN Women with severe diarrhoea-predominant irritable bowel syndrome - age 45	4.5	\$370,000
2003-01-00769	2003	One-time screening for Barrett's esophagus with unsedated, ultrathin endoscopy (UTE) VERSUS No screening IN Patients with chronic gastroesophageal reflux (heartburn and/or acid reflux at least once per week) - age 50	4	\$57,000
2003-01-00769	2003	One-time screening for Barrett's esophagus with standard endoscopy VERSUS One-time screening for Barrett's esophagus with unsedated, ultrathin endoscopy (UTE) IN Patients with chronic gastroesophageal reflux (heartburn and/or acid reflux at least once per week) - age 50	4	\$720,000
2003-01-00769	2003	One-time screening for Barrett's esophagus with standard endoscopy VERSUS No screening IN Patients with chronic gastroesophageal reflux (heartburn and/or acid reflux at least once per week) - age 50	4	\$88,000
2003-01-00806	2003	Screening with surveillance every 3-6 months only for patients with Barrett esophagus with dysplasia VERSUS No screening or surveillance for Barrett esophagus IN White men who have symptoms of gastroesophageal reflux disease (GERD) and no previous screening for Barret esophagus - age 50	6	\$11,000
2003-01-00806	2003	Screening with surveillance every 5 years for patients with Barrett esophagus with no dysplasia VERSUS Screening with surveillance every 3-6 months only for patients with Barrett esophagus with dysplasia IN White men who have symptoms of gastroesophageal reflux disease (GERD) and no previous screening for Barret esophagus - age 50	6	\$610,000
2003-01-00885	2003	Open non-mesh inguinal hernia repair VERSUS Expectant management IN Adult patients with inguinal hernia	5	\$1,700
2003-01-00885	2003	Open mesh inguinal hernia repair VERSUS Expectant management IN Adult patients with inguinal hernia	5	\$700
2003-01-00885	2003	Laparoscopic inguinal hernia repair VERSUS Expectant management IN Adult patients with inguinal hernia	5	\$610

Genito-Urinary Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-00900	2002	Laparoscopic donor nephrectomy VERSUS Open donor nephrectomy IN Patients with single renal vessels planned for left donor nephrectomy to ESRD recipients	4	\$5,300
2002-01-01046	2002	Heated citric acid dialyzer reuse VERSUS Single use dialysis with a typical synthetic dialyzer IN Hemodialysis patients - mean age 60	4	\$210,000
2002-01-01046	2002	Formaldehyde dialyzer reuse VERSUS Single use dialysis with a typical synthetic dialyzer IN Hemodialysis patients - mean age 60	4	Dominated
2002-01-01054	2002	Autologous blood transfusion plus allogeneic blood transfusion if autologous supplies are insufficient VERSUS Allogeneic blood transfusion IN Gynecologic patients and gynecologic oncology patients undergoing surgery that potentially requires transfusion	1.5	\$1,100,000
2002-01-01071	2002	Peritoneal dialysis for 5 years VERSUS Hemodialysis for 5 years IN Patients with chronic kidney failure in dialysis departments of southeastern Sweden - age 21 through 61+	3.5	Cost-Saving
2002-01-01071	2002	Hemodialysis for 5 years VERSUS No treatment IN Patients with chronic kidney failure in dialysis departments of southeastern Sweden - age 21 through 61+	3.5	\$110,000
2002-01-01071	2002	Peritoneal dialysis for 5 years VERSUS No treatment IN Patients with chronic kidney failure in dialysis departments of southeastern Sweden - age 21 through 61+	3.5	\$91,000
2002-01-01167	2002	Transurethral microwave cooled thermo-therapy VERSUS Alpha-adrenergic blockade IN Patients with moderate to severe symptoms of benign prostatic hyperplasia - age 65	4	\$42,000
2002-01-01167	2002	Transurethral microwave cooled thermo-therapy VERSUS Transurethral resection of the prostate IN Patients with moderate to severe symptoms of benign prostatic hyperplasia - age 65	4	Cost-Saving
2003-01-00484	2003	Annual screening for proteinuria and subsequent treatment with ACE inhibitor or ARB therapy VERSUS Routine clinical practice IN U.S. adults with neither hypertension nor diabetes presenting to a primary care physician for an annual physical examination with previously undetected proteinuria - age 50	6	\$280,000

2003-01-00484	2003	Annual screening for proteinuria and subsequent treatment with ACE inhibitor or ARB therapy VERSUS Non-screening routine clinical practice IN U.S. adults with hypertension presenting to a primary care physician for an annual physical examination with previously undetected proteinuria - age 50	6	\$19,000
2003-01-00540	2003	Use of a synthetic dialyzer (cost of intervention only included) VERSUS Use of a cellulose dialyzer (cost of intervention only included) IN Male patients with end-stage renal disease who are representative of a typical Canadian dialysis center - age 60	5	\$3,700
2003-01-00540	2003	Use of a synthetic dialyzer (cost of intervention and related medical costs only included) VERSUS Use of a cellulose dialyzer (cost of intervention and related medical costs only included) IN Male patients with end-stage renal disease who are representative of a typical Canadian dialysis center - age 60	5	\$61,000
2003-01-00540	2003	Use of a synthetic dialyzer (cost of intervention and related and unrelated medical costs included) VERSUS Use of a cellulose dialyzer (cost of intervention and related and unrelated medical costs included) IN Male patients with end-stage renal disease who are representative of a typical Canadian dialysis center - age 60	5	\$69,000
2003-01-00540	2003	Use of a synthetic dialyzer (cost of intervention and related and unrelated medical costs and non-medical costs including future costs included) VERSUS Use of a cellulose dialyzer (cost of intervention and related and unrelated medical costs and non-medical costs including future costs included) IN Male patients with end-stage renal disease who are representative of a typical Canadian dialysis center - age 60	5	\$88,000
2003-01-00618	2003	Intensive home nocturnal hemodialysis for about 7 hours approximately 6 nights a week VERSUS In-center conventional hemodialysis IN Demographically similar home nocturnal and in-center hemodialysis patients in Canada	4	Cost-Saving
2003-01-00684	2003	Prescription of intravenous erythropoietin (EPO) at 5078 units 3x/week to maintain hemoglobin level of 11.0-12.0 g/dL VERSUS Prescription of intravenous erythropoietin (EPO) at 3523 units 3x/week to maintain hemoglobin level of 9.5-10.5 g/dL IN Hemodialysis patients whose characteristics were representative of a typical dialysis center in the U.S.	4.5	\$56,000
2003-01-00684	2003	Prescription of intravenous erythropoietin (EPO) at 6097 units 3x/week to maintain hemoglobin level of 12.0-12.5 g/dL VERSUS Prescription of intravenous erythropoietin (EPO) at 3523 units 3x/week to maintain hemoglobin level of 9.5-10.5 g/dL IN Hemodialysis patients whose characteristics were representative of a typical dialysis center in the U.S.	4.5	\$620,000
2003-01-00684	2003	Prescription of intravenous erythropoietin (EPO) at 9341 units 3x/week to maintain hemoglobin level of 14.0 g/dL VERSUS Prescription of intravenous erythropoietin (EPO) at 3523 units 3x/week to maintain hemoglobin level of 9.5-10.5 g/dL IN Hemodialysis patients whose characteristics were representative of a typical dialysis center in the U.S.	4.5	\$840,000
2003-01-00759	2003	Use of prolene tape (tension-free vaginal tape) VERSUS Surgical management with open Burch colposuspension IN Women in the UK diagnosed with "primary" urodynamic stress incontinence with no previous surgery	5	Cost-Saving
2003-01-00843	2003	Cadaveric renal transplantation with 2 year wait VERSUS Continued dialysis IN Non-diabetic patients who are stable on dialysis - age 65+	4.5	\$73,000
2003-01-00843	2003	Cadaveric donor renal transplantation with no wait VERSUS Continued dialysis IN Non-diabetic patients who are stable on dialysis - age 65+	4.5	\$16,000
2003-01-00843	2003	Living donor renal transplantation with no wait VERSUS Continued dialysis IN Non-diabetic patients who are stable on dialysis - age 65+	4.5	\$24,000
2003-01-00843	2003	Cadaveric donor renal transplantation with 4 year wait VERSUS Continued dialysis IN Non-diabetic patients who are stable on dialysis - age 65+	4.5	\$210,000
2003-01-00898	2003	Laparoscopic donor nephrectomy VERSUS Open donor nephrectomy IN Patients with single renal vessels planned for left donor nephrectomy to ESRD recipients	6	\$14,000

Musculoskeletal and Rheumatologic Diseases

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00070	2002	Treatment with leflunomide VERSUS Treatment with methotrexate IN Patients in North America with recently diagnosed definite rheumatoid arthritis	4	Cost-Saving
2002-01-00070	2002	Treatment with leflunomide VERSUS Treatment with sulfasalazine IN Patients in the UK with recently diagnosed definite rheumatoid arthritis	4	Cost-Saving
2002-01-00070	2002	Treatment with leflunomide VERSUS Treatment with methotrexate IN Patients in the UK with recently diagnosed definite rheumatoid arthritis	4	Dominated
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with no risk factors - age 70	5	\$8,500
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteoporosis - age 50	5	\$7,600
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteopenia - age 50	5	\$10,000
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteopenia - age 50	5	\$23,000
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteopenia - age 50	5	\$41,000
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteopenia - age 60	5	\$7,700
2002-01-00775	2002	Lifetime treatment of calcium and vitamin D3 VERSUS No treatment (not explicitly stated) IN Post-menopausal women in Sweden with osteopenia - age 60	5	\$22,000
2002-01-00831	2002	Leflunomide (LEF) added to conventional sequence of DMARDs (disease-modifying antirheumatic drugs) VERSUS Conventional sequence of DMARDs (disease-modifying antirheumatic drugs) IN Rheumatoid arthritis patients with symptoms severe enough to require treatment with methotrexate (MTX)	5.5	\$79,000
2002-01-00896	2002	Methotrexate and infliximab VERSUS Methotrexate and placebo IN Patients with active, refractory rheumatoid arthritis defined as a combination of synovitis (\geq 6 swollen joints; \geq 6 tender joints) and symptoms or signs (\geq 2 of: morning stiffness, at least 45 minutes; an erythrocyte sedimentation rate of at least 28 mm/h; and a serum C-reactive protein concentration of at least 2.0 mg/dL)	5	\$10,000
2002-01-00909	2002	Combined spa therapy and exercise therapy (3 weeks) in addition to standard treatment (37 weeks) VERSUS Standard treatment of anti-inflammatory drugs and weekly group physical therapy (40 weeks) IN Dutch outpatients with active ankylosing spondylitis (a form of rheumatoid arthritis) who have had the disease for < 20 years and who follow weekly group physical therapy	4.5	\$11,000
2002-01-00971	2002	Total hip replacement surgery VERSUS No total hip replacement surgery IN Males undergoing hip replacement surgery - age 60-69	2	\$1,500
2002-01-00971	2002	Total hip replacement surgery VERSUS No total hip replacement surgery IN Females undergoing hip replacement surgery - age 60-69	2	\$1,200

2002-01-00971	2002	Total hip replacement surgery VERSUS No total hip replacement surgery IN Males undergoing hip replacement surgery - age 70-79	2	\$2,500
2002-01-00971	2002	Total hip replacement surgery VERSUS No total hip replacement surgery IN Females undergoing hip replacement surgery - age 70-79	2	\$2,000
2002-01-00987	2002	Early plate fixation surgery (within 12 hours of injury) VERSUS Delayed plate fixation surgery (more than 12 hours after injury) IN Patients with an isolated orthopaedic injury (closed tibial shaft fracture) with surgical indications - age 17+	5	Cost-Saving
2002-01-00989	2002	Appropriate care and hylan G-F 20 VERSUS Appropriate care with no hylan G-F 20 IN Patients in Canada with osteoarthritis of the knee - age 40+	5	\$7,300
2002-01-01052	2002	Risedronate treatment for three years (analysis conducted using a 25 year follow-up) VERSUS No treatment IN a Woman in the UK with mild vertebral deformity and low bone mineral density at the femur (established postmenopausal osteoporosis at high risk for hip fracture) - age 75	4.5	Cost-Saving
2002-01-01052	2002	Risedronate treatment for three years (analysis using a 3 year follow-up) VERSUS No treatment IN a Woman in the UK with mild vertebral deformity and low bone mineral density at the femur (established postmenopausal osteoporosis at high risk for hip fracture) - age 75	4.5	\$2,100
2002-01-01180	2002	Treatment with risedronate VERSUS No treatment IN Patients with postmenopausal osteoporosis at high risk for fracture - age 65	4.5	\$17,000
2002-01-01180	2002	Treatment with alendronate VERSUS Treatment with risedronate IN Patients with postmenopausal osteoporosis at high risk for fracture - age 65	4.5	Dominated
2003-01-00065	2003	Metal on metal total hip replacement VERSUS Watchful waiting followed by total hip replacement (traditional implant) IN Relatively younger patients requiring hip replacement - age 45-50	5	Cost-Saving
2003-01-00065	2003	Metal on metal total hip replacement VERSUS Total hip replacement (traditional implant) IN Relatively younger patients requiring hip replacement - age 45-50	5	Dominated
2003-01-00254	2003	Administration of bisphosphonate risedronate for 3 years (from the German social insurance perspective) VERSUS Average basic treatment including no treatment with bisphosphonate risedronate (from the German social insurance perspective) IN German women who have established postmenopausal osteoporosis, bone density < -2.5 T-score, and prevalent vertebral fracture - age 70+	3	Cost-Saving
2003-01-00254	2003	Administration of bisphosphonate risedronate for 3 years (from the Statutory health insurance perspective) VERSUS Average basic treatment including no treatment with bisphosphonate risedronate (from the Statutory health insurance perspective) IN Women in Germany who have established postmenopausal osteoporosis, bone density < -2.5 T-score, and prevalent vertebral fracture - age 70+	3	\$36,000
2003-01-00683	2003	Rofecoxib (COX-2 nonsteroidal antiinflammatory drug) VERSUS Naproxen (standard nonsteroidal antiinflammatory drug) IN Patients with osteo- or rheumatoid arthritis with average upper gastrointestinal (UGI) risk who do not need aspirin therapy for cardiovascular disease	5.5	\$200,000
2003-01-00683	2003	Diclofenac (standard nonsteroidal antiinflammatory drug) VERSUS Ibuprofen (standard nonsteroidal antiinflammatory drug) IN Patients with osteo- or rheumatoid arthritis with average upper gastrointestinal (UGI) risk who do not need aspirin therapy for cardiovascular disease	5.5	\$91,000
2003-01-00683	2003	Rofecoxib (COX-2 nonsteroidal antiinflammatory drug) with proton pump inhibitor (PPI) VERSUS Naproxen (standard nonsteroidal antiinflammatory drug) with proton pump inhibitor (PPI) IN Patients with osteo- or rheumatoid arthritis with high upper gastrointestinal (UGI) risk who do not need aspirin therapy for cardiovascular disease	5.5	\$200,000
2003-01-00683	2003	Diclofenac (standard nonsteroidal antiinflammatory drug) with proton pump inhibitor (PPI) VERSUS Celecoxib (COX-2 nonsteroidal antiinflammatory drug) IN Patients with osteo- or rheumatoid arthritis with high upper gastrointestinal (UGI) risk who do not need aspirin therapy for cardiovascular disease	5.5	\$200,000
2003-01-00702	2003	Coxib once daily VERSUS Naproxen at 500 mg twice daily IN Patients with osteo- or rheumatoid arthritis who are not taking aspirin and who require long-term NSAID (nonsteroidal anti-inflammatory drug) therapy for moderate to severe arthritis pain	6	\$280,000
2003-01-00717	2003	Manual therapy (spinal manipulation) VERSUS General practitioner (GP) care IN Patients seen by general practitioner (GP) for neck pain of at least 2 weeks	6.5	Cost-Saving
2003-01-00717	2003	Manual therapy (spinal manipulation) VERSUS Physiotherapy IN Patients seen by general practitioner (GP) for neck pain of at least 2 weeks	6.5	Cost-Saving
2003-01-00717	2003	Physiotherapy VERSUS General practitioner (GP) care IN Patients seen by general practitioner (GP) for neck pain of at least 2 weeks	6.5	Cost-Saving
2003-01-00722	2003	Rapid magnetic resonance (MR) imaging VERSUS Lumbar x-ray IN A hypothetical cohort of primary care patients with low back pain (LBP) referred for imaging to exclude cancer as the cause of their pain	4	\$300,000
2003-01-00760	2003	Treatment with bisphosphonate alendronate for 5 years VERSUS Conventional treatment without bisphosphonate alendronate IN Osteoporotic women in Sweden with low bone mass plus at least one prior spine fracture - age 71	4	\$8,700
2003-01-00779	2003	Treatment with infliximab plus methotrexate for two years VERSUS Treatment with methotrexate alone for two years IN Patients in Sweden with advanced rheumatoid arthritis	6	\$15,000
2003-01-00779	2003	Treatment with infliximab plus methotrexate for one year VERSUS Treatment with methotrexate alone for one year IN Patients in Sweden with advanced rheumatoid arthritis	6	\$3,100
2003-01-00841	2003	Any disease-modifying anti-rheumatic drug (DMARD) plus corticosteroids VERSUS Any disease-modifying anti-rheumatic drugs (DMARD) plus non-steroidal anti-inflammatory drugs (NSAIDs) IN Hypothetical cohort of patients with rheumatoid arthritis - age 50	6	Cost-Saving

Maternal and Child Health (Perinatal)

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-00915	2002	Tandem mass spectrometry (MS/MS) for medium-chain acyl-CoA dehydrogenase deficiency (MCAD) VERSUS No screening for medium-chain acyl-CoA dehydrogenase deficiency (MCAD) IN Infants at birth	5.5	\$43,000
2002-01-00915	2002	Tandem mass spectrometry (MS/MS) for 14 fatty acid and organic acidemia disorders VERSUS No screening for 14 fatty acid and organic acidemia disorders IN Infants at birth	5.5	\$15,000
2002-01-00930	2002	Tandem mass spectrometry VERSUS No screening IN Newborn babies	4	\$6,100
2002-01-01115	2002	Prophylactic use of indomethacin to lower incidence VERSUS Standard treatment IN Premature infants with very low weight (<1500g) and thus at risk for patent ductus arteriosus (PDA), intraventricular hemorrhage (IVH), and death	2	Cost-Saving
2003-01-00492	2003	Universal infant vaccination program with a hypothetical 7-valent conjugated pneumococcal vaccine VERSUS No vaccination IN Infants and children in the Netherlands - birth to age 10	4	\$81,000
2003-01-00505	2003	Inhaled nitric oxide initiated upon arrival at tertiary care ECMO center VERSUS No nitric oxide (placebo) upon arrival at tertiary care ECMO center IN Cohort of mechanically ventilated term/near-term newborns with hypoxemic respiratory failure	5.5	Cost-Saving
2003-01-00505	2003	Inhaled nitric oxide initiated at the local hospital before transfer to ECMO center VERSUS No nitric oxide (placebo) initiated at the local hospital before transfer to ECMO center IN Cohort of mechanically ventilated term/near-term newborns with hypoxemic respiratory failure	5.5	Cost-Saving

2003-01-00547	2003	Universal newborn screening by tandem mass spectrometry (MS/MS) for MCADD (simulated clinical course through age 20) VERSUS No universal screening IN Hypothetical cohort of neonates	6	\$5,700
2003-01-00547	2003	Universal newborn screening by tandem mass spectrometry (MS/MS) for MCADD (simulated clinical course through age 70) VERSUS No universal screening IN Hypothetical cohort of neonates	6	\$140
2003-01-00842	2003	7 days of monitoring following last apparent apnea event for infants born at 24-29 weeks gestation and 4 days for infants born at 30-34 weeks gestation VERSUS 5 days of monitoring following last apparent apnea event for infants born at 24-34 weeks gestation IN Premature infants at highest risk for apnea in North American neonatal intensive care units (NICUs)	5.5	Cost-Saving
2003-01-00842	2003	8 days of monitoring following last apparent apnea event for infants born at 24-29 weeks gestation and 3 days for infants born at 30-34 weeks gestation VERSUS 7 days of monitoring for infants born at 24-29 weeks gestation and 4 days for infants born at 30-34 weeks gestation IN Premature infants at highest risk for apnea in North American neonatal intensive care units (NICUs)	5.5	Cost-Saving

Congenital Anomalies

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-00963	2002	Emergency surgery followed by post-operative stabilization and delayed repair; extracorporeal membrane oxygenation (ECMO) in selected cases VERSUS No treatment IN Neonatal patients with congenital diaphragmatic hernia (CDH)	4	\$3,000
2002-01-01005	2002	Conventional radiographs (with 3D CT scans for positives) VERSUS No imaging IN Children at low risk for craniosynostosis	5.5	\$610,000
2002-01-01005	2002	Conventional radiographs (with 3D CT scans for positives) VERSUS No imaging IN Children at moderate risk for craniosynostosis	5.5	\$59,000
2002-01-01005	2002	3D CT scans VERSUS No imaging IN Children at high risk for craniosynostosis	5.5	\$36,000
2002-01-01005	2002	3D CT scans VERSUS Conventional radiographs IN Children at moderate risk for craniosynostosis	5.5	\$400,000
2002-01-01005	2002	3D CT scans VERSUS Conventional radiographs IN Children at low risk for craniosynostosis	5.5	\$7,600,000

Dental/Oral Conditions

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-00943	2002	Screening by a dental specialist VERSUS No screening IN Patients with oral lichen planus - average age 55	2	\$2,200
2003-01-00792	2003	Orthodontic treatment and surgery VERSUS No treatment IN 21 patients with dentofacial discrepancies undergoing orthodontic treatment and surgery in the UK	3	\$820

Injuries/Exposures

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1→7)*	\$/QALY in 2002 US\$
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Women - age 65	6	Cost-Saving
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Men - age 65	6	Dominated
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Women - age 65-74	6	Cost-Saving
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Women - age 75-84	6	Cost-Saving
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Women - age 85+	6	Cost-Saving
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Men - age 65-74	6	Dominated
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Men - age 75-84	6	Dominated
2002-01-01047	2002	Use of hip protectors VERSUS No use of hip protectors IN Men - age 85+	6	\$23,000
2003-01-00653	2003	Safety-belt program (law passed permitting officers to stop vehicles for a safety-belt use violation alone) VERSUS No intervention IN The Navajo Nation (population of approximately 200,000) in Arizona, New Mexico, and Utah	4.5	Cost-Saving
2003-01-00653	2003	Streetlight project (installation of 28 streetlights along a 1.1-mile section of highway to reduce pedestrian injuries) VERSUS No intervention IN The White Mountain Apache tribe (population of approximately 10,000) in Whiteriver, Arizona	4.5	Cost-Saving
2003-01-00653	2003	Livestock control project (regulatory effort with authority to impound free-roaming livestock on reservation roads) VERSUS No intervention IN The White Mountain Apache tribe (population of approximately 10,000) in Whiteriver, Arizona	4.5	Cost-Saving
2003-01-00653	2003	Drowning prevention program (sale of "float coats", public education, and improved enforcement of boating laws) VERSUS No intervention IN Local residents using Alaska's Yukon and Kuskokwim rivers (population approximately 22,000)	4.5	Cost-Saving
2003-01-00653	2003	The suicide prevention and intervention program (screening, family outreach, hiring of social worker, peer support, etc.) VERSUS No intervention IN A Western Athabaskan tribe in rural New Mexico	4.5	\$460

Hematology - Other

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00892	2002	Population-based screening for hereditary hemochromatosis using serum transferrin saturation VERSUS Phlebotomy treatment of symptomatic disease IN Men - age 30	3.5	\$1,700
2002-01-00892	2002	Population-based screening for hereditary hemochromatosis using serum transferrin saturation VERSUS Phlebotomy treatment of symptomatic disease IN Men - age 30	3.5	\$280
2002-01-00956	2002	Primary prophylaxis with clotting factor VERSUS Treatment on-demand with clotting factor IN Patients with severe haemophilia A/severe von Willebrands disease	3.5	\$92,000
2002-01-00956	2002	Primary prophylaxis with clotting factor VERSUS Treatment on-demand with clotting factor IN Patients with severe haemophilia B	3.5	\$17,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN All pediatric patients in the US who undergo platelet transfusion	4	\$1,300,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Hip arthroplasty patients in the US who undergo platelet transfusion	4	\$2,300,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN All pediatric patients in the US who undergo platelet transfusion	4	\$4,800,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Hip arthroplasty patients in the US who undergo platelet transfusion	4	\$11,000,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Coronary artery bypass graft (CABG) patients in the US who undergo platelet transfusion	4	\$2,700,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Coronary artery bypass graft (CABG) patients in the US who undergo platelet transfusion (US)	4	\$14,000,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Non-Hodgkin's lymphoma (NHL) patients in the US who undergo platelet transfusion	4	\$23,000,000
2003-01-00535	2003	Single-donor apheresis platelets (AP) transfusion with the Intercept Blood System (IBS) treatment VERSUS Single-donor apheresis platelets (AP) transfusion without the Intercept Blood System (IBS) treatment IN Non-Hodgkin's lymphoma (NHL) patients in the US who undergo platelet transfusion	4	\$4,500,000
2003-01-00535	2003	Random-donor pooled platelet concentrates (PC) transfusion with the Intercept Blood System (IBS) treatment VERSUS Random-donor pooled platelet concentrates (PC) transfusion without the Intercept Blood System (IBS) treatment IN Hip arthroplasty patients in the US who undergo platelet transfusion	4	\$900,000
2003-01-00535	2003	Random-donor pooled platelet concentrates (PC) transfusion with the Intercept Blood System (IBS) treatment VERSUS Random-donor pooled platelet concentrates (PC) transfusion without the Intercept Blood System (IBS) treatment IN All pediatric patients in the US who undergo platelet transfusion	4	\$460,000
2003-01-00535	2003	Random-donor pooled platelet concentrates (PC) transfusion with the Intercept Blood System (IBS) treatment VERSUS Random-donor pooled platelet concentrates (PC) transfusion without the Intercept Blood System (IBS) treatment IN Coronary artery bypass graft (CABG) patients in the US who undergo platelet transfusion (US)	4	\$1,100,000
2003-01-00535	2003	Random-donor pooled platelet concentrates (PC) transfusion with the Intercept Blood System (IBS) treatment VERSUS Random-donor pooled platelet concentrates (PC) transfusion without the Intercept Blood System (IBS) treatment IN Non-Hodgkin's lymphoma (NHL) patients in the US who undergo platelet transfusion (US)	4	\$1,800,000
2003-01-00660	2003	Bonn (High-Dose) immune tolerance induction (ITI) protocol with recombinant Factor VIII (rFVIII) to eradicate inhibitors plus FVIII to control bleeds VERSUS 'On-demand' management of bleeds with activated prothrombin complex concentrates (APCC) and porcine factor VIII (pVIII) as alternative haemostatic agents IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	\$230,000
2003-01-00660	2003	Low-Dose immune tolerance induction (ITI) protocol with recombinant factor VIII (rFVIII) to eradicate inhibitors plus use of FVIII to control bleeds VERSUS 'On-demand' management of bleeds with activated prothrombin complex concentrates (APCC) and porcine factor VIII (pVIII) as alternative haemostatic agents IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	\$89,000
2003-01-00660	2003	Malmö immune tolerance induction (ITI) protocol with plasmapheresis and recombinant Factor VIII (rFVIII) to eradicate inhibitors plus use of FVIII to control bleeds VERSUS 'On-demand' management of bleeds with activated prothrombin complex concentrates (APCC) and porcine factor VIII (pVIII) as alternative haemostatic agents IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	Cost-Saving
2003-01-00660	2003	Bonn (High-Dose) immune tolerance induction (ITI) protocol with recombinant Factor VIII (rFVIII) to eradicate inhibitors plus FVIII to control bleeds VERSUS 'On-demand' management of bleeds with recombinant activated factor VII (rFVIIa) as alternative haemostatic agent IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	\$270,000
2003-01-00660	2003	Low-Dose immune tolerance induction (ITI) protocol with recombinant factor VIII (rFVIII) to eradicate inhibitors plus use of FVIII to control bleeds VERSUS 'On-demand' management of bleeds with recombinant activated factor VII (rFVIIa) as alternative haemostatic agent IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	\$130,000
2003-01-00660	2003	Malmö immune tolerance induction (ITI) protocol with plasmapheresis and recombinant Factor VIII (rFVIII) to eradicate inhibitors plus use of FVIII to control bleeds VERSUS 'On-demand' management of bleeds with recombinant activated factor VII (rFVIIa) as alternative haemostatic agent IN Haemophilic A boys with high-responding inhibitors - age 2 onward	5	Cost-Saving

Program/Organizational Interventions

Article ID	Year of Publ.	Intervention VERSUS Comparator IN Target Population	Quality Score of Analysis (1-7)*	\$/QALY in 2002 US\$
2002-01-00908	2002	Heart failure outpatient management program VERSUS Usual community care IN Outpatients with chronic heart failure (CHF) referred to the heart failure unit based on clinical history, physical signs and symptoms, and echocardiographic findings, i.e. left ventricular ejection fraction (LVEF) < 40%	1.5	\$20,000

2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$3,500
2002-01-00965	2002	Adjuvant chemotherapy (AC) and tamoxifen plus surgery VERSUS Adjuvant chemotherapy (AC) plus surgery IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$5,900
2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$3,500
2002-01-00965	2002	Tamoxifen plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$6,700
2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Tamoxifen plus surgery IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$14,000
2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$11,000
2002-01-00965	2002	Adjuvant chemotherapy (AC) and tamoxifen plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$8,000
2002-01-00965	2002	Tamoxifen plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$4,700
2002-01-00965	2002	Adjuvant chemotherapy (AC) and tamoxifen plus surgery VERSUS Tamoxifen plus surgery IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 60	5	\$9,100
2002-01-00965	2002	Adjuvant chemotherapy (AC) and tamoxifen plus surgery VERSUS Adjuvant chemotherapy (AC) plus surgery IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$3,900
2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$2,800
2002-01-00965	2002	Adjuvant chemotherapy (AC) plus surgery VERSUS Surgery alone IN Women with estrogen-receptor positive breast cancer and negative lymph nodes (early stage:confined to the breast or spread only to lymph nodes under the arm) - age 45	5	\$2,800
2002-01-00974	2002	Weekly occupational therapy VERSUS Combined controls: weekly social activity group led by non-professionals and no treatment IN Individuals in federally subsidized housing - age 60 or older	2	\$11,000
2002-01-00974	2002	Weekly occupational therapy VERSUS No treatment IN Individuals in federally subsidized housing - age 60 or older	2	\$14,000
2002-01-00974	2002	Weekly occupational therapy VERSUS Weekly social activity group led by non-professionals IN Individuals in federally subsidized housing - age 60 or older	2	\$8,200
2002-01-00992	2002	Over-the-counter nicotine patches and gum VERSUS Prescription nicotine patches and gum IN Smokers	4	\$16,000
2002-01-01034	2002	Three-year statewide condom social marketing program VERSUS No condom social marketing program IN African Americans in Louisiana	3.5	Cost-Saving
2002-01-01034	2002	Three-year statewide condom social marketing program VERSUS No condom social marketing program IN African American men in Louisiana	3.5	Cost-Saving
2002-01-01034	2002	Three-year statewide condom social marketing program VERSUS No condom social marketing program IN African American women and men (combined) in Louisiana	3.5	Cost-Saving
2002-01-01172	2002	Universal haemophilus influenzae Type b vaccination - at ages 2, 4, and 12-15 months VERSUS No vaccination IN Hypothetical U.S. birth cohort of newborns	5.5	Cost-Saving
2003-01-00491	2003	Dispensing of second-generation antihistamines (SGA) as over-the-counter VERSUS Dispensing of second-generation antihistamines (SGA) only as prescription IN Hypothetical cohort of individuals with allergic rhinitis in the US	5	Cost-Saving
2003-01-00517	2003	Educational intervention VERSUS No intervention IN Middle school aged children in Boston	4	\$4,900
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN Household members in the U.S.	3.5	\$42,000
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN Household members in Canada	3.5	\$22,000
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN Household members in the U.K.	3.5	\$88,000
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN High risk household members in the U.K. - age <5 or >65	3.5	\$29,000
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN High risk household members in Canada - age <5 or >65	3.5	\$1,900
2003-01-00519	2003	A disinfection program that targets high-risk food preparation activities in household kitchens to prevent foodborne illnesses VERSUS No program IN High risk household members in the U.S. - age <5 or >65	3.5	\$10,000
2003-01-00573	2003	Vertical banded gastroplasty VERSUS Nonsurgical management IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$16,000
2003-01-00573	2003	Silicone adjustable gastric banding VERSUS Nonsurgical management IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$14,000
2003-01-00573	2003	Silicone adjustable gastric banding VERSUS Vertical banded gastroplasty IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$9,800
2003-01-00573	2003	Gastric bypass surgery VERSUS Nonsurgical management IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$10,000
2003-01-00573	2003	Gastric bypass surgery VERSUS Vertical banded gastroplasty IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$1,200
2003-01-00573	2003	Silicone adjustable gastric banding VERSUS Gastric bypass surgery IN Patients in the UK diagnosed as morbidly obese with serious comorbid disease in whom previous non-surgical intervention failed	4	\$410,000
2003-01-00581	2003	Routine mass infant varicella vaccination at 90% coverage VERSUS No vaccination IN Infants in England and Wales	5	Dominated
2003-01-00581	2003	Routine varicella vaccination at 80% coverage VERSUS No vaccination IN Adolescents in England and Wales (11 year old susceptibles)	5	\$26,000
2003-01-00581	2003	Routine mass infant vaccination with catch-up at 80% coverage in the first year VERSUS No vaccination IN Children in England and Wales (age 2-11 year old susceptibles)	5	Dominated
2003-01-00593	2003	Empirical treatment with amantadine VERSUS No antiviral treatment IN Unvaccinated non-institutionalized patients presenting with influenza-like illness during influenza season - age 65+	4.5	\$1,100
2003-01-00593	2003	Rapid diagnostic testing followed by treatment with oseltamivir VERSUS Empirical treatment with amantadine IN Unvaccinated non-institutionalized patients presenting with influenza-like illness during influenza season - age 65+	4.5	\$5,100

2003-01-00593	2003	Empirical treatment with oseltamivir VERSUS Rapid diagnostic testing followed by treatment with oseltamivir IN Unvaccinated non-institutionalized patients presenting with influenza-like illness during influenza season - age 65+	4.5	\$10,000
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (excluding future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of non-black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	\$5,100
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (excluding future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black and non-black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	\$4,100
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of non-black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	\$15,000
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black and non-black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	\$13,000
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	\$7,600
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (excluding future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black patients generally immunocompetent to invasive pneumococcal disease - age 50-64	4.5	Cost-Saving
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black and non-black patients at high risk for invasive pneumococcal disease - age 50-64	4.5	\$21,000
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of black patients at high risk for invasive pneumococcal disease - age 50-64	4.5	\$17,000
2003-01-00671	2003	Use of pneumococcal polysaccharide vaccination (including future medical costs of survivors) VERSUS No vaccination IN Hypothetical cohort of non-black patients at high risk for invasive pneumococcal disease - age 50-64	4.5	\$23,000
2003-01-00711	2003	A new fleet of emission controlled diesel buses VERSUS A new fleet of conventional diesel buses IN Hypothetical US public transit district	4.5	\$270,000
2003-01-00711	2003	A new fleet of compressed natural gas buses VERSUS A new fleet of conventional diesel buses IN Hypothetical US public transit district	4.5	\$1,700,000
2003-01-00756	2003	Ban on the use of cell phones while driving (hands and hands free) VERSUS No restrictions on cell phone use while driving IN General population	4	\$75,000
2003-01-01157	2003	Four doses of seven-valent pneumococcal conjugate vaccine VERSUS No vaccination IN 80% of the Canadian infant population	3	\$25,000

* The "Quality Score of Analysis" reflects methodological adherence to recommended protocols for conducting and reporting cost-effectiveness analyses but not necessarily the reasonableness of the underlying study. More detail can be found in [the Registry's recent paper in Value in Health](#).

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