Table 4: Incremental Cost Effectiveness of the Different Therapies for Diabetic Macular Edema Assuming All Participants are Pseudophakic Upon Model Entry

Base model (using ranibizumab)			
Therapy	Cost (USD)	QALYs	ICER
Laser alone	19690	10.41	Lowest cost*
L+T	22411	9.54	***
L+R	57935	10.83	89906**
DL+R	61075	10.99	71226
Base model (using bevacizumab)			
Therapy	Cost (USD)	QALYs	ICER
Laser alone	19690	10.41	Lowest cost*
L+T	22411	9.54	***
L+B	26878	10.83	***
DL+B	26135	10.99	11093
Including CVA and AMI outcomes			
Therapy	Cost (USD)	QALYs	ICER
Laser alone	65289	10.15	41031**
L+T	38383	9.49	Lowest cost*
L+R	72937	10.73	13043
DL+R	76039	10.88	27039
Including CVA and AMI outcomes			
Therapy	Cost (USD)	QALYs	ICER
Laser alone	65289	10.15	***
L+T	38383	9.49	Lowest Cost*
L+B	42071	10.73	***
DL+B	41315	10.88	2105

^{*} intervention had the lowest costs so other interventions are measured compared to it. The lowest-cost intervention will not have an ICER

ICER = incremental cost-effectiveness ratio; QALY = quality-adjusted life year; L+T = laser + intravitreal triamcinolone group; L+R = laser + ranibizumab group; L+B= laser + bevacizumab group; DL+R = delayed laser + ranibizumab group; DL+B = delayed laser + bevacizumab group; CVA = cerebrovascular disease; AMI = acute myocardial infraction; USD = United States dollars

^{**} Dominated by extended dominance, meaning that the delayed laser strategy offers more health benefits at a lower cost per QALY

^{***} Dominated by strict dominance, meaning that another strategy has both more health benefits and a lower cost