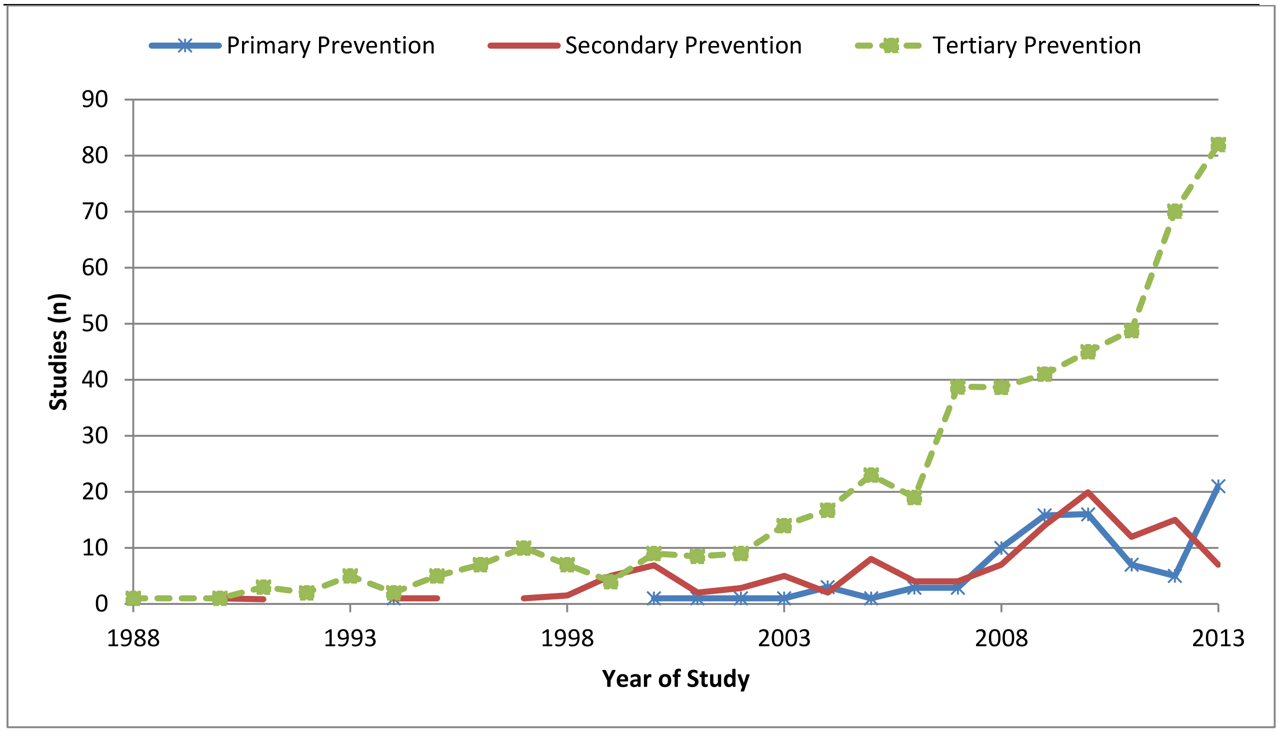
Appendix Figure 1. Growth in cost-utility analyses over time.



Appendix Table 1. Number of Studies and Incremental Cost-Effectiveness Ratios (ICERs) ($US2014) for Screening Studies by Cancer Types[a]

Cancer type	N	Median ICER
Overall	118	32000
Breast	32	22000
Colorectal	20	15000
Cervix	22	28000
Prostate	4	98000
Lung	7	30000
Melanoma	3	46000
Gastrointestinal and hepatocellular	14	40000
Ovarian	2	9500
Kidney	2	68000
Head & Neck	3	Cost-Saving
Stomach	1	35000
Other	8	51000

[a]In each study, the estimated incremental cost-utility ratio was compared with the status quo (i.e., a less effective screening technique, etc).

Appendix Table: Table of the incremental cost-effectiveness ratios by cancer site

Contents

Bladder Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Gemcitabine, cisplatin (GC) 28-day cycle- Gemcitabine (1000 mg/m^2) and cisplatin (70 mg/m^2) VERSUS Methotrexate, vinblastine, doxorubicin, cisplatin (MVAC) 28-day cycle- Methotrexate (30 mg/m^2), vinblastine (3 mg/m^2), doxorubicin (30 mg/m^2), cisplatin (70 mg/m^2) IN UK patients with locally advanced or metastatic bladder cancer	33003	44000	Robinson et al., 2004 (1)
Immediate radical cystectomy VERSUS Intravesicle Bacillus Calmette-Guerin (BCG) IN Patients aged 60 years old with high-risk, high-grade (T1G3) bladder cancer	-56636	Cost-Saving	Kulkarni et al., 2009 (2)
Perioperative intravesical chemotherapy (PIC) + fulguration VERSUS Perioperative intravesical chemotherapy (PIC) + transurethral resection of bladder tumor (TURBT) IN Patients with low-risk bladder urothelial carcinoma not invading bladder muscle	-46720	Cost-Saving	Green et al., 2012 (3)
Perioperative intravesical chemotherapy (PIC) + fulguration VERSUS None IN Patients with low-risk bladder urothelial carcinoma not invading bladder muscle	4169	4500	Green et al., 2012 (3)
Perioperative intravesical chemotherapy (PIC) + fulguration VERSUS Transurethral resection of bladder tumor (TURBT) IN Patients with low-risk bladder urothelial carcinoma not invading bladder muscle	-4176	Cost-Saving	Green et al., 2012 (3)
Adjuvant perioperative intravesical chemotherapy VERSUS Usual care (resection only) IN US patients initially diagnosed with nonmuscle invasive bladder cancer who have received transurethral resection of bladder tumor and are untreated with perioperative intravesical chemotherapy	-24750	Cost-Saving	Lee et al., 2012 (4)
Outpatient (office-based) laser ablation VERSUS Inpatient cystodiathermy (IC). IN Specific disease- non-muscle-invasive bladder cancer (NMIBC); Age- Adult; Gender- Both; Country- United Kingdom.	-33775	Cost-Saving	Wong et al., 2013 (5)

Brain Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Surgical resection with postoperative radiotherapy (RT) VERSUS Radiosurgery (RS) with radiotherapy IN Patients with single brain metastases treated with whole-brain irradiation and resection or radiosurgery	-23053	Increases Costs, Decreases Health	Mehta et al., 1997 (6)
Magnetic resonance imaging (MRI) VERSUS No neuroimaging with close clinical follow up IN Children with headache suspected of having a brain tumor - low risk patients		Increases Costs, Decreases Health	Medina et al., 2001 (7)
Computed tomography followed by magnetic resonance imaging (MRI) for positive results VERSUS No neuroimaging with close clinical follow up IN Children with headache suspected of having a brain tumor - low risk patients		Increases Costs, Decreases Health	Medina et al., 2001 (7)
Computed tomography followed by magnetic resonance imaging (MRI) for positive results VERSUS No neuroimaging with close clinical follow up IN Children with headache suspected of having a brain tumor - Intermediate risk patients	1600000	2400000	Medina et al., 2001 (7)
Magnetic resonance imaging (MRI) VERSUS No neuroimaging with close clinical follow up IN Children with headache suspected of having a brain tumor - high risk patients	113800	170000	Medina et al., 2001 (7)
Computed tomography followed by magnetic resonance imaging (MRI) for positive results VERSUS No neuroimaging with close clinical follow up IN Children with headache suspected of having a brain tumor - high risk patients	1600000	2400000	Medina et al., 2001 (7)
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	277200	390000	Chau et al., 2003 (8)
Proton radiation therapy with surgery and chemotherapy VERSUS Conventional radiation therapy with surgery and chemotherapy IN Children with medulloblastoma - age 5	-32730	Cost-Saving	Lundkvist et al., 2005 (9)

Second line temozolomide VERSUS Chemotherapy with procarbazine, lomustine, and vincristine IN Patients with glioblastoma multiforme that had relapsed after primary treatment with surgery and radiotherapy	29068	39000	Martikainen et al., 2005 (10)
Intracranial implantation of carmustine wafers (BCNU-W) as an adjunct to surgery followed by radiotherapy VERSUS Surgery plus radiotherapy IN Patients in the United Kingdom mean age 55 years with high grade gliomas	99898	130000	Rogers et al., 2008 (11)
Whole brain radiotherapy for treatment of brain tumors VERSUS No treatment IN Taiwanese patients 18 to 80 years old with multiple metastatic brain tumors and a pre-operative Karnofsky performance scale (KPS) score of 50 to 100.	17622	20000	Lee et al., 2009 (12)
Gamma knife radiosurgery for treatment of brain tumors VERSUS No treatment IN Taiwanese patients 18 to 80 years old with multiple metastatic brain tumors and a pre-operative Karnofsky performance scale (KPS) score of 50 to 100.	10831	12000	Lee et al., 2009 (12)
Stereotactic radiosurgery (SRS) and observation VERSUS Stereotactic radiosurgery (SRS) and brain radiation therapy (WBRT) IN Patients newly diagnosed with 1 to 3 brain metastases	41783	48000	Lal et al., 2011 (13)
Nitrosourea and radiotherapy (NT + RT) VERSUS Radiotherapy (RT) IN Glioblastoma patients in China	39185	43000	Wu et al., 2012 (14)
Temozolomide and radiotherapy (TMZ + RT) VERSUS Radiotherapy IN Glioblastoma patients in China	87941	97000	Wu et al., 2012 (14)
Intraoperative electrical stimulation (IES) mapping for resection with an asleep-awake-asleep technique VERSUS None IN Specific disease- WHO grade II gliomas within eloquent areas; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- Spain.	10271	11000	Martino et al., 2013 (15)

Standard neurosurgical technique for glioma resection under general anesthesia without intraoperative electrical stimulation (IES) or other neurophysiological monitoring VERSUS None IN Specific disease- WHO grade II gliomas within eloquent areas; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- Spain.	27904	29000	Martino et al., 2013 (15)
Temodar VERSUS Standard/Usual Care IN Specific disease- glioblastoma; Age- Adult; Gender- Both; Country- United States.	102364	110000	Messali et al., 2013 (16)
Temozolomide VERSUS Standard/Usual Care IN Specific disease- glioblastoma; Age- Adult; Gender- Both; Country- United States.	8875	9300	Messali et al., 2013 (16)
Proton therapy VERSUS Photon therapy IN Specific disease- pediatric medulloblastoma; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United States.	-9416	Cost-Saving	Mailhot Vega et al., 2013 (17)

Breast Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Adjuvant Chemotherapy for women age 60, assuming lifelong benefit VERSUS No adjuvant chemotherapy, women age 60 IN Women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	7400	14000	Hillner et al., 1991 (18)
Adjuvant Chemotherapy for women age 45, assuming increase in disease free survival, but no change in overall 10 year survival with treatment VERSUS No adjuvant chemotherapy for women age 45 IN 45 yo women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	48500	93000	Hillner et al., 1991 (18)

Adjuvant Chemotherapy for women age 60, assuming increase in disease free survival, but no change in overall 10 year survival with treatment VERSUS No adjuvant chemotherapy, women age 60 IN 60 yo women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	56800	110000	Hillner et al., 1991 (18)
Adjuvant Chemotherapy for women age 45, assuming 5 years of benefit VERSUS No adjuvant chemotherapy for women age 45 IN 45 yo women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	15400	29000	Hillner et al., 1991 (18)
Adjuvant Chemotherapy for women age 60, assuming 5 years of benefit VERSUS No adjuvant chemotherapy, women age 60 IN 60 yo women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	18800	36000	Hillner et al., 1991 (18)
Adjuvant Chemotherapy for women age 45, assuming lifelong benefit VERSUS No adjuvant chemotherapy for women age 45 IN Women with Stage I or IIa , node negative, estrogen receptor negative breast cancer following surgery.	5100	9700	Hillner et al., 1991 (18)
Biennial breast cancer screening in 50-70 yo VERSUS Triennial breast cancer screening in 50-65 yo IN Population of Dutch women	5495	10000	de Koning et al., 1991 (19)
Triennial breast cancer screening in 50-65 yo VERSUS No screening program IN Population of Dutch women	3400	6200	de Koning et al., 1991 (19)
Breast cancer screening in 50-70 yo every 1.3 yrs VERSUS Biennial breast cancer screening in 50-70 yo IN Population of Dutch women	11176	20000	de Koning et al., 1991 (19)
Biennial breast cancer screening in 50-75 yo VERSUS Biennial breast cancer screening in 50-70 yo IN Population of Dutch women	16000	29000	de Koning et al., 1991 (19)
high dose chemotherapy with ABMT VERSUS standard chemotherapy IN 45 yo woman metastatic (stage IV) breast CA	96600	170000	Hillner et al., 1992 (20)
high dose chemotherapy with ABMT VERSUS standard chemotherapy IN 45 yo woman metastatic (stage IV) breast CA	27300	49000	Hillner et al., 1992 (20)
Chemotherapy VERSUS No chemotherapy IN 45-yo premenopausal women who have undergone surgery for node-negative, estrogen-receptor-negative stage I or IIa breast cancer	15400	29000	Hillner et al., 1992 (21)

Chemotherapy VERSUS No chemotherapy IN 60-yo premenopausal women who have undergone surgery for node-negative, estrogen-receptor-negative stage I or IIa breast cancer	18800	36000	Hillner et al., 1992 (21)
adjuvant chemotherapy VERSUS no adjuvant chemotherapy IN 60 yo woman with early stage breast CA node negative, estrogen receptor negative	28000	53000	Hillner et al., 1993 (22)
adjuvant chemotherapy VERSUS no adjuvant chemotherapy IN 75 yo woman with early stage breast CA node negative, estrogen receptor negative	44000	84000	Hillner et al., 1993 (22)
Tamoxifen VERSUS no treatment IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	11440	22000	Smith et al., 1993 (23)
Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) VERSUS Tamoxifen IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	11370	22000	Smith et al., 1993 (23)
Combined (chemotherapy & tamoxifen) VERSUS Chemotherapy alone (cyclophosphamide, methotrexate and fluorouracil) IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	33100	63000	Smith et al., 1993 (23)
Tamoxifen VERSUS no treatment IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	214000	410000	Smith et al., 1993 (23)
Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) VERSUS Tamoxifen IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	4970	9500	Smith et al., 1993 (23)
Combined (chemotherapy & tamoxifen) VERSUS Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	186200	360000	Smith et al., 1993 (23)

Tamoxifen VERSUS no treatment IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	4330	8300	Smith et al., 1993 (23)
Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) VERSUS Tamoxifen IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	9230	18000	Smith et al., 1993 (23)
Combined (chemotherapy & tamoxifen) VERSUS Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	14750	28000	Smith et al., 1993 (23)
Tamoxifen VERSUS no treatment IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	4330	8300	Smith et al., 1993 (23)
Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) VERSUS Tamoxifen IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	4890	9300	Smith et al., 1993 (23)
Combined (chemotherapy & tamoxifen) VERSUS Chemotherapy (cyclophosphamide, methotrexate and fluorouracil for 6 months) IN 45 yo premenopausal woman with early stage breast CA either node - or + &, estrogen receptors (ER) + or -	80700	150000	Smith et al., 1993 (23)
chemotherapy VERSUS no chemotherapy IN 60 yo with breast CA	28200	54000	Desch et al., 1993 (24)
chemotherapy VERSUS no chemotherapy IN 65 yo with breast CA	31300	60000	Desch et al., 1993 (24)
chemotherapy VERSUS no chemotherapy IN 70 yo with breast CA	36300	69000	Desch et al., 1993 (24)
chemotherapy VERSUS no chemotherapy IN 75 yo with breast CA	44400	85000	Desch et al., 1993 (24)
chemotherapy VERSUS no chemotherapy IN 80 yo with breast CA	57100	110000	Desch et al., 1993 (24)
Immediate biopsy VERSUS 6-month observation IN 50-yo woman with abnormal, suspicious findings on mammogram	2257	3700	Velanovich et al., 1995 (25)
Breast cancer screening every 2 yrs. VERSUS No breast cancer screening past age 69 IN 70-75 yo women	14986	27000	Boer et al., 1995 (26)

Breast cancer screening every 2 yrs. VERSUS No breast cancer screening past age 75 IN 75-79 yo women	64228	120000	Boer et al., 1995 (26)
Second-line treatment with docetaxel VERSUS Second-line treatment with paclitaxel IN Patients with recurrent widely disseminated metastatic breast cancer who are failing on standard treatments	3724	5900	Hutton et al., 1996 (27)
Paclitaxel VERSUS Vinorelbine IN Metastatic Breast Disease	-642	Cost-Saving	Launois et al., 1996 (28)
Docetaxel VERSUS Paclitaxel IN Metastatic Breast Disease	-117	Cost-Saving	Launois et al., 1996 (28)
universal screening program VERSUS no screening program IN Nordic population	4515	6800	Hristova et al., 1997 (29)
Breast conserving surgery VERSUS Modified radical mastectomy IN Women with breast cancer stage I & II	20508	31000	Norum et al., 1997 (30)
Postoperative radiotherapy (XRT) VERSUS Surgery alone without postoperative radiotherapy IN Women <80yoa with unifocal breast CA that 1) is <=20mm size on pre-op mammogram; 2) has negative tumor margins 20mm from primary tumor border; 3) have negative axillary nodes; and 4) had no tumor transection during surgery.	18610	30000	Liljegren et al., 1997 (31)
Postoperative radiotherapy (XRT) VERSUS Surgery alone without postoperative radiotherapy IN Women <80yoa with unifocal breast CA that 1) is <=20mm size on pre-op mammogram; 2) has negative tumor margins 20mm from primary tumor border; 3) have negative axillary nodes; and 4) had no tumor transection during surgery.	9011	15000	Liljegren et al., 1997 (31)
Routine postoperative radiotherapy (XRT) after sector resection and axillary dissection VERSUS Standardized sector resection and axillary dissection IN All breast cancer stage I patients (<80 yo with unifocal breast cancer & maximum tumor diameter of 20 mm on preoperative mammogram)	144745	240000	Liljegren et al., 1997 (31)

Routine postoperative radiotherapy (XRT) after sector resection and axillary dissection VERSUS Standardized sector resection and axillary dissection IN Breast cancer stage I patients (<80 yo with unifocal breast cancer & maximum tumor diameter of 20 mm on preoperative mammogram) at intermediate/high-risk of local recurrence in 5 yrs.	68483	110000	Liljegren et al., 1997 (31)
Routine postoperative radiotherapy (XRT) after sector resection and axillary dissection VERSUS Standardized sector resection and axillary dissection IN Breast cancer stage I patients (<80 yo with unifocal breast cancer & maximum tumor diameter of 20 mm on preoperative mammogram) at low-risk of local recurrence in 5 yrs.	-430449	Increases Costs, Decreases Health	Liljegren et al., 1997 (31)
Prophylactic oophorectomy and mastectomy VERSUS Frequent screening and close surveillance IN 30 year-old women from Ashkenazi Jewish or other high-risk families with BRCA1 or BRCA2 gene mutations, with 56% breast cancer risk and 16% ovarian cancer risk over 40 years	-4652	Increases Costs, Decreases Health	Grann et al., 1998 (32)
Breast conserving surgery with radiation therapy (XRT) VERSUS Breast conserving surgery alone IN 60yo female undergoing breast conserving surgery (lumpectomy) and axillary dissection for early stage breast cancer (Stage I or II)	28000	43000	Hayman et al., 1998 (33)
Docetaxel 100mg/m2 VERSUS Paclitaxel 200mg/m2 IN Women with advanced metastatic breast cancer who have failed previous chemotherapy	8615	13000	Brown et al., 1998 (34)
Prophylactic promidronate infusions VERSUS No prophylactic treatment for skeletal related events (placebo) IN Metastatic breast cancer patients receiving either 1st- or 2nd-line chemotherapy, with at least one osteolytic bone lesion	13506	20000	Dranitsaris et al., 1999 (35)
Axillary lymph node dissection (ALND) VERSUS Watchful waiting IN Postmenopausal women with estrogen receptor -positive breast cancer and clinically negative axillary nodes	36700	54000	Orr et al., 1999 (36)

Axillary lymph node dissection (ALND) VERSUS Watchful waiting IN Postmenopausal women with estrogen receptor -positive breast cancer and clinically negative axillary nodes	270000	400000	Orr et al., 1999 (36)
Vinorelbine VERSUS Docetaxel IN Patients with anthracycline-resistant metastatic breat cancer		Cost-Saving	Leung et al., 1999 (37)
Vinorelbine VERSUS Paclitaxel IN Patients with anthracycline-resistant metastatic breat cancer		Cost-Saving	Leung et al., 1999 (37)
Paclitaxel VERSUS Docetaxel IN Patients with anthracycline-resistant metastatic breat cancer		Cost-Saving	Leung et al., 1999 (37)
Excisional biopsy VERSUS Magnetic Resonance Imaging IN Women with suspicious breast lesions	576258	900000	Hrung et al., 1999 (38)
Excisional biopsy VERSUS Core-needle biopsy IN Women with suspicious breast lesions	253540	390000	Hrung et al., 1999 (38)
Magnetic Resonance Imaging VERSUS Core-needle biopsy IN Women with suspicious breast lesions	69446	110000	Hrung et al., 1999 (38)
Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with average population risk for BRCA1 or BRCA2 gene mutation	1420500	2100000	Tengs et al., 2000 (39)
Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with slight increased risk for BRCA1 or BRCA2 gene mutation (at least one case of ovarian and/or early breast cancer in family)	37657	55000	Tengs et al., 2000 (39)
Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with moderate increased risk for BRCA1 or BRCA2 gene mutation (at least a few cases of ovarian and/or early breast cancer in family)	15000	22000	Tengs et al., 2000 (39)
Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with high increased risk for BRCA1 gene mutation (p=0.25) and BRCA2 gene mutation (p=0.25)	4300	6200	Tengs et al., 2000 (39)

Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with high increased risk for BRCA1 gene mutation (p=0.50) and BRCA2 gene mutation (p=0.0)	3500	5100	Tengs et al., 2000 (39)
Combination testing for BRCA1 and BRCA2 genes, then oophorectomy if positive VERSUS No intervention IN 30 year old women with high increased risk for BRCA2 gene mutation (p=0.50) and BRCA1 gene mutation (p=0.0)	4900	7100	Tengs et al., 2000 (39)
Pamidronate VERSUS Placebo IN Women undergoing chemotherapy for metastatic breast cancer with one or more osteolytic lesions >1cm in diameter and an expected survival of greater than 9 months.	108200	160000	Hillner et al., 2000 (40)
Pamidronate VERSUS Placebo IN Women undergoing hormonal therapy for metastatic breast cancer with one or more osteolytic lesions >1cm in diameter and an expected survival of greater than 9 months.	305300	440000	Hillner et al., 2000 (40)
Tangenital radiation VERSUS Treatment without electron-beam boost IN Patients after conservative surgery for early stage breast cancer	308923	480000	Hayman et al., 2000 (41)
Prophylactic surgery (oophorectomy, mastectomy, or both) VERSUS Surveillance IN 30 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with tamoxifen VERSUS Surveillance IN 30 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations	898	1300	Grann et al., 2000 (42)
Chemoprevention with raloxifene VERSUS Surveillance IN 30 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with oral contraceptives VERSUS Surveillance IN 30 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)

Chemoprevention with oral contraceptives VERSUS Surveillance IN 40 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with raloxifene VERSUS Surveillance IN 40 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with tamoxifen VERSUS Surveillance IN 40 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations	1639	2400	Grann et al., 2000 (42)
Prophylactic surgery (oophorectomy, mastectomy, or both) VERSUS Surveillance IN 40 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Prophylactic surgery (oophorectomy or mastectomy) VERSUS Surveillance IN 50 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with oral contraceptives VERSUS Surveillance IN 50 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with raloxifene VERSUS Surveillance IN 50 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations		Cost-Saving	Grann et al., 2000 (42)
Chemoprevention with tamoxifen VERSUS Surveillance IN 50 year-old women with high-risk breast cancer 1/2 (BRCA 1 or 2) mutations	3249	4700	Grann et al., 2000 (42)
Tamoxifen chemoprevention (10 mg orally, twice daily) VERSUS Surveillance IN 35 year-old women at high risk for breast cancer (at least equivalent to that of an average 60 year-old woman)	76318	110000	Grann et al., 2000 (43)
Tamoxifen chemoprevention (10 mg orally, twice daily) VERSUS Surveillance IN 50 year-old women at high risk for breast cancer (at least equivalent to that of an average 60 year-old woman)	130660	190000	Grann et al., 2000 (43)

Tamoxifen chemoprevention (10 mg orally, twice daily) VERSUS Surveillance IN 60 year-old women at high risk for breast cancer	142227	210000	Grann et al., 2000 (43)
Anastrozole VERSUS Megestrol acetate IN Postmenopausal women with hormone sensitive (ER/PR+) advanced breast cancer, who are anthracycline naive and have failed first-line hormonal therapy with tamoxifen	7020	10000	Dranitsaris et al., 2000 (44)
Letrozole VERSUS Megestrol acetate IN Postmenopausal women with hormone sensitive (ER/PR+) advanced breast cancer, who are anthracycline naive and have failed first-line hormonal therapy with tamoxifen	1044	1500	Dranitsaris et al., 2000 (44)
Locoregional radiotherapy adjuvant to surgery and chemotherapy VERSUS Surgery and chemotherapy IN Premenopausal node-positive breast cancer patients	11267	17000	Dunscombe et al., 2000 (45)
Second-line chemotherapy with paclitaxel VERSUS Combination therapy with vinorelbine plus mitomycin C IN Female patient (aged 18-70) histologically diagnosed with metastatic breast cancer and progressive disease after 1st-line chemotherapy	-164450	Increases Costs, Decreases Health	Li et al., 2001 (46)
Second-line chemotherapy with docetaxel VERSUS Combination therapy with vinorelbine plus mitomycin C IN Female patient (aged 18-70) histologically diagnosed with metastatic breast cancer and progressive disease after 1st-line chemotherapy	-362500	Increases Costs, Decreases Health	Li et al., 2001 (46)
Combination therapy with vinorelbine plus mitomycin C VERSUS Mitomycin plus vinblastine (standard 2nd-line chemotherapy) IN Female patient (aged 18-70) histologically diagnosed with metastatic breast cancer and progressive disease after 1st-line chemotherapy	23046	33000	Li et al., 2001 (46)

Docetaxel as 2nd-line chemotherapy VERSUS Paclitaxel (6 courses at 3-week intervals) as 2nd-line chemotherapy IN Patient diagnosed with advanced breast cancer with disease progression and metastases following 1st-line chemotherapy with anthracyclines	3431	5000	Brown et al., 2001 (47)
Docetaxel as 2nd-line chemotherapy VERSUS Vinorelbine (12 weekly courses) as 2nd-line chemotherapy IN Patient diagnosed with advanced breast cancer with disease progression and metastases following 1st-line chemotherapy with anthracyclines	24529	36000	Brown et al., 2001 (47)
Hormone replacement therapy -long term therapy VERSUS No intervention IN Healthy 50-year old post-menopausal women	2173	3000	Armstrong et al., 2001 (48)
Hormone replacement therapy -5 year therapy VERSUS No intervention IN Healthy 50-year old post-menopausal women	5020	6900	Armstrong et al., 2001 (48)
Hormone replacement therapy -10 year therapy VERSUS No intervention IN Healthy 50-year old post-menopausal women	4260	5900	Armstrong et al., 2001 (48)
Raloxifene therapy-long term VERSUS No intervention IN Healthy 50-year old post-menopausal women	9824	14000	Armstrong et al., 2001 (48)
Raloxifene therapy-5 years VERSUS No intervention IN Healthy 50-year old post-menopausal women	9328	13000	Armstrong et al., 2001 (48)
Raloxifene therapy-10 years VERSUS No intervention IN Healthy 50-year old post-menopausal women	7886	11000	Armstrong et al., 2001 (48)
Raloxifene therapy-5 years VERSUS Hormone replacement therapy-5 years IN Healthy 50-year old post-menopausal women	37029	51000	Armstrong et al., 2001 (48)
Raloxifene therapy-10 years VERSUS Hormone replacement therapy-10 years IN Healthy 50-year old post-menopausal women	32992	45000	Armstrong et al., 2001 (48)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 35	79320	120000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 50	122519	180000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (Gail model RR>1.6) - age 60	137753	200000	Hershman et al., 2002 (49)

Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 35	9777	14000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 50	26990	39000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (atypical hyperplasia) - age 60	53765	78000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 35	10818	16000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 50	27901	41000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (5-year Gail model risk>5%) - age 60	54884	80000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma-in-situ) - age 35	16232	24000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma-in-situ) - age 50	37351	54000	Hershman et al., 2002 (49)
Tamoxifen for primary prevention VERSUS No Tamoxifen IN Women at very high risk of breast cancer (lobular carcinoma in-situ) - age 60	68334	99000	Hershman et al., 2002 (49)
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	40990	60000	Hershman et al., 2002 (49)
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	80869	120000	Hershman et al., 2002 (49)

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	127750	190000	Hershman et al., 2002 (49)
Tamoxifen and chemotherapy VERSUS Tamoxifen alone IN Postmenopausal women with node-positive early breast cancer	5279	7300	Karnon et al., 2002 (50)
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	22600	31000	Lee et al., 2002 (51)
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	3278	4700	Malin et al., 2002 (52)
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	5428	7700	Malin et al., 2002 (52)
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	3278	4700	Malin et al., 2002 (52)
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	6176	8800	Malin et al., 2002 (52)

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	13050	19000	Malin et al., 2002 (52)
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	9866	14000	Malin et al., 2002 (52)
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	7375	10000	Malin et al., 2002 (52)
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	4335	6200	Malin et al., 2002 (52)
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	8385	12000	Malin et al., 2002 (52)
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	3577	5100	Malin et al., 2002 (52)

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	2636	3700	Malin et al., 2002 (52)
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	2636	3700	Malin et al., 2002 (52)
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+	219594	290000	Polsky et al., 2003 (53)
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+	80440	110000	Polsky et al., 2003 (53)
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	5226	7200	Karnon et al., 2003 (54)
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	8949	12000	Dranitsaris et al., 2003 (55)
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	14032	18000	Dranitsaris et al., 2003 (55)

Use of free transverse rectus abdominis myocutaneous (TRAM) flap VERSUS Use of unipedicled TRAM flap IN Postmastectomy reconstruction patients	3303	4400	Thoma et al., 2003 (56)
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	121976	160000	Karnon et al., 2003 (57)
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	28461	42000	Eckermann et al., 2003 (58)
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	14393	21000	Eckermann et al., 2003 (58)
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	148103	220000	Eckermann et al., 2003 (58)
VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65	125100	160000	Elkin et al., 2004 (59)
VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65		Increases Costs, Decreases Health	Elkin et al., 2004 (59)
VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65		Increases Costs, Decreases Health	Elkin et al., 2004 (59)
VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65	103600	140000	Elkin et al., 2004 (59)
VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65		Increases Costs, Decreases Health	Elkin et al., 2004 (59)

VERSUS IN Women newly diagnosed with metastatic breast cancer - age 65	131950	Increases Costs, Decreases Health	Elkin et al., 2004 (59)
Tamoxifen for 5 years VERSUS No treatment IN Women with assumed 5-year breast cancer risk of 3.4% - age 50	43300	57000	Cykert et al., 2004 (60)
Anastrozole (5 years) plus 4 years follow-up VERSUS Tamoxifen (5 years) plus 4 years follow-up IN Women with estrogen-receptor positive breast cancer who have undergone primary surgery and/or completed chemotherapy - age 64	533000	700000	Hillner et al., 2004 (61)
Anastrozole (5 years) plus 8 years follow-up VERSUS Tamoxifen (5 years) plus 8 years follow-up IN Women with estrogen-receptor positive breast cancer who have undergone primary surgery and/or completed chemotherapy - age 64	201800	270000	Hillner et al., 2004 (61)
Anastrozole (5 years) plus 12 years follow-up VERSUS Tamoxifen (5 years) plus 12 years follow-up IN Women with estrogen-receptor positive breast cancer who have undergone primary surgery and/or completed chemotherapy - age 64	111300	150000	Hillner et al., 2004 (61)
Anastrozole followed by tamoxifen, then megestrol VERSUS Tamoxifen followed by anastrozole, then megestrol IN Postmenopausal women with estrogen receptor positive (ER+) metastatic breast cancer in Italy	12221	16000	Marchetti et al., 2004 (62)
Letrozole followed by tamoxifen, then megestrol VERSUS Tamoxifen followed by anastrozole, then megestrol IN Postmenopausal women with estrogen receptor positive (ER+) metastatic breast cancer in Italy	19116	25000	Marchetti et al., 2004 (62)
Cyclophosphamide, methotrexate and fluorouracil 5FU (CMF) chemotherapy VERSUS No treatment IN Women with node negative early breast cancer - age 65 and 75	30451	41000	Naeim et al., 2005 (63)
Doxorubicin and cyclophosphamide (AC) chemotherapy VERSUS Cyclophosphamide, methotrexate and fluorouracil 5FU (CMF) chemotherapy IN Women with node negative early breast cancer - age 65 and 75	46572	62000	Naeim et al., 2005 (63)

Breast conserving surgery plus radiation VERSUS Breast conserving surgery alone IN Women with diagnosis of ductul carcinoma in situ of the breast - age 55	36700	48000	Suh et al., 2005 (64)
Oral ibandronate VERSUS Generic IV pamidronate IN Female breast cancer patients with metastatic bone disease undergoing IV chemotherapy	-18308	Cost-Saving	De Cock et al., 2005 (65)
Oral ibandronate VERSUS Zoledronic Acid IN Female breast cancer patients with metastatic bone disease undergoing IV chemotherapy	-33209	Cost-Saving	De Cock et al., 2005 (65)
Proton radiation VERSUS Conventional radiation IN Women with left-sided breast cancer - age 55	63341	83000	Lundkvist et al., 2005 (66)
Oral capacitabine plus docetaxel VERSUS Docetaxel alone IN Patients with advanced breast carcinima - anthracycline pretreated metastatic breast carcinoma (MBC)	13558	18000	Verma et al., 2005 (67)
Targeting chemotherapy with RT-PCR VERSUS Treatment without RT-PCR IN Patients with lymph-node-negative, estrogen-receptor-positive, early stage breast cancer, classified as intermediate/high risk	31452	39000	Hornberger et al., 2005 (68)
Targeting chemotherapy with RT-PCR VERSUS Treatment without RT-PCR IN Patients with lymph-node-negative, estrogen-receptor-positive, early stage breast cancer, classified as low risk	-59647	Cost-Saving	Hornberger et al., 2005 (68)
Oral ibandronate VERSUS IV zoledronic acid IN Women with breat cancer and metastatic bone disease who were assumed to be receiving oral hormonal therapy	-27971	Cost-Saving	De Cock et al., 2005 (69)
Oral ibandronate VERSUS IV Pamidronate IN Women with breat cancer and metastatic bone disease who were assumed to be receiving oral hormonal therapy	-13593	Cost-Saving	De Cock et al., 2005 (69)

Lymph node radiation therapy VERSUS No radiation therapy IN Women after undergoing surgery (mastectomy or tumorectomy with axillary clearance) for breast cancer stage I-III	-40669	Cost-Saving	Lievens et al., 2005 (70)
Tamoxifen (5 years) VERSUS Tamoxifen plus cyclophosphamide, methotrexate and 5-flurouracil IN Women with node positive early breast cancer - age 65 and older	12890	17000	Naeim et al., 2005 (71)
Home-based physiotherapy intervention VERSUS No intervention IN Breast cancer survivors in Australia	1127	1400	Gordon et al., 2005 (72)
Group-based exercise and psycosocial intervention VERSUS No intervention IN Breast cancer survivors in Australia	10663	13000	Gordon et al., 2005 (72)
Proton therapy VERSUS Conventional radiation therapy IN Patients with breast cancer	32417	43000	Lundkvist et al., 2005 (73)
Proton therapy VERSUS Conventional radiation therapy IN Patients with prostate cancer	25314	33000	Lundkvist et al., 2005 (73)
Proton therapy VERSUS Conventional radiation therapy IN Patients with head and neck cancer	3603	4700	Lundkvist et al., 2005 (73)
Proton therapy VERSUS Conventional radiation therapy IN Patients with head and neck cancer	-32731	Cost-Saving	Lundkvist et al., 2005 (73)
Anastrozole (5 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node negative - age 65	46991	59000	Lønning et al., 2006 (74)
Tamoxifen (5 years) and letrozole (5 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node negative - age 65	57203	72000	Lønning et al., 2006 (74)
Tamoxifen (2 years) and lexemestane (3 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node negative - age 65	29584	37000	Lønning et al., 2006 (74)
Tamoxifen (3 years) and lexemestane (2 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node negative - age 65	19780	25000	Lønning et al., 2006 (74)

Anastrozole (5 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node positive - age 65	44435	56000	Lønning et al., 2006 (74)
Tamoxifen (5 years) and letrozole (5 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node positive - age 65	47125	59000	Lønning et al., 2006 (74)
Tamoxifen (2 years) and exemestane (3 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node positive - age 65	26333	33000	Lønning et al., 2006 (74)
Tamoxifen (3 years) and exemestane (2 years) VERSUS Tamoxifen alone (5 years) IN Post menopausal women with early breast cancer with lymph node positive - age 65	17663	22000	Lønning et al., 2006 (74)
VERSUS IN Postmenopausal women with early Breast cancer- strogen receptors positive	18950	24000	Karnon et al., 2006 (75)
VERSUS IN Post-menopausal, hormone receptor positive HR+ early breast cancer patients	21550	27000	Rocchi et al., 2006 (76)
VERSUS IN Breast cancer patients with bone metastases and receiving chemotherapy or hormone therapy	1070	1300	Botteman et al., 2006 (77)
VERSUS IN Breast cancer patients with bone metastases and receiving chemotherapy or hormone therapy	4344	5400	Botteman et al., 2006 (77)
VERSUS IN Breast cancer patients with bone metastases and receiving chemotherapy or hormone therapy	-20385	Cost-Saving	Botteman et al., 2006 (77)
VERSUS IN Breast cancer patients with bone metastases and receiving chemotherapy or hormone therapy	-19779	Cost-Saving	Botteman et al., 2006 (77)

VERSUS IN Patients with BRCA2 Mutation Carriers aged 30-69	101000	120000	Plevritis et al., 2006 (78)
VERSUS IN Patients with BRCA1 Mutation Carriers aged 25-69	18592	23000	Plevritis et al., 2006 (78)
VERSUS IN Patients with BRCA2 Mutation Carriers aged 25-69	28421	34000	Plevritis et al., 2006 (78)
VERSUS IN Patients with BRCA1 Mutation Carriers aged 30-69	52675	64000	Plevritis et al., 2006 (78)
VERSUS IN Premenopausal early breast cancer women who had axillary lymph nodes positive	18339	23000	Limwattananon et al., 2006 (79)
VERSUS IN Women 40 years old or older	35000	48000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	28000	38000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	35000	48000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	34000	47000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	47000	65000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	49000	67000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	46667	64000	Stout et al., 2006 (80)
VERSUS IN Women 40 years old or older	27000	37000	Stout et al., 2006 (80)
VERSUS IN Spanish postmenopausal women diagnosed with strogen receptor positive OBC- (20 years time horizon)	61519	77000	Gil et al., 2006 (81)

VERSUS IN Spanish postmenopausal women diagnosed with strogen receptor positive OBC- (study: IES 2005)(20 years time horizon)	43995	55000	Gil et al., 2006 (81)
VERSUS IN Spanish postmenopausal women diagnosed with strogen receptor positive OBC- (20 years time horizon)	77710	97000	Gil et al., 2006 (81)
VERSUS IN Spanish postmenopausal women diagnosed with strogen receptor positive OBC- (based on IES 2004)(20 years time horizon)	35883	45000	Gil et al., 2006 (81)
VERSUS IN Breast cancer patient in adjuvant chemotherapy	386301	480000	Fagnoni et al., 2006 (82)
VERSUS IN Post-menopausal women with early breast cancer and estrogen or progesterone receptor positive tumor who had completed 5 years of tamoxifen	28728	36000	Delea et al., 2006 (83)
VERSUS IN Patients with hormone receptor positive (HR1) early breast cancer (EBC).	4923	6200	Moeremans et al., 2006 (84)
VERSUS IN Patients with clinically node-negative breast cancer undergoing sentinel lymph node biopsy - tumor stage 2	5600	6800	Jeruss et al., 2006 (85)
VERSUS IN Patients with clinically node-negative breast cancer undergoing sentinel lymph node biopsy - tumor stage 3	-1500	Cost-Saving	Jeruss et al., 2006 (85)
VERSUS IN Patients with clinically node-negative breast cancer undergoing sentinel lymph node biopsy - tumor stage 4	-4450	Cost-Saving	Jeruss et al., 2006 (85)

VERSUS IN Patients with clinically node-negative breast cancer undergoing sentinel lymph node biopsy - tumor stage 1	10967	13000	Jeruss et al., 2006 (85)
VERSUS IN 62 year old women with early breast cancer with 100% node-positive	29642	37000	El Ouagari et al., 2007 (86)
VERSUS IN 62 year old women with early breast cancer with 100% node-negative	35441	44000	El Ouagari et al., 2007 (86)
VERSUS IN 62 year old women with early breast cancer with 50% node-positive, 50% node-negative	35734	45000	El Ouagari et al., 2007 (86)
VERSUS IN Post menopausal women with early stage breast cancer	22814	28000	Skedgel et al., 2007 (87)
VERSUS IN Post menopausal women with early stage breast cancer	-235829	Increases Costs, Decreases Health	Skedgel et al., 2007 (87)
VERSUS IN Post menopausal women with early stage breast cancer	6346	7700	Skedgel et al., 2007 (87)
VERSUS IN Postmenopausal women age 64 years who had received 2-3 years of tamoxifen therapy following primary treatment of early-stage breast cancer	25343	31000	Lundkvist et al., 2007 (88)
Upfront Anastrazole 1mg daily for 5 years VERSUS Tamoxifen alone 20mg daily for 5 years IN Post-menopausal women with early breast cancer in Belgium	24875	30000	Skedgel et al., 2007 (89)
Sequential Tamoxifen- AI (Exemestane 25mg daily) for 2.5 years each VERSUS Tamoxifen alone 20mg daily for 5 years IN Post-menopausal women with early breast cancer in Belgium	6194	7500	Skedgel et al., 2007 (89)
Tamoxifen daily for 5 years followed by Letrozole 2.5mg daily for 3 years. VERSUS Tamoxifen alone 20mg daily for 5 years IN Post-menopausal women with early breast cancer in Belgium	13108	16000	Skedgel et al., 2007 (89)
Upfront Anastrazole 1mg daily for 5 years VERSUS Tamoxifen daily for 5 years followed by Letrozole 2.5mg daily for 3 years IN Post-menopausal	46450	56000	Skedgel et al., 2007 (89)

women with early breast cancer in Belgium			
Sequential Tamoxifen- AI (Exemestane 25mg daily) for 2.5 years each VERSUS Tamoxifen daily for 5 years followed by Letrozole 2.5mg daily for 3 years IN Post-menopausal women with early breast cancer in Belgium	-39491	Cost-Saving	Skedgel et al., 2007 (89)
Upfront Anastrazole 1 mg /daily VERSUS Sequential Tamoxifen- AI (Exemestane 25mg daily) for 2.5 years each IN Post-menopausal women with early breast cancer in Belgium	-2095048	Increases Costs, Decreases Health	Skedgel et al., 2007 (89)
Five years treatment with anastrozole VERSUS Five years treatment with tamoxifen IN Postmenopausal women age 64 with early (invasive, operable) breast cancer who had completed primary therapy (surgery and/or radiotherapy and/or chemotherapy) and who were eligible for adjuvant hormonal therapy	20246	25000	Locker et al., 2007 (90)
Adjuvant chemotherapy plus trastuzumab VERSUS Chemotherapy alone IN Patients with HER2-positive early breast cancer, from Italian health care system	14861	18000	Liberato et al., 2007 (91)
Adjuvant chemotherapy plus trastuzumab VERSUS Chemotherapy alone IN Patients with HER2-positive early breast cancer, from the United States health care system	18970	23000	Liberato et al., 2007 (91)
Anthracycline-based adjuvant trastuzumab therapy (AAT) VERSUS Nontrastuzumab (NT) therapy IN 49-year-old women with HER2/neu-positive early-stage breast cancer	39892	48000	Kurian et al., 2007 (92)
Nonanthracycline-based adjuvant trastuzumab therapy (NAT) VERSUS Nontrastuzumab (NT) therapy IN 49-year-old women with HER2/neu-positive early-stage breast cancer	58041	70000	Kurian et al., 2007 (92)
Nonanthracycline-based adjuvant trastuzumab therapy (NAT) VERSUS Anthracycline-based adjuvant trastuzumab therapy (AAT) IN 49-year-old women with HER2/neu-positive early-stage breast cancer	-102931	Increases Costs, Decreases Health	Kurian et al., 2007 (92)

Mammogram VERSUS No screening IN British women aged 30-49 with BRCA1 mutation	9659	11000	Norman et al., 2007 (93)
MRI VERSUS Mammogram IN British women aged 30-49 with BRCA1 mutation	24652	29000	Norman et al., 2007 (93)
MRI and mammography VERSUS MRI IN British women aged 30-49 with BRCA1 mutation	27896	33000	Norman et al., 2007 (93)
MRI and mammography VERSUS MRI IN British women aged 40 - 49 with BRCA1 mutation	12187	14000	Norman et al., 2007 (93)
MRI VERSUS Mammography IN British women aged 40 - 49 with BRCA1 mutation	15070	18000	Norman et al., 2007 (93)
Mammography VERSUS No screening IN British women aged 40 - 49 with BRCA1 mutation	5370	6300	Norman et al., 2007 (93)
FEC100 regimen, six cycles, 3-weekly basis, followed by trastuzumab 3-weekly, 17 cycles. VERSUS FEC100 regimen, six cycles, 3-weekly basis IN Patients with early breast cancer patients that overexpress HER2	47566	56000	Norum et al., 2007 (94)
Adjuvant chemotherapy with trastuzumab, 52 week course VERSUS Usual care IN 50-year-old patients with human epidermal growth factor receptor 2 protein (HER2)-positive breast cancer	17384	21000	Millar et al., 2007 (95)
Adjuvant chemotherapy with trastuzumab, 9 week course VERSUS Usual care IN 50-year-old patients with human epidermal growth factor receptor 2 protein (HER2)-positive breast cancer	1297	1600	Millar et al., 2007 (95)
Initial adjuvant treatment with Letrozole VERSUS Initial adjuvant treatment with Tamoxifen IN Postmenopausal women with hormone receptor-positive early breast cancer	23743	29000	Delea et al., 2007 (96)
Adjuvant exemestane for 2.5 years after 2.5 years of tamoxifen treatment VERSUS Continued tamoxifen for 5 years IN 64 years old Canadian postmenopausal women with ER positive primary breast cancer or unknown ER status	18614	23000	Risebrough et al., 2007 (97)
Doxorubicin and cyclophosphamide chemotherapy with adjuvant trastuzumab monotherapy VERSUS Doxorubicin and cyclophosphamide chemotherapy alone followed by paclitaxel IN 50 year old US women with early stage HER2-Positive breast cancer	27637	34000	Garrison et al., 2007 (98)

Biennial mammography screening VERSUS No mammography screening IN Hong Kong Women aged 50-69 Years old		Increases Costs, Decreases Health	Wong et al., 2007 (99)
Biennial mammography screening VERSUS No mammography screening IN Hong Kong Women aged 50-79 Years old		Increases Costs, Decreases Health	Wong et al., 2007 (99)
Biennial mammography screening VERSUS No mammography screening IN Hong Kong Women aged 40-69 Years old	61600	75000	Wong et al., 2007 (99)
Biennial mammography screening VERSUS No mammography screening IN Hong Kong Women aged 40-79 Years old	178800	220000	Wong et al., 2007 (99)
Anastrozole VERSUS Tamoxifen IN Postmenopausal women with early (invasive, operable) breast cancer	32363	41000	Mansel et al., 2007 (100)
Switching to exemestane after 2 to 3 years tamoxifen therapy VERSUS IN US post-menopausal women with early stage breast cancer; estrogen-receptor positive and estrogen receptor status unknown	20100	25000	Thompson et al., 2007 (101)
Switching to exemestane after 2 to 3 years tamoxifen therapy VERSUS Exclusively tamoxifen therapy IN US aged 60-70 post-menopausal women with early stage breast cancer; estrogen-receptor positive and estrogen receptor status known	16600	21000	Thompson et al., 2007 (101)
Ajuvant 5-flurouracil , epirubicin and cyclophosphamide-docetaxel VERSUS Ajuvant 5-flurouracil , epirubicin at 100 mg/m2 and cyclophosphamide IN Women who underwent adjuvant chemotherapy following surgical treatment of non-positive breast cancer	12889	15000	Younis et al., 2007 (102)
VERSUS IN Patients with lymph node negative, estrogen receptor positive early-stage breast cancer	11276	14000	Kondo et al., 2007 (103)
VERSUS IN Patients with lymph node negative, estrogen receptor positive early-stage breast cancer	27278	33000	Kondo et al., 2007 (103)

Adjuvant treatment with Letrozole VERSUS Adjuvant treatment with Tamoxifen IN Estrogen-receptor positive postmenopausal women with early invasive breast cancer who have undergone primary surgery and are starting adjuvant therapy	18894	23000	Karnon et al., 2008 (104)
Adjuvant treatment with Anastrozole VERSUS Adjuvant treatment with Tamoxifen IN Estrogen-receptor positive postmenopausal women with early invasive breast cancer who have undergone primary surgery and are starting adjuvant therapy	20803	25000	Karnon et al., 2008 (104)
Adjuvant therapy with letrozole VERSUS Adjuvant therapy with tamoxifen IN Postmenopausal women with HR+ early breast cancer aged 60 years at initiation of therapy	19544	24000	Delea et al., 2008 (105)
Immunohistochemical (IHC) test: 1-year adjuvant trastuzumab for IHC +3 patients; standard care for all other patients VERSUS Standard care IN 55 year old female with early breast cancer completely excised and after 4 cycles of chemotherapy	47572	58000	Lidgren et al., 2008 (106)
Immunohistochemical (IHC) test: 1-year adjuvant trastuzumab for IHC +2 and +3 patients; standard care for all other patients VERSUS Standard care IN Early breast cancer patients	66951	81000	Lidgren et al., 2008 (106)
Immunohistochemical (IHC) test, FISH confirmation for IHC +2 and +3 patients: 1-year adjuvant trastuzumab for FISH+ patients; standard care for all other patients VERSUS Standard care for all patients IN 55 year old female with early breast cancer completely excised and after 4 cycles of chemotherapy	44784	54000	Lidgren et al., 2008 (106)
FISH test: 1-year adjuvant trastuzumab for FISH+ patients; standard care for all other patients VERSUS Immunohistochemical (IHC) test, FISH confirmation for IHC +2 and +3 patients: 1-year adjuvant trastuzumab for FISH+ patients; standard care for all other patients IN 55 year old female with early breast cancer completely excised and after 4 cycles of chemotherapy	51626	63000	Lidgren et al., 2008 (106)

All-digital mammography screening VERSUS All film mammography screening IN United States women age 40 years or older	331000	400000	Tosteson et al., 2008 (107)
All-digital mammography screening, Age-targeted digital VERSUS Film imaging IN United States women age 40 years or older	26500	32000	Tosteson et al., 2008 (107)
All-digital mammography screening VERSUS Film imagine for breast cancer IN United States women age 40 years or older	830000	1000000	Tosteson et al., 2008 (107)
All-digital mammography screening VERSUS All film screening IN United States women age 65 years or older		Increases Costs, Decreases Health	Tosteson et al., 2008 (107)
Density-targeted mammography screening VERSUS Film imaging for breast cancer IN United States women age 65 years or older	97000	120000	Tosteson et al., 2008 (107)
Density-targeted screening VERSUS All film screening IN United States women age 65 years or older, alternative case scenario	62000	75000	Tosteson et al., 2008 (107)
All-digital mammography screening VERSUS All film screening IN United States women age 65 years or older, alternative case scenario	-66000	Increases Costs, Decreases Health	Tosteson et al., 2008 (107)
Docetaxel, doxorubicin, cyclophosphamide(TAC) VERSUS Fluorouracil, doxorubicin, cyclophosphamide(FAC) IN women with node-positive earlyl breast cancer(EBC) in the United Kingdom, treated for the first time with chemotherapy	33109	40000	Wolowacz et al., 2008 (108)
Breast cancer screening 3 times a year in women aged 40-80 years VERSUS Breast cancer creening 3 times a year in women aged 40-75 years IN 40- year-old Slovenian women	52011	65000	Rojnik et al., 2008 (109)
High dose chemotherapy VERSUS Standard chemotherapy IN Nonmetastatic breast cancer women with more than 7 involved axillary lymph nodes, younger than 60 years of age and a World Health Organization performance status <= 2	20307	29000	Marino et al., 2008 (110)

50mg doxorubicin/m^2 of body-surface area, 500mg cyclophosphamide/m^2, 75mg docetaxel/m^2 VERSUS 50mg doxorubicin/m^2 of body-surface area, 500mg cyclophosphamide/m^2, 500mg flourouracil/m^2 IN Women with node positive breast cancer in Korea, following primary surgery	8682	11000	Lee et al., 2008 (111)
Docetaxel, doxorubicin, and cyclophosphamide (TAC) adjuvant chemotherapy VERSUS 5-fluorouracil, doxorubicin, and cyclophosphamide (FAC) adjuvant chemotherapy IN Node-positive breast cancer women	11787	16000	Au et al., 2008 (112)
IHC test, with FISH confirmation for 2+ and 3+ patients, trastuzumab and chemotherapy for FISH+ patients; chemotherapy alone for all other patients VERSUS Chemotherapy alone for all patients IN 65-year old Swedish metastatic breast cancer patients	65133	79000	Lidgren et al., 2008 (113)
FISH test, with trastuzumab and chemotherapy for FISH+ patients; chemotherapy alone for all other patients VERSUS IHC test, with FISH confirmation for 2+ and 3+ patients, trastuzumab and chemotherapy for FISH+ patients; chemotherapy alone for all other patients IN 65-year old Swedish metastatic breast cancer patients	75361	91000	Lidgren et al., 2008 (113)
IHC test, with FISH confirmation for 2+ and 3+ patients, trastuzumab and chemotherapy for FISH+ patients; chemotherapy alone for all other patients VERSUS IHC test, trastuzumab and chemotherapy for IHC 2+ and 3+ patients; chemotherapy alone for all other patients IN 65-year old Swedish metastatic breast cancer patients	-29135708	Cost-Saving	Lidgren et al., 2008 (113)
Testing for BRCA 1/2 mutation VERSUS No testing, usual care IN US women aged at least 35 years old with an associated family risk of breast and/or ovarian cancer or whom are concerned about having a BRCA 1/2 mutation.	5000	5900	Holland et al., 2008 (114)

Primary prophylaxis with pegfilgrastim VERSUS Secondary prophylaxis with pegfilgrastim IN US women 30-80 years old with early (stage I-II) breast cancer receiving myelosuppresive chemotherapy with at least a 20% risk of febrile neutropenia	116000	140000	Ramsey et al., 2008 (115)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and above without a uterus	72531	85000	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 1.67 %	-227320	Increases Costs, Decreases Health	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 1.67 %	300030	350000	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 1.67 %	-5712	Increases Costs, Decreases Health	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 1.67 %	-5771	Increases Costs, Decreases Health	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	57935	68000	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	37365	44000	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	167718	200000	Melnikow et al., 2008 (116)

Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	68262	80000	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	-5599	Increases Costs, Decreases Health	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and over with estimated 5-year breast cancer risk>= 3 %	-5658	Increases Costs, Decreases Health	Melnikow et al., 2008 (116)
Tamoxifen VERSUS No tamoxifen IN Women aged 50 and above with a uterus	190850	220000	Melnikow et al., 2008 (116)
Magnetic resonance (MR) lymphangiography VERSUS No treatment IN 61 year old women with clinically node negative early breast cancer who chose breast conserving surgery with radiation therapy; cancer is: 1-2 cm, grade I, estrogen and progesterone receptor positive, and HER2/neu negative	37244	44000	Pandharipande et al., 2008 (117)
Magnetic resonance lymphangiography and sentinel lymph node biopsy VERSUS Sentinel lymph node biopsy IN 61 year old women with clinically node negative early breast cancer who chose breast conserving surgery with radiation therapy; cancer is: 1-2 cm, grade I, estrogen and progesterone receptor positive, and HER2/neu negative	93333	110000	Pandharipande et al., 2008 (117)
External beam partial breast irradiation (EB-PBI) VERSUS Whole breast radiation therapy (WBRT) IN 55 year old United States postmenopausal women with stage I breast cancer that is estrogen receptor positive	630000	790000	Sher et al., 2008 (118)

MammoSite partial breast irradiation (MS-PBI) VERSUS Whole breast radiation therapy (WBRT) IN 55 year old United States postmenopausal women with stage I breast cancer that is estrogen receptor positive		Increases Costs, Decreases Health	Sher et al., 2008 (118)
Hormone therapy for advanced breast cancer: anastrozole/letrozole, fulvestrant, exemestane, docetaxel, capecitabine, and best supportive care VERSUS Hormone therapy for advanced breast cancer: anastrozole, exemestane, docetaxel, capecitabine, and best supportive care IN United Kingdom women with hormone receptor positive advanced breast cancer, previously treated with adjuvant Tamoxifen	13289	16000	Cameron et al., 2008 (119)
Hormone therapy for advanced breast cancer: anastrozole/letrozole, fulvestrant, exemestane, docetaxel, capecitabine, and best supportive care VERSUS Hormone therapy for advanced breast cancer: anastrozole, exemestane, docetaxel, capecitabine, and best supportive care IN United Kingdom women with hormone receptor positive advanced breast cancer previously treated with adjuvant Tamoxifen	-18709	Cost-Saving	Cameron et al., 2008 (119)
Nab-paclitaxel (260 mg/m^2 q3wk) VERSUS Paclitaxel (175 mg/m^2 q3wk) IN Patients with metastatic breast cancer in Canada	50101	59000	Dranitsaris et al., 2008 (120)
Docetaxel (100 mg/m^2 q3wk) VERSUS Paclitaxel (175 mg/m^2 q3wk) IN Patients with metastatic breast cancer in Canada	652365	770000	Dranitsaris et al., 2008 (120)
Superficial inferior epigastric artery (SIEA) flap in postmastectomy reconstruction VERSUS Deep inferior epigastric perforator (DIEP) flap in postmastectomy reconstruction IN Adult women undergoing postmastectomy reconstruction for breast cancer in Canada	68	80	Thoma et al., 2008 (121)
Lapatinib + Capecitabine (150-mg capecitabine tablet Capecitabine + 250-mg lapatinib tablet) VERSUS Capecitabine (150-mg tablet) IN HER-2 positive women within the US healthcare system diagnosed with advanced breast cancer	163583	190000	Le et al., 2009 (122)
Fulvestrant as an adjuvant therapy for advanced breast cancer VERSUS Usual care chemotherapy to treat advanced breast cancer IN Women with advanced breast cancer within the German healthcare system.	-36823	Cost-Saving	Lux et al., 2009 (123)

MRI (Magnetic Resonance Imaging) screening for malignant breast tumors VERSUS Mammography screening for malignant breast tumors IN Women within the United States healthcare system with a high-risk for breast cancer. Women at increased risk of breast cancer include those with (i) a history of thoracic or mantle irradiation, (ii) a strong family history or genetic predisposition, (iii) lobular carcinoma in situ or atypical hyperplasia, (iv) a prior history of breast cancer, and/or (v) those over 35 years of age with a 5-year risk of invasive breast cancer = 1.7% according to the modified Gail Model.	134070	160000	Moore et al., 2009 (124)
Bevacizumab,10 mg/kg body weight + Paclitaxel,90 mg/m2 body surface-area VERSUS Paclitaxel,90 mg/m2 body surface-area IN Women positively diagnosed with metastatic breast cancer; HER-2 negative genotype	278943	310000	Dedes et al., 2009 (125)
TAC: Docetaxel 75 mg/m2 + doxorubicin 50 mg/m2 + cyclophosphamide 500 mg/m2 (as one administration per cycle for 6 cycles of 21 days) VERSUS FAC: 5-FU 500 mg/m2 + doxorubicin 50 mg/m2 + cyclophosphamide 500 mg/m2 (as one administration per cycle for 6 cycles of 21 days) IN Spanish women with operable, positive-node, breast cancer and no relapse	3275	4000	Martín-Jiménez et al., 2009 (126)
Magnetic resonance imaging of breast tissue with adjuvant x-ray mammograph VERSUS X-ray mammograph IN US Women with BRCA 1/2 at high risk for breast cancer	25277	31000	Taneja et al., 2009 (127)
Biennial mammography and annual Clinical breast exam from ages 40 to 79 years VERSUS Mammography, with or without clinical breast exam, 2 years for women ages 40 years and older IN US women aged 40 to 79 years old	90100	110000	Ahern et al., 2009 (128)

Annual mammography for women aged 40-59, biannual mammography for women aged 60-76, annual clinical breast exam for women aged 40-79 VERSUS Biennial mammography and annual clinical breast exam from ages 40 to 79 years IN US women aged 40 to 79 years old	169500	210000	Ahern et al., 2009 (128)
Annual mammography and clinical breast exam for women aged 40-79 VERSUS Annual mammography for women aged 40-59, biannual mammography for women aged 60-76, annual clinical breast exam for women aged 40-79, with usual care for breast cancer following positive diagnosis IN US women aged 40 to 79 years old	428571	540000	Ahern et al., 2009 (128)
Annual mammography and clinical breast exam for women aged 40-79, triannual clinical breast exam for women aged 20-39 VERSUS Annual mammography and clinical breast exam for women aged 40-79 IN US women aged 40 to 79 years old	6111111	7700000	Ahern et al., 2009 (128)
Mammography, with or without clinical breast exam, 2 years for women ages 40 years and older VERSUS No screening, usual care for breast cancer following positive diagnosis IN US women aged 40 to 79 years old	28011	35000	Ahern et al., 2009 (128)
Annual breast cancer screening comprising mammography and clinical examination VERSUS No annual screening IN UK women with a family history of breast cancer or presence of BRCA1 or BRCA2 genes average age 48	9610	11000	Reis et al., 2009 (129)
Ixabepilone plus capecitabine: 40 mg/m2 on day 1 plus capecitabine 2,000mg/m2 per day for the first 14 days of each 21-day cycle VERSUS Capecitabine alone: 2,500 mg/m2 per day for the first 14 days of each 21-day cycle IN Metastatic breast cancer patients previously determined to be taxane-resistant and previously treated with or resistant to an anthracycline	359000	390000	Reed et al., 2009 (130)
Trastuzumab adjuvant therapy VERSUS No Trastuzumab adjuvant therapy IN Women (age 50-59) with metastatic human epidermal growth factor receptor 2 (HER2) positive breast cancer	10411	13000	Van Vlaenderen et al., 2009 (131)

Trastuzumab adjuvant therapy VERSUS No Trastuzumab adjuvant therapy IN Women (age 60-69) with metastatic human epidermal growth factor receptor 2 (HER2) positive breast cancer	15365	19000	Van Vlaenderen et al., 2009 (131)
Trastuzumab adjuvant therapy VERSUS No Trastuzumab adjuvant therapy IN Women (age 70-79) with metastatic human epidermal growth factor receptor 2 (HER2) positive breast cancer	31118	38000	Van Vlaenderen et al., 2009 (131)
Trastuzumab adjuvant therapy VERSUS No Trastuzumab adjuvant therapy IN Women (age >80) with metastatic human epidermal growth factor receptor 2 (HER2) positive breast cancer	119694	150000	Van Vlaenderen et al., 2009 (131)
Trastuzumab adjuvant therapy VERSUS No Trastuzumab adjuvant therapy IN Women (age <50) with metastatic human epidermal growth factor receptor 2 (HER2) positive breast cancer	8117	9800	Van Vlaenderen et al., 2009 (131)
Adjuvant Trastuzumab treatment (5-year) after chemotherapy treatment for breast-cancer VERSUS Usual Care, observation alone after chemotherapy IN US women with Her2/Neu-Positive Breast Cancer	65790	75000	Skedgel et al., 2009 (132)
Pegfilgrastim VERSUS 6-day regiment of filgrastim IN Women with early-stage breast cancer receiving chemotherapy in the United States	31511	37000	Lyman et al., 2009 (133)
Pegfilgrastim VERSUS 11-day regiment of filgrastim IN Women with early-stage breast cancer receiving chemotherapy in the United States	-300091	Cost-Saving	Lyman et al., 2009 (133)
Pegfilgrastim VERSUS Filgrastim (6-days) IN Women with early stage breast cancer receiving adjuvant chemotherapy associated with >20% febrile neutropenia risk	539	630	Danova et al., 2009 (134)
Treatment with trastuzumab VERSUS Treatment without trastuzumab IN United States patients with HER-2 positive early breast cancer	26417	38000	Garrison Jr et al., 2009 (135)

Treatment with trastuzumab VERSUS Treatment without trastuzumab IN United States patients with HER-2 positive metastatic breast cancer	85676	120000	Garrison Jr et al., 2009 (135)
Treatment with trastuzumab VERSUS Treatment without trastuzumab IN United States patients with HER-2 positive early and metastatic breast cancer	35600	52000	Garrison Jr et al., 2009 (135)
Pegfilgrastim VERSUS Filgrastim IN UK patients with breast cancer (additional differential impact on chemotherapy relative dose intensity (RDI) with long-term survival effects)	7670	9000	Liu et al., 2009 (136)
Pegfilgrastim VERSUS Filgrastim IN UK patients with breast cancer (additional differential impact on febrile neutropenia (FN)-related mortality)	15722	18000	Liu et al., 2009 (136)
Docetaxel (100 mg/m2, 1-hour intravenous (IV) infusion every 21 days) (Doc) VERSUS Paclitaxel (90mg/m2 every 7 days) (Pac1w) IN UK patients with metastatic breast cancer	8448	9900	Benedict et al., 2009 (137)
Docetaxel (100 mg/m2, 1-hour intravenous (IV) infusion every 21 days) (Doc) VERSUS Nano albumin-bound form of paclitaxel (260mg/m2 every 21 days) (Nab-P) IN UK patients with metastatic breast cancer	27086	32000	Benedict et al., 2009 (137)
Docetaxel (100 mg/m2, 1-hour intravenous (IV) infusion every 21 days) (Doc) VERSUS Paclitaxel (175 mg/m2, 3-hour IV infusion every 21 days) (Pac3w). IN UK patients with metastatic breast cancer	22677	27000	Benedict et al., 2009 (137)
Docetaxel/ cyclophosphamide (TC) VERSUS Doxorubicin/ cyclophosphamide (AC) IN Patients with breast cancer in China	3500	3800	Liubao et al., 2009 (138)
Breast cancer screening from ages 47-49 VERSUS No breast cancer screening ages 47-49 IN Women aged 47-49 years in the UK	54855	63000	Madan et al., 2009 (139)
Recurrence score derived from each patient's gene tumor expression profile (21 gene assay), to guide adjuvant treatment VERSUS Tamoxifen only IN Lymph node negative, estrogen receptor positive women with early-stage breast cancer		Cost-Saving	Cosler et al., 2009 (140)

Recurrence score derived from each patient's gene tumor expression profile (21 gene assay), to guide adjuvant treatment VERSUS Chemotherapy + tamoxifen IN Lymph node negative, estrogen receptor positive women with early-stage breast cancer	4432	4900	Cosler et al., 2009 (140)
Delayed zoledronic acid VERSUS No zoledronic acid IN Dutch women with early stage breast cancer receiving letrozole	32170	37000	Logman et al., 2009 (141)
Upfront zoledronic acid VERSUS No zoledronic acid IN Dutch women with early stage breast cancer receiving letrozole	43990	50000	Logman et al., 2009 (141)
Upfront zoledronic acid VERSUS Delayed zoledronic acid IN Dutch women with early stage breast cancer receiving letrozole	49786	57000	Logman et al., 2009 (141)
Anthracycline plus docetaxel (Taxotere; FEC-D) VERSUS Anthracyclines alone (FEC-100) IN United States adult women with node-positive breast cancer	9665	11000	Marino et al., 2009 (142)
1-year adjuvant treatment with trastuzumab VERSUS Standard adjuvant chemotherapy IN Patients with early HER2 positive breast cancer receiving adjuvant treatment in Shanghai, China	8049	9200	Chen et al., 2009 (143)
1-year adjuvant treatment with trastuzumab VERSUS Standard adjuvant chemotherapy IN Patients with early HER2 positive breast cancer receiving adjuvant treatment in Guangzhou, China	8046	9200	Chen et al., 2009 (143)
1-year adjuvant treatment with trastuzumab VERSUS Standard adjuvant chemotherapy IN Patients with early HER2 positive breast cancer receiving adjuvant treatment in Beijing, China	7676	8800	Chen et al., 2009 (143)
Adjuvant trastuzumab given for 1 year upon presentation with early breast cancer VERSUS No adjuvant treatment IN Dutch women diagnosed with early breast cancer and genotyped as HER-2 positive	-6	Cost-Saving	Essers et al., 2010 (144)
Annual MR imaging VERSUS Annual screen-film mammography IN United States women with BRCA1 mutations	203384	230000	Lee et al., 2010 (145)
Annual combined screening VERSUS Annual screen-film mammography IN United States women with BRCA1 mutations	69125	79000	Lee et al., 2010 (145)
Annual screen-film mammography VERSUS Clinical surveillance IN United States women with BRCA1 mutations	16751	19000	Lee et al., 2010 (145)

TAC regimen: given on day 1 every 3 weeks for 6 cycles VERSUS FAC regimen: given on day 1 every 3 weeks for 6 cycles IN Breast cancer in Canadian women with operable, axillary lymph node-positive breast cancer aged 18-70.	6040	7100	Mittmann et al., 2010 (146)
TAC & G-CSF regimen: given on day 1 every 3 weeks for 6 cycles VERSUS FAC regimen: given on day 1 every 3 weeks for 6 cycles IN Breast cancer in Canadian women with operable, axillary lymph node-positive breast cancer aged 18-70.	11506	14000	Mittmann et al., 2010 (146)
Dose-dense (DD) AC-T q2wk with prophylactic granulocyte colony-stimulating factor VERSUS Doxorubicin, cyclophosphamide, and paclitaxel (AC-T) q3wk IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 35	2677	3100	Author et al., 2010 (147)
Dose-dense (DD) AC-T q2wk with prophylactic granulocyte colony-stimulating factor VERSUS Doxorubicin, cyclophosphamide, and paclitaxel (AC-T) q3wk IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 45	3269	3800	Author et al., 2010 (147)
Dose-dense (DD) AC-T q2wk with prophylactic granulocyte colony-stimulating factor VERSUS Doxorubicin, cyclophosphamide, and paclitaxel (AC-T) q3wk IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 55	3438	4000	Author et al., 2010 (147)
Docetaxel, doxorubicin, and cyclophosphamide (TAC) with prophylactic granulocyte colonystimulating factor VERSUS Fluorouracil, doxorubicin, and cyclophosphamide (FAC) IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 35	7908	9300	Author et al., 2010 (147)
Docetaxel, doxorubicin, and cyclophosphamide (TAC) with prophylactic granulocyte colonystimulating factor VERSUS Fluorouracil, doxorubicin, and cyclophosphamide (FAC) IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 45	9280	11000	Author et al., 2010 (147)
Docetaxel, doxorubicin, and cyclophosphamide (TAC) with prophylactic granulocyte colonystimulating factor VERSUS Fluorouracil, doxorubicin, and cyclophosphamide (FAC) IN Patients with high-risk early breast cancer in Japan, beginning treatment at age 55	10535	12000	Author et al., 2010 (147)

70-gene signature VERSUS Currently used clinical guidelines, Adjuvant Online IN 1000 patients in hypothetical cohort, aged 50 years with early, operable node-negative, estrogen receptor (ER) positive breast cancer	5744	7000	Retel et al., 2010 (148)
70-gene signature VERSUS Currently used clinical guidelines, Sankt Gallen IN 1000 patients in hypothetical cohort, aged 50 years with early, operable node-negative, estrogen receptor (ER) positive breast cancer	-7708	Cost-Saving	Retel et al., 2010 (148)
Fluorescence in situ hybridisation (FISH) VERSUS No trastuzumab IN Female breast cancer patients (aged 50 years), with an assumption of 20% to be HER-2-positive	17064	19000	Blank et al., 2010 (149)
munohistochemistry (IHC) VERSUS Fluorescence in situ hybridisation (FISH) IN Female breast cancer patients (aged 50 years), with an assumption of 20% to be HER-2-positive	-69517	Increases Costs, Decreases Health	Blank et al., 2010 (149)
Parallel immunohistochemistry (IHC) and fluorescence in situ hybridisation (FISH) VERSUS Fluorescence in situ hybridisation (FISH) IN Female breast cancer patients (aged 50 years), with an assumption of 20% to be HER-2-positive	557633	620000	Blank et al., 2010 (149)
No test VERSUS Fluorescence in situ hybridisation (FISH) IN Female breast cancer patients (aged 50 years), with an assumption of 20% to be HER-2-positive	18752375	21000000	Blank et al., 2010 (149)
Immunohistochemistry (IHC) first, flourescence in situ hybridism (FISH) only for IHC2+ VERSUS No trastuzumab IN Female breast cancer patients (aged 50 years), with an assumption of 20% to be HER-2-positive	18739	21000	Blank et al., 2010 (149)
Treatment for stage I breast cancer VERSUS No treatment IN Dutch women aged less than 75 years old.	8849	10000	Baeten et al., 2010 (150)
Treatment for stage IV breast cancer VERSUS No treatment IN Dutch women aged less than 75 years old.	22011	25000	Baeten et al., 2010 (150)
Treatment for stage II breast cancer VERSUS No treatment IN Dutch women aged less than 75 years old.	8852	10000	Baeten et al., 2010 (150)

Treatment for stage III breast cancer VERSUS No treatment IN Dutch women aged less than 75 years old.	6188	7100	Baeten et al., 2010 (150)
Treatment for all stage breast cancer VERSUS No treatment IN Dutch women aged less than 75 years old.	7346	8400	Baeten et al., 2010 (150)
Treatment for all stage breast cancer & preventive screening for breast cancer VERSUS No treatment or screening IN Dutch women aged less than 75 years old.	3339	3800	Baeten et al., 2010 (150)
Treatment for stage I breast cancer VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	33939	39000	Baeten et al., 2010 (150)
Treatment for stage II breast cancer VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	35495	41000	Baeten et al., 2010 (150)
Treatment for stage III breast cancer VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	25415	29000	Baeten et al., 2010 (150)
Treatment for stage IV breast cancer VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	95547	110000	Baeten et al., 2010 (150)
Treatment for all stages of breast cancer VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	30019	34000	Baeten et al., 2010 (150)
Treatment for all stages of breast cancer and preventive screening VERSUS No treatment or screening IN Dutch women aged older than 75 years old.	16132	18000	Baeten et al., 2010 (150)
Anastrazole (Arimidex) VERSUS Tamoxifen IN Post-menopausal German women with early stage, horomone receptor positive breast cancer	31025	34000	Lux et al., 2010 (151)
Short stay program-Admission, surgery and discharge for breast cancer surgery within a 24 hour period VERSUS Usual care-Longer than 24 hours for admission, surgery and discharge for breast cancer IN Breast cancer surgery patients (societal perspective)		Cost-Saving	de Kok et al., 2010 (152)
Short stay program-Admission, surgery and discharge for breast cancer surgery within a 24 hour period VERSUS Usual care-Longer than 24 hours for admission, surgery and discharge for breast cancer IN Breast cancer surgery patients (patient perspective)		Cost-Saving	de Kok et al., 2010 (152)

Short stay program-Admission, surgery and discharge for breast cancer surgery within a 24 hour period VERSUS Usual care-Longer than 24 hours for admission, surgery and discharge for breast cancer IN Breast cancer surgery patients (health care perspective)		Cost-Saving	de Kok et al., 2010 (152)
Short stay program-Admission, surgery and discharge for breast cancer surgery within a 24 hour period VERSUS Usual care-Longer than 24 hours for admission, surgery and discharge for breast cancer IN Breast cancer surgery patients (health care perspective)		Cost-Saving	de Kok et al., 2010 (152)
Oncotype DX assay and recommendations for adjuvant treatment VERSUS Standard care IN Israeli women with estrogen receptor positive, lymph node negative, early stage breast cancer	10770	12000	Klang et al., 2010 (153)
Recurrence score (RS) guided treatment using 21-gene assay VERSUS Adjuvant! Online program (AOL) IN 50 year old women with lymph node-negative, hormone receptor-positive, early stage breast cancer	59542	65000	Tsoi et al., 2010 (154)
Capecitabine + continuation with trastuzumab VERSUS Capecitabine IN Swiss patients diagnosed with HER2+ breast cancer	137026	150000	Matter-Walstra et al., 2010 (155)
Prophylactic oophorectomy (tested positive to BRCA2) VERSUS Both prophylactic surgeries IN Women with new primary breast and ovarian cancers, aged 30-65 who tested positive for BRCA1 or BRCA2 mutations	4587	5100	Grann et al., 2010 (156)
Prophylactic oophorectomy (tested positive to BRCA1) VERSUS Both prophylactic surgeries IN Women with new primary breast and ovarian cancers, aged 30-65 who tested positive for BRCA1 or BRCA2 mutations	1741	1900	Grann et al., 2010 (156)
Raloxifene (for up to 5 years) VERSUS None IN US Caucasian women age 55 years old	22152	24000	Ivergård et al., 2010 (157)
Adjuvant endocrine therapy plus 4 mg of zoledronic acid every 6 months for up to 3 years VERSUS Adjuvant endocrine therapy with goserlin and tamoxifen or anatrazole for up to 3 years IN US premenopausal women with hormone-responsive positive early breast cancer	-1844	Cost-Saving	Delea et al., 2010 (158)

Letrozole VERSUS Anastrozole IN Postmenopausal women with hormone receptor positive (HR+) early stage breast cancer who are treatment naïve (have 5 years of endocrine therapy remaining) in the United States	25846	29000	Lipsitz et al., 2010 (159)
Testing only women with medullary breast cancer VERSUS None IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	10250	11000	Kwon et al., 2010 (160)
Testing women with triple-negative breast cancers, aged <50 VERSUS Testing all women aged <40 IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	1750	1900	Kwon et al., 2010 (160)
Testing women with triple-negative breast cancers, aged <40 VERSUS None IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	8906	9800	Kwon et al., 2010 (160)
Testing women with triple-negative breast cancers, aged <50 VERSUS Testing women with triple-negative breast cancers, aged <40 IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	9084	10000	Kwon et al., 2010 (160)
Testing all women aged <50 VERSUS Testing women with triple-negative breast cancers, aged <50 IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	112908	120000	Kwon et al., 2010 (160)

Testing all women aged <40 VERSUS Testing women with triple-negative breast cancers, aged <40 IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	10988	12000	Kwon et al., 2010 (160)
Testing women with triple-negative breast cancers, aged <40 VERSUS Testing only women with medullary breast cancer IN Women diagnosed with breast cancer are younger than 50 years of age, did not have a previous history of ovarian cancer, nor had they had a previous bilateral salpingo-oophorectomy (BSO)	7860	8700	Kwon et al., 2010 (160)
Multimedia, multimodal physical activity program comprising of strength, balance, and endurance training elements VERSUS None IN Women undergoing adjuvant therapy following surgery for breast cancer in Australia	-20344	Increases Costs, Decreases Health	Haines et al., 2010 (161)
Polychemotherapy VERSUS None IN Women with node negative breast cancer	41155	45000	Chang et al., 2010 (162)
100mg per square-meter intravenous infusion of docetaxel (Doc) administered every 21 days VERSUS 80mg per square-meter intravenous infusion of paclitaxel administered once weekly (Pac-1w) IN Metastatic breast cancer patients with disease progression after anthracycline-containing chemotherapy regimen	411	450	Frías et al., 2010 (163)
Recurrence Score (RS) criteria-guided treatment based on the 21-gene reverse transcriptase-polymerase chain reaction assay with a patented algorithm (Oncotype DX Breast Cancer Assay) VERSUS St Gallen 2009 criteria-guided treatment IN Lymph node-negative (LN-), estrogen receptor-positive (ER+), early stage breast cancer (ESBC) patients at the age of 55	3733	4100	Kondo et al., 2010 (164)

Recurrence Score (RS) criteria-guided treatment based on the 21-gene reverse transcriptase-polymerase chain reaction assay with a patented algorithm (Oncotype DX Breast Cancer Assay) VERSUS St Gallen 2009 criteria-guided treatment IN Lymph node-negative LN- and Lymph node-positive LN+, estrogen receptor-positive (ER+), early stage breast cancer (ESBC) patients at the age of 55	5514	6100	Kondo et al., 2010 (164)
Positron emission tomography (PET) to identify axillary lymph node metases and control spread VERSUS Sentinel lymph node biopsy (SLNB) IN Newly diagnosed early stage breast cancer patients in the UK	-248820	Cost-Saving	Meng et al., 2011 (165)
Magentic resonance imaging (MRI) to identify axillary lymph node metases and control spread before SLNB VERSUS Sentinel lymph node biopsy (SLNB) IN Newly diagnosed early stage breast cancer patients in the UK	4805	5500	Meng et al., 2011 (165)
Positron emission tomography (PET) to identify axillary lymph node metases and control spread before SLNB VERSUS Sentinel lymph node biopsy (SLNB) IN Newly diagnosed early stage breast cancer patients in the UK	211211	240000	Meng et al., 2011 (165)
Magentic resonance imaging (MRI) to identify axillary lymph node metases and control spread VERSUS Sentinel lymph node biopsy (SLNB) IN Newly diagnosed early stage breast cancer patients in the UK	-31450	Cost-Saving	Meng et al., 2011 (165)
Low-fat diet VERSUS None IN Women aged 55 years consuming more than 36.8% of energy from fat at baseline: societal perspective	16560	18000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 60 years consuming more than 36.8% of energy from fat at baseline: societal perspective	20349	22000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 65 years consuming more than 36.8% of energy from fat at baseline: societal perspective	26146	29000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 70 years consuming more than 36.8% of energy from fat at baseline: societal perspective	41085	45000	B?s et al., 2011 (166)

Low-fat diet VERSUS None IN Women aged 55 years consuming more than 36.8% of energy from fat at baseline: health care payer perspective	199505	220000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 50 years at high risk for breast cancer with >= 32% of energy from fat: societal perspective	19199	21000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 55 years at high risk for breast cancer with >= 32% of energy from fat: societal perspective	21394	24000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 60 years at high risk for breast cancer with >= 32% of energy from fat: societal perspective	24059	26000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 65 years at high risk for breast cancer with >= 32% of energy from fat: societal perspective	28442	31000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 70 years at high risk for breast cancer with >= 32% of energy from fat: societal perspective	40769	45000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 50 years consuming more than 36.8% of energy from fat at baseline: health care payer perspective	66059	73000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 65 years consuming more than 36.8% of energy from fat at baseline: health care payer perspective	15051	17000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 70 years consuming more than 36.8% of energy from fat at baseline: health care payer perspective	22390	25000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 50 years with high risk for breast cancer with >= 32% of energy from fat: health care payer perspective	51698	57000	B?s et al., 2011 (166)

Low-fat diet VERSUS None IN Women aged 55 years with high risk for breast cancer with >= 32% of energy from fat: health care payer perspective	153460	170000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 65 years with high risk for breast cancer with >= 32% of energy from fat: health care payer perspective	15786	17000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 70 years with high risk for breast cancer with >= 32% of energy from fat: health care payer perspective	21659	24000	B?s et al., 2011 (166)
Low-fat diet VERSUS None IN Women aged 50 years consuming more than 36.8% of energy from fat at baseline: societal perspective	13773	15000	B?s et al., 2011 (166)
Nurse-led telephone follow up and educational group program VERSUS Nurse-led telephone follow up IN Dutch women who had recently completed breast cancer treatment requiring follow up	-344088	Cost-Saving	Kimman et al., 2011 (167)
Hospital follow-up VERSUS Nurse-led telephone follow up and educational group program IN Dutch women who had recently completed breast cancer treatment requiring follow up	347156	380000	Kimman et al., 2011 (167)
Nurse-led telephone follow up VERSUS Hospital follow-up IN Dutch women who had recently completed breast cancer treatment requiring follow up	16934	19000	Kimman et al., 2011 (167)
9 week trastuzumab treatment VERSUS Treatment without trastuzumab IN Finnish women with HER2 positive early breast cancer	17671	19000	Purmonen et al., 2011 (168)
Tamoxifen therapy for 5 years but discontinued at the occurrence of an adverse event VERSUS None IN US postmenopausal women aged <55 years	51200	56000	Noah-Vanhoucke et al., 2011 (169)
Trastuzumab VERSUS None IN British women with HER-2 positive early breast cancer	47851	53000	Hall et al., 2011 (170)

Docetaxel 75 mg/sq. m and cyclophosphamide 600 mg/sq. m (TC) VERSUS Doxorubicin 60 mg/sq. m and cyclophosphamide 600 mg/sq. m (AC) IN Women with resected node-positive or high-risk node-negative operable breast cancer eligible for adjuvant chemotherapy	7790	8600	Bernard et al., 2011 (171)
Biennial mammography screening from age 45-69 years VERSUS Biennial mammography screening from age 50-69 years IN Women aged 40-79 years in Spain	12068	15000	Carles et al., 2011 (172)
Biennial mammography screening from age 45-74 years VERSUS Biennial mammography screening from age 45-69 years IN Women aged 40-79 years in Spain	15726	19000	Carles et al., 2011 (172)
Annual mammography screening from age 45-69 years VERSUS Biennial mammography screening from age 45-74 years IN Women aged 40-79 years in Spain	20430	25000	Carles et al., 2011 (172)
Annual mammography screening from age 40-69 years VERSUS Annual mammography screening from age 45-69 years IN Women aged 40-79 years in Spain	31091	38000	Carles et al., 2011 (172)
Annual mammography screening from age 40-74 years VERSUS Annual mammography screening from age 40-69 years IN Women aged 40-79 years in Spain	33263	40000	Carles et al., 2011 (172)
Biennial mammography screening from age 50-69 years VERSUS None IN Women aged 40-79 years in Spain	5563	6700	Carles et al., 2011 (172)
Primary prophylaxis with pegfilgrastim VERSUS Secondary prophylaxis with pegfilgrastim IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving Epirubicin-docetaxel (ET75) chemotherapy with 31% febrile neutropenia (FN) risk level	38839	43000	Whyte et al., 2011 (173)
Secondary prophylaxis with filgrastim for 6 days VERSUS Secondary prophylaxis with lenograstim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	-94115	Cost-Saving	Whyte et al., 2011 (173)

Secondary prophylaxis with pegfilgrastim VERSUS Secondary prophylaxis with filgrastim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	-9373	Cost-Saving	Whyte et al., 2011 (173)
Primary prophylaxis with lenograstim for 11 days VERSUS Secondary prophylaxis with pegfilgrastim IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	353250	390000	Whyte et al., 2011 (173)
Primary prophylaxis with lenograstim for 6 days VERSUS Secondary prophylaxis with pegfilgrastim IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	179060	200000	Whyte et al., 2011 (173)
Primary prophylaxis with filgrastim for 11 days VERSUS Primary prophylaxis with lenograstim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	2228360	2500000	Whyte et al., 2011 (173)

Secondary prophylaxis with lenograstim for 11 days VERSUS No granulocyte colony-stimulating factor (G-CSF) prophylaxis IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	60939	67000	Whyte et al., 2011 (173)
Primary prophylaxis with filgrastim for 6 days VERSUS Primary prophylaxis with lenograstim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	-354742	Cost-Saving	Whyte et al., 2011 (173)
Primary prophylaxis with pegfilgrastim VERSUS Primary prophylaxis with filgrastim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	-8861	Cost-Saving	Whyte et al., 2011 (173)
Secondary prophylaxis with pegfilgrastim VERSUS No granulocyte colony-stimulating factor (G-CSF) prophylaxis IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 31% febrile neutropenia (FN) risk level	5286	5800	Whyte et al., 2011 (173)

Secondary prophylaxis with lenograstim for 6 days VERSUS No granulocyte colony-stimulating factor (G-CSF) prophylaxis IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 31% febrile neutropenia (FN) risk level	29084	32000	Whyte et al., 2011 (173)
Secondary prophylaxis with filgrastim for 11 days VERSUS Secondary prophylaxis with lenograstim for 6 days IN UK female patients aged 52 years diagnosed with stage 2 breast cancer receiving TAC chemotherapy (chemotherapy regimens of docetaxel, doxorubicin, and cyclophsophamide) with 24% febrile neutropenia (FN) risk level	564692	620000	Whyte et al., 2011 (173)
Unilateral mastectomy followed by contralateral prophylactic mastectomy (CPM) VERSUS Standard of care: unilateral mastectomy followed by surveillance IN US 45 year old women with early-stage, node negative, unilateral breast cancer	4869	5600	Zendejas et al., 2011 (174)
Lapatinib + capecitabine (L+C) VERSUS Trastuzumab + capcitabine (T+C) IN British women with HER2+ metastatic breast cancer (MBC) previously treated with trastuzumab	-6401	Cost-Saving	Delea et al., 2011 (175)
Lapatinib + capecitabine (L+C) VERSUS Capecitabine monotherapy (C-only) IN British women with HER2+ metastatic breast cancer (MBC) previously treated with trastuzumab	144636	160000	Delea et al., 2011 (175)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 40 to 49 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	36699	40000	Schousboe et al., 2011 (176)

Mammography every 3 to 4 years VERSUS None IN US women aged 40 to 49 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	120113	130000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 40 to 49 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	140048	150000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 40 to 49 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	87769	97000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 40 to 49 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	83899	92000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS None IN US women aged 40 to 49 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	74482	82000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 50 to 59 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	72184	79000	Schousboe et al., 2011 (176)

Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 50 to 59 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	208748	230000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 50 to 59 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	36212	40000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 50 to 59 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	89189	98000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 50 to 59 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	22878	25000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 50 to 59 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	46629	51000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 50 to 59 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	17131	19000	Schousboe et al., 2011 (176)

Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 50 to 59 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	23962	26000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 60 to 69 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	30976	34000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 60 to 69 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	129117	140000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 60 to 69 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	16724	18000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 60 to 69 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	63707	70000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 60 to 69 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	12163	13000	Schousboe et al., 2011 (176)

Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 60 to 69 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	30948	34000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 60 to 69 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	8385	9200	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 60 to 69 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	21425	24000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 70 to 79 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	18223	20000	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 70 to 79 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	150568	170000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 70 to 79 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	13574	15000	Schousboe et al., 2011 (176)

Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 70 to 79 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 2) & mammography starting at age 40 years	96004	110000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 70 to 79 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	5214	5700	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 70 to 79 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 3) & mammography starting at age 40 years	50982	56000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 70 to 79 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	5400	5900	Schousboe et al., 2011 (176)
Mammography every 2 years VERSUS Mammography every 3 to 4 years IN US women aged 70 to 79 years with high breast density (Breast Imaging Reporting and Data System (BI-RADS) category 4) & mammography starting at age 40 years	40540	45000	Schousboe et al., 2011 (176)
Mammography every 3 to 4 years VERSUS None IN US women aged 40 to 49 years with low breast density (Breast Imaging Reporting and Data System (BI-RADS) category 1) & mammography starting at age 40 years	228427	250000	Schousboe et al., 2011 (176)

Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 40 years with ER negative early breast cancer and average risk of recurrence	873	960	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 60 years with ER negative early breast cancer and average risk of recurrence	26859	30000	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 40 years with ER negative early breast cancer and average risk of recurrence	19842	22000	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 40 years with ER positive early breast cancer and average risk of recurrence	34905	39000	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 60 years with ER positive early breast cancer and average risk of recurrence	66486	73000	Campbell et al., 2011 (177)

Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 40 years with ER negative early breast cancer and high risk of recurrence	12698	14000	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 60 years with ER negative early breast cancer and high risk of recurrence	3355	3700	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 40 years with ER positive early breast cancer and low risk of recurrence	101523	110000	Campbell et al., 2011 (177)
Third generation chemotherapy with four cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) followed by four cycles of docetaxel (FEC-D) VERSUS Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) IN UK women aged 60 years with ER positive early breast cancer and low risk of recurrence	781114	860000	Campbell et al., 2011 (177)
Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 60 years with ER negative early breast cancer and average risk of recurrence	6041	6700	Campbell et al., 2011 (177)

Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 40 years with ER positive early breast cancer and average risk of recurrence	2505	2800	Campbell et al., 2011 (177)
Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 60 years with ER positive early breast cancer and average risk of recurrence	20740	23000	Campbell et al., 2011 (177)
Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 40 years with ER negative early breast cancer and high risk of recurrence	361	400	Campbell et al., 2011 (177)
Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 60 years with ER negative early breast cancer and high risk of recurrence	3355	3700	Campbell et al., 2011 (177)
Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 40 years with ER positive early breast cancer and low risk of recurrence	10354	11000	Campbell et al., 2011 (177)

Second generation chemotherapy with eight cycles of fluorouracil, epirubicin, cyclophosphamide (FEC60) or four cycles of epirubicin followed by four cycles of cyclophosphamide, methotrexate, fluorouracil (E-CMF) VERSUS First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) IN UK women aged 60 years with ER positive early breast cancer and low risk of recurrence		Increases Costs, Decreases Health	Campbell et al., 2011 (177)
First generation chemotherapy with six cycles of cyclophosphamide, methotrexate, fluorouracil (CMF) VERSUS None IN UK women aged 40 years with ER negative early breast cancer and average risk of recurrence	889	980	Campbell et al., 2011 (177)
Oncotype DX: 21-gene assay in treatment decisions VERSUS Standard care IN US women with node positive (N+(1-3) and estrogen receptor positive (ER+) and herceptin 2 negative (HER2-) early-stage breast cancer	-86	Cost-Saving	Vanderlaan et al., 2011 (178)
Adjuvant TC (docetaxel 75 mg/m2 and cyclophosphamide 600 mg/m2 every 3 weeks for 4 cycles) VERSUS Adjuvant AC (doxorubicin 60 mg/m2 and cyclophosphamide 600 mg/m2 every 3 weeks for 4 cycles) IN US women with breast cancer undergoing adjuvent chemotherapy	15818	17000	Younis et al., 2011 (179)
Paclitaxel/Bezacizumab VERSUS Paclitaxel alone IN US patients with advanced breast cancer	608265	660000	Montero et al., 2011 (180)
Letrozole VERSUS Tamoxifen IN Postmenopausal women patients with hormone receptor positive breast carcinoma in Germany	38876	42000	Lux et al., 2011 (181)
Anastrozole VERSUS Tamoxifen IN Postmenopausal women patients with hormone receptor positive breast carcinoma in Germany	178109	190000	Lux et al., 2011 (181)
70-gene signature assay for guiding adjuvant chemotherapy decisions VERSUS 21-gene assay IN Patients with early, node-negative breast cancer in Netherlands (sensitivity and specificity of test based on Fan-series)	-16825	Cost-Saving	Ret?l et al., 2012 (182)

21-gene assay for guiding adjuvant chemotherapy decisions VERSUS Adjuvant Online (AO) IN Patients with early, node-negative breast cancer in Netherlands (sensitivity and specificity of test based on Fan-series)	2117499	Increases Costs, Decreases Health	Ret?l et al., 2012 (182)
70-gene signature assay for guiding adjuvant chemotherapy decisions VERSUS St. Gallen guidelines (2003) IN Patients with early, node-negative breast cancer in Netherlands (sensitivity and specificity of test based on Thomassen-series)	-5081	Cost-Saving	Ret?l et al., 2012 (182)
70-gene signature assay for guiding adjuvant chemotherapy decisions VERSUS 21-gene assay IN Patients with early, node-negative breast cancer in Netherlands (sensitivity and specificity of test based on Thomassen-series)	-24401	Cost-Saving	Ret?l et al., 2012 (182)
Genomic test-directed chemotherapy using Oncotype DX-21 gene assay with chemotherapy VERSUS Standard of care (chemotherapy for all patients) IN Patients with lymph node-positive, estrogen receptor-positive early-stage breast cancer	8870	9300	Hall et al., 2012 (183)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of cyclophosphamide, methotrexate and 5-Fuorouracil (CMF) IN Premenopausal women with breast cancer in Taiwan	1891	2100	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of docetaxel, epirubicin, cyclophosphamide (TEC) IN Premenopausal women with breast cancer in Taiwan	-3528	Cost-Saving	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of 5-fluoruracil, epirubicin, cyclophosphamide (FEC) IN Premenopausal women with breast cancer in Taiwan	974	1100	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of docetaxel, epirubicin (TE) IN Premenopausal women with breast cancer in Taiwan	-3511	Cost-Saving	Cheng et al., 2012 (184)

Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of docetaxel, epirubicin (TE) IN Premenopausal women with breast cancer in Taiwan	-4168	Cost-Saving	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of cyclophosphamide, methotrexate and 5-Fuorouracil (CMF) IN Premenopausal women with breast cancer in Taiwan	1887	2000	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of docetaxel, epirubicin, cyclophosphamide (TEC) IN Premenopausal women with breast cancer in Taiwan	-4201	Cost-Saving	Cheng et al., 2012 (184)
Goserelin (3.6 mg) subcutaneous depot injection into abdominal wall every 4 weeks VERSUS 6 cycles of combined therapy of 5-fluoruracil, epirubicin, cyclophosphamide (FEC) IN Premenopausal women with breast cancer in Taiwan	971	1100	Cheng et al., 2012 (184)
12-month adjuvant trastuzumab VERSUS Standard chemotherapy IN Women aged 50 years with early HER-2/neu-positive breast cancer and surgical resection of disease	12720	14000	Hedden et al., 2012 (185)
70-gene prognosis-signature-guided treatment VERSUS St. Gallen criteria-guided treatment (without multigene assays or 70-gene prognosis-signature-guided treatment) IN Patients aged 55 years with hormone receptor-positive, lymph node-negative, human epidermal growth factor receptor type 2-negative early stage breast cancer in Japan	44226	48000	Kondo et al., 2012 (186)
Trastuzumab as first-line treatment VERSUS Standard chemotherapy IN Adult patients with human epidermal growth factor receptor 2-poisitive (HER2) advanced gastric or gastroesophageal junction cancer in China	251667	270000	Wu et al., 2012 (187)
70-gene profile microarray assay (Mammaprint) VERSUS 21-gene profile assay using real-time (RT) polymerase chain reaction (Oncotype DX) IN US patients with lymph node-negative, estrogen receptor positive breast cancer	-64784	Cost-Saving	Yang et al., 2012 (188)

Biennial mass mammography screening in women aged 40-79 years VERSUS Biennial mass mammography screening in women aged 40-69 years IN Chinese women aged 40 years in Hong Kong	204444	220000	Wong et al., 2012 (189)
Shortening waiting time to radiotherapy from breast-conserving surgery in early breast cancer by 15% VERSUS Standard of care IN Chinese women aged 40 years in Hong Kong	7500	8100	Wong et al., 2012 (189)
Shortening waiting time to radiotherapy from breast-conserving surgery in early breast cancer by 25% VERSUS Shortening waiting time to radiotherapy from breast-conserving surgery in early breast cancer by 15% IN Chinese women aged 40 years in Hong Kong	2500	2700	Wong et al., 2012 (189)
Adjuvant aromatase inhibitor (AI) therapy for 2 to 3 years followed by tamoxifen in postmenopausal women with estrogen receptor-positive cancer VERSUS Standard of care IN Chinese women aged 40 years in Hong Kong	17636	19000	Wong et al., 2012 (189)
Upfront 5-year adjuvant aromatase therapy (AI) in postmenopausal women with estrogen receptor-positive cancer VERSUS Adjuvant aromatase inhibitor (AI) therapy for 2 to 3 years followed by tamoxifen in postmenopausal women with estrogen receptor-positive cancer IN Chinese women aged 40 years in Hong Kong	-61500	Increases Costs, Decreases Health	Wong et al., 2012 (189)
Enhanced home based palliative care VERSUS Standard of care IN Chinese women aged 40 years in Hong Kong	6750	7300	Wong et al., 2012 (189)
Enhanced inpatient palliative care VERSUS Enhanced home based palliative care IN Chinese women aged 40 years in Hong Kong	-15000	Increases Costs, Decreases Health	Wong et al., 2012 (189)
Biennial mass mammography screening in women aged 40-69 years VERSUS Standard of care IN Chinese women aged 40 years in Hong Kong	72534	79000	Wong et al., 2012 (189)
21 gene recurrence score assay (Oncotype DX RS) VERSUS Standard of care IN Patients with endocrine sensitive node positive breast cancer	15024	16000	Lamond et al., 2012 (190)
21 gene recurrence score assay (Oncotype DX RS) VERSUS Standard of care IN Patients with endocrine sensitive node negative breast cancer	9707	10000	Lamond et al., 2012 (190)

Annual bone mineral density screening and selective bisphosphonates for osteoporosis VERSUS One time bone mineral density screening and selective bisphosphonates for osteoporosis IN Post-menopausal women aged 60 years with HR-positive stage I, II, or IIIA breast cancer receiving aromatase inhibitors	61786	67000	Ito et al., 2012 (191)
One-time bone mineral density screening and selective bisphosphonates for osteopenia VERSUS Annual bone mineral density screening and selective bisphosphonates for osteoporosis IN Post-menopausal women aged 60 years with HR-positive stage I, II, or IIIA breast cancer receiving aromatase inhibitors	-12121	Increases Costs, Decreases Health	Ito et al., 2012 (191)
Annual bone mineral density screening and selective bisphosphonates for osteopenia VERSUS Annual bone mineral density screening and selective bisphosphonates for osteoporosis IN Post-menopausal women aged 60 years with HR-positive stage I, II, or IIIA breast cancer receiving aromatase inhibitors	129300	140000	Ito et al., 2012 (191)
Universal bisphosphonates VERSUS Annual bone mineral density screening and selective bisphosphonates for osteopenia IN Post-menopausal women aged 60 years with HR-positive stage I, II, or IIIA breast cancer receiving aromatase inhibitors	283600	310000	Ito et al., 2012 (191)
One-time bone mineral density screening and selective bisphosphonates for osteoporosis VERSUS None IN Post-menopausal women aged 60 years with HR-positive stage I, II, or IIIA breast cancer receiving aromatase inhibitors	117826	130000	Ito et al., 2012 (191)
Sentinal lymph node biopsy VERSUS Axillary node dissection IN Patients with early breast cancer tumor grade 2 with risk of node-positive disease in Australia	-98732	Cost-Saving	Verry et al., 2012 (192)
Denosumab VERSUS Zoledronic acid IN Patients with bone metastases secondary to breast cancer	697499	760000	Snedecor et al., 2012 (193)
21-gene recurrence score assay in guiding chemotherapy VERSUS Non-recurrence score-guided treatment with risk classication based on clinicopathologic characteristics IN Patients with early stage node-negative estrogen receptor-positive breast cancer: healthcare perspective	16677	18000	Reed et al., 2012 (194)

21-gene recurrence score assay in guiding chemotherapy VERSUS Non-recurrence score-guided treatment with risk classication based on clinicopathologic characteristics IN Patients with early stage estrogen receptor-positive breast cancer: societal perspective	10788	11000	Reed et al., 2012 (194)
On-time whole breast radiotherapy (WBRT) VERSUS Brachytherapy IN Women aged >60 years with stage I breast cancer and no evidence of local disease (NED) after breast-conserving surgery (BCS)	-11691999	Cost-Saving	Gold et al., 2012 (195)
Accelerated partial breast radiotherapy aka 3-dimensional conformal radiotherapy (3DCRT) VERSUS 8+ week-delay whole breast radiotherapy (WBRT) IN Women aged >60 years with stage I breast cancer and no evidence of local disease (NED) after breast-conserving surgery (BCS)		Cost-Saving	Gold et al., 2012 (195)
Accelerated partial breast radiotherapy aka 3-dimensional conformal radiotherapy (3DCRT) VERSUS 12+ week-delay whole breast radiotherapy (WBRT) IN Women aged >60 years with stage I breast cancer and no evidence of local disease (NED) after breast-conserving surgery (BCS)	-989000	Cost-Saving	Gold et al., 2012 (195)
Lapatinib + letrozole (aromatase inhibitor) VERSUS Letrozole (aromatase inhibitor) IN Patients with metatstatic hormone-receptor-positive breast cancer that overexpresses HER2	114240	120000	Doss et al., 2012 (196)
Trastuzumab + anastrozole (aromatase inhibitor) VERSUS Anastrozole (aromatase inhibitor) alone IN Patients with metatstatic hormone-receptor-positive breast cancer that overexpresses HER2	78733	85000	Doss et al., 2012 (196)
21-gene recurrence score (RS) assay VERSUS Current Canadian clinical practice (CCP) IN Pre-menopausal women with early-stage estrogen- or progesterone-receptor positive, axillary lymph-node negative breast cancer (ER+ / PR+ LN- ESBC) in Canada	-971	Cost-Saving	Hannouf et al., 2012 (197)

21-gene recurrence score (RS) assay VERSUS Current Canadian clinical practice (CCP) IN Post-menopausal women with early-stage estrogen- or progesterone-receptor positive, axillary lymph-node negative breast cancer (ER+ / PR+ LN- ESBC) in Canada	58284	63000	Hannouf et al., 2012 (197)
Radiotherapy after lumpectomy VERSUS None IN Women with early stage node-negative or node-positive breast cancer after lumpectomy (breast-conserving surgery)	-419	Cost-Saving	Bai et al., 2012 (198)
Radiotherapy after lumpectomy VERSUS None IN Women with early stage node-negative breast cancer after lumpectomy (breast-conserving surgery)	-578	Cost-Saving	Bai et al., 2012 (198)
Radiotherapy after lumpectomy VERSUS None IN Women with early stage node-positive breast cancer after lumpectomy (breast-conserving surgery)	-329	Cost-Saving	Bai et al., 2012 (198)
Therapy based on 21-gene assay recurrence score (RS) {Oncotype DX Breast Cancer Test} VERSUS Standard/Usual care IN Specific disease- early-stage estrogen receptor positive (ER+) and human epidermal growth factor receptor negative (HER2-); Age- Adult; Gender- Female; Country- Germany.	-11153	Cost-Saving	Blohmer et al., 2013 (199)
Systemic chemotherapy eribulin VERSUS Three most commonly utilized drugs: vinorelbine, gemcitabine and capecitabine (X) IN Specific disease- advanced breast cancer (metastatic); Age- Adult; Gender- Female; Country- United States; Other- height of 165 cm and a weight of 70 kg, and therefore a BSA of 1.79 m2 (using Mosteller.	213742	220000	Lopes et al., 2013 (200)

Systemic chemotherapy eribulin VERSUS Capecitabine IN Specific disease- advanced breast cancer (metastatic); Age- Adult; Gender- Female; Country- United States; Other- height of 165 cm and a weight of 70 kg, and therefore a BSA of 1.79 m2 (using Mosteller).	167268	170000	Lopes et al., 2013 (200)
Systemic chemotherapy eribulin VERSUS Nab-paclitaxel IN Specific disease- advanced breast cancer (metastatic); Age- Adult; Gender- Female; Country- United States.	129774	130000	Lopes et al., 2013 (200)
Systemic chemotherapy eribulin VERSUS Liposomal doxorubicin IN Specific disease- advanced breast cancer (metastatic); Age- Adult; Gender- Female; Country- United States.	109283	110000	Lopes et al., 2013 (200)
Systemic chemotherapy eribulin VERSUS Ixabepilone IN Specific disease- advanced breast cancer (metastatic); Age- Adult; Gender- Female; Country- United States.	76823	79000	Lopes et al., 2013 (200)
Digital mammography beginning at age 30 years (DM30) VERSUS Clinical surveillance IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA1 carriers.	15300	17000	Cott Chubiz et al., 2013 (201)
Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age 30 years (Alt30) VERSUS Digital mammography beginning at age 25 years (DM25) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA1 carriers.	74200	81000	Cott Chubiz et al., 2013 (201)
Annual magnetic resonance imaging beginning at age 25 years with alternating digital mammography every 6 months added at age 30 years (MRI25/Alt30) VERSUS Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age 30 years (Alt30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA1 carriers.	185000	200000	Cott Chubiz et al., 2013 (201)

Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age 25 years (Alt25) VERSUS Annual magnetic resonance imaging beginning at age 25 years with alternating digital mammography every 6 months added at age 30 years (MRI25/Alt30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA1 carriers.	1400000	1500000	Cott Chubiz et al., 2013 (201)
Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age 25 years (Alt25) VERSUS Annual magnetic resonance imaging beginning at age 25 years with alternating digital mammography every 6 months added at age 30 years (MRI25/Alt30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA2 carriers.	-140000	Increases Costs, Decreases Health	Cott Chubiz et al., 2013 (201)
Annual magnetic resonance imaging beginning at age 25 years with alternating digital mammography every 6 months added at age 30 years (MRI25/Alt30) VERSUS Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age30 years (Alt30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA2 carriers.	380000	410000	Cott Chubiz et al., 2013 (201)
Alternating magnetic resonance imaging and digital mammography every 6 months beginning at age30 years (Alt30) VERSUS Digital mammography beginning at age 25 years (DM 25) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA2 carriers.	190000	210000	Cott Chubiz et al., 2013 (201)
Digital mammography beginning at age 30 years (DM 30) VERSUS Clinical surveillance IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA2 carriers.	16900	18000	Cott Chubiz et al., 2013 (201)
Digital mammography beginning at age 25 years (DM25) VERSUS Digital mammography beginning at age 30 years (DM30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA1 carriers.	130000	140000	Cott Chubiz et al., 2013 (201)
Digital mammography beginning at age 25 years (DM25) VERSUS Digital mammography beginning at age 30 years (DM30) IN Healthy; Age- Adult; Gender- Female; Country- United States; Other- BRCA2 carriers.		Increases Costs, Decreases Health	Cott Chubiz et al., 2013 (201)

Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, 3-dimensional conformal radiotherapy (APBI 3-D CRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	11716	12000	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, intensity-modulated radiation therapy (APBI IMRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	8408	8800	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, single-lumen (APBI single-lumen) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	6696	7000	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, multi-lumen (APBI multi-lumen) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	3498	3700	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, interstitia (APBI interstitial) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	7393	7800	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing intensity-modulated radiation therapy (WBI IMRT) VERSUS Accelerated partial-breast irradiation techniques, 3-dimensional conformal radiotherapy (APBI 3-D CRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	4290	4500	Shah et al., 2013 (202)
Whole breast irradiation delivered utilizing 3-dimensional conformal radiotherapy (WBI 3D-CRT) VERSUS Accelerated partial-breast irradiation techniques,intensity-modulated radiation therapy (APBI IMRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	983	1000	Shah et al., 2013 (202)
Accelerated partial-breast irradiation techniques,single-lumen (APBI single-lumen) VERSUS Accelerated partial-breast irradiation delivered utilizing 3-dimensional conformal radiotherapy (APBI 3D-CRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United	12273	13000	Shah et al., 2013 (202)

States.			
Accelerated partial-breast irradiation techniques,multi-lumen (APBI multi-lumen) VERSUS Accelerated partial-breast irradiation delivered utilizing 3-dimensional conformal radiotherapy (APBI 3D-CRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	66032	69000	Shah et al., 2013 (202)
Accelerated partial-breast irradiation techniques, interstitial VERSUS Accelerated partial-breast irradiation delivered utilizing 3-dimensional conformal radiotherapy (APBI 3D-CRT) IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- United States.	546	570	Shah et al., 2013 (202)
Paclitaxel based chemotherapy for first line therapy VERSUS Bevacizumab plus paclitaxel based chemotherapy for first line therapy IN Specific disease- Metastatic HER2- neu negative breast cancer; Age- Unknown; Gender- Female; Country- United States; Other- Treatment naïve patients.	232721	250000	Refaat et al., 2013 (203)
Fulvestrant 500mg VERSUS Letrozole IN Specific disease- advanced breast cancer; Age- Adult; Gender- Female; Country- United Kingdom; Other- postmenopausal women.	53304	58000	Das et al., 2013 (204)
Fulvestrant 500mg VERSUS Anastrozole IN Specific disease- advanced breast cancer; Age- Adult; Gender- Female; Country- United Kingdom; Other- postmenopausal women.	48580	53000	Das et al., 2013 (204)
Anastrozole VERSUS Letrozole IN Specific disease- advanced breast cancer; Age- Adult; Gender- Female; Country- United Kingdom; Other- postmenopausal women.	64626	70000	Das et al., 2013 (204)

Nanoparticle albumin-bound paclitaxel administered every 3 weeks VERSUS polyethylated castor oil-based standard paclitaxel administered every 3 weeks IN Specific disease- breast cancer; Age- Adult; Gender- Female; Country- Spain; Other- failed first-line antitumor treatment.	24781	26000	Alba et al., 2013 (205)
Paclitaxel albumin VERSUS Conventional paclitaxel IN Specific disease- Metastatic breast cancer; Age- Adult; Gender- Female; Country- Italy.	21137	22000	Lazzaro et al., 2013 (206)
Oncotype Dx assay informed arm (received the assay) VERSUS Assay naïve IN Specific disease- Oestrogen receptor positive node negative breast cancer; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Female; Country- Canada.	6441	7000	Davidson et al., 2013 (207)
Single-stage, implant-based immediate breast reconstruction using acellular dermal matrix VERSUS Single-stage, implant-based immediate breast reconstruction using autologous dermal flap IN Specific disease- mastectomy; Age- Adult; Gender- Female; Country- United States.	261720	270000	Krishnan et al., 2013 (208)
Laser-assisted indocyanine green angiography (LAIGA) in free autologous breast reconstruction after mastectomy. VERSUS Without LAIGA in free autologous breast reconstruction after mastectomy. IN Specific disease- after mastectomy; Age- Adult; Gender- Female; Country- United States.	3517	3700	Chatterjee et al., 2013 (209)
Breast screening mammography VERSUS None IN Healthy; Age- Adult; Gender- Female; Country- United Kingdom.	33369	35000	Pharoah et al., 2013 (210)
Oncotype DX testing VERSUS None IN Specific disease- Early breast cancer; Age- Adult; Gender- Female; Country- United Kingdom.	9621	10000	Holt et al., 2013 (211)
Medicare full prescription coverage VERSUS Standard/Usual Care- usual Medicare Part D prescription coverage : Medicare covered 67% of the drug cost of aromatase inhibitors (ie, $40 per month), and patients paid 33% of the drug cost (ie, $20 per month) IN Specific disease- stage I or II breast cancer; Age- >=65 years; Gender- Female; Country- United States; Other- postmenopausal women with hormone receptor-positive, stage I or II breast cancer.	-9167	Cost-Saving	Ito et al., 2013 (212)

Medicare full prescription coverage VERSUS Standard/Usual Care- usual Medicare Part D prescription coverage : Medicare covered 67% of the drug cost of aromatase inhibitors (ie, $40 per month), and patients paid 33% of the drug cost (ie, $20 per month) IN Specific disease- stage I or II breast cancer; Age- >=65 years; Gender- Female; Country- United States; Other- postmenopausal women with hormone receptor-positive, stage I or II breast cancer.	17267	18000	Ito et al., 2013 (212)
Expanded reflex testing VERSUS Standard/Usual Care- standard HER2 testing involved retesting only IHC21 specimens using FISH in line with National Comprehensive Cancer Network (NCCN) guidelines IN Specific disease- early stage breast cancer; Age- Unknown; Gender- Female; Country- United States.	39745	43000	Garrison et al., 2013 (213)
3-week whole-breast external-beam radiation therapy VERSUS Intraoperative radiation therapy (IORT) IN Specific disease- Breast cancer; Age- Adult; Gender- Female; Country- United States.	-64907	Increases Costs, Decreases Health	Alvarado et al., 2013 (214)
6-week whole-breast external-beam radiation therapy VERSUS Intraoperative radiation therapy (IORT) IN Specific disease- Breast cancer; Age- Adult; Gender- Female; Country- United States.	-19965384	Increases Costs, Decreases Health	Alvarado et al., 2013 (214)
Annual mammography plus MRI screening VERSUS Annual mammography IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- Canada.	48058	53000	Pataky et al., 2013 (215)
21-gene assay for patients with low Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	22456	23000	Paulden et al., 2013 (216)

21-gene assay for patients with intermediate Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	2528	2600	Paulden et al., 2013 (216)
21-gene assay for patients with high Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	1112	1100	Paulden et al., 2013 (216)
Chemotherpay for patients with low 21-gene assay Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	44120	45000	Paulden et al., 2013 (216)

Chemotherapy for patients with intermediate 21-gene assay Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	1777	1800	Paulden et al., 2013 (216)
Chemotherpay for patients with high 21-gene assay Adjuvant Online! Risk VERSUS None IN Specific disease- early breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- lymphnode-negative, estrogen receptor- and/or progesterone receptor-positive, human epidermal growth factor receptor 2/neu-negative early breast cancer.	1779	1800	Paulden et al., 2013 (216)
High adherence (>80%) to tamoxifen VERSUS Low adherence (<80%) to tamoxifen IN Specific disease- breast cancer; Age- 41 to 64 years, >=65 years; Gender- Female; Country- United Kingdom.	-8552	Cost-Saving	McCowan et al., 2013 (217)
Aprepitant for prevention of chemotherapy-induced nausea and vomiting VERSUS UK comparator regimen IN Specific disease- Breast cancer; Age- Adult; Gender- Female; Country- United Kingdom.	16745	18000	Humphreys et al., 2013 (218)
Screen-film mammography (SFM) annually VERSUS Standard/Usual Care IN Healthy; Age- 41 to 64 years; Gender- Female; Country- Brazil.	7467	8100	Souza et al., 2013 (219)
Screen-film mammography (SFM) every 2 years VERSUS Standard/Usual Care IN Healthy; Age- 41 to 64 years; Gender- Female; Country- Brazil.	858	930	Souza et al., 2013 (219)
Full-field digital mammography (FFDM) annually until 49 years & screen-film mammography (SFM) annually from 50 to 69 years VERSUS Standard/Usual Care IN Healthy; Age- 41 to 64 years; Gender- Female; Country- Brazil.	17356	19000	Souza et al., 2013 (219)

70-gene signature (70-GS) genomic profiling VERSUS Adjuvant! Online (AO) IN Specific disease- breast cancer; Age-; Gender- Female; Country- Netherlands.	-4821	Cost-Saving	Retèl et al., 2013 (220)
Lapatinib (250mg tablet)-letrozole (2.5mg tablet) [LAP-LET] VERSUS Letrozole (2.5mg tablet) [LET] IN Specific disease- Hormone receptor-positive metastatic breast cancer; Age- Adult; Gender- Female; Country-Canada; Other- Postmenopausal women.	142381	150000	Delea et al., 2013 (221)
Lapatinib (250mg tablet)-letrozole (2.5mg tablet) [LAP-LET] VERSUS Trastuzumab (440mg vial)- anastrozole (1mg tablet) [TRZ-ANA] IN Specific disease- Hormone receptor-positive metastatic breast cancer; Age- Adult; Gender- Female; Country- Canada; Other- Postmenopausal women.	10390	11000	Delea et al., 2013 (221)
Lapatinib (250mg tablet)-letrozole (2.5mg tablet) [LAP-LET] VERSUS Anastrozole (1mg tablet) [ANA] IN Specific disease- Hormone receptor-positive metastatic breast cancer; Age- Adult; Gender- Female; Country-Canada; Other- Postmenopausal women.	108504	110000	Delea et al., 2013 (221)
Breast reconstruction surgery: Immediate Implant Placement VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- Without radiation therapy.	161858	170000	Grover et al., 2013 (222)
Breast reconstruction surgery: Latissimus dorsi with implant VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- Without radiation therapy.	233653	250000	Grover et al., 2013 (222)
Breast reconstruction surgery: Autologous flaps with pedicled tissue VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender-Female; Country- United States; Other- Without radiation therapy.	61322	65000	Grover et al., 2013 (222)

Breast reconstruction surgery: Autologous flaps with free tissue VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- Without radiation therapy.	66843	70000	Grover et al., 2013 (222)
Breast reconstruction surgery: Expander-implant VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- Without radiation therapy.	526673	550000	Grover et al., 2013 (222)
Breast reconstruction surgery: Expander-implant VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- With radiation therapy.	1506884	1600000	Grover et al., 2013 (222)
Breast reconstruction surgery: Autologous flaps with free tissue VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- With radiation therapy.	56745	60000	Grover et al., 2013 (222)
Breast reconstruction surgery: Autologous flaps with pedicled tissue VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- With radiation therapy.	52845	56000	Grover et al., 2013 (222)
Breast reconstruction surgery: Latissimus dorsi with implant VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- With radiation therapy.	123885	130000	Grover et al., 2013 (222)
Breast reconstruction surgery: Immediate Implant Placement VERSUS None IN Specific disease- Mastectomy; Age- Adult; Gender- Female; Country- United States; Other- With radiation therapy.	302220	320000	Grover et al., 2013 (222)
Gail risk test VERSUS Mammogram IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	141415	150000	Folse et al., 2013 (223)

7SNP test, 18-26 VERSUS Gail risk test IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	162840	170000	Folse et al., 2013 (223)
7SNP test, 16-28 VERSUS 7SNP, 18-26 IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	163988	170000	Folse et al., 2013 (223)
7SNP test, 14-32 VERSUS 7SNP, 16-28 IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	4108048	4200000	Folse et al., 2013 (223)
7SNP test,12-36 VERSUS 7SNP, 14-32 IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	357649	370000	Folse et al., 2013 (223)
7SNP test, 10-38 VERSUS 7SNP test, 12-36 IN Healthy; Age- 19 to 40 years, 41 to 64 years; Gender- Female; Country- United States.	634133	650000	Folse et al., 2013 (223)
Lapatinib + letrozole (LAP + LET) VERSUS lentrozole (LET) IN Specific disease- hormone receptor-and HER2-positive metastic breast cancer; Age- Adult; Gender- Female; Country- United Kingdom; Other- post menopausal women.	119437	130000	Delea et al., 2013 (224)
Lapatinib + letrozole (LAP + LET) VERSUS trastuzumab and anastrozole (TZ + ANA) IN Specific disease- hormone receptor-and HER2-positive metastic breast cancer; Age- Adult; Gender- Female; Country- United Kingdom; Other- post menopausal women.	35032	37000	Delea et al., 2013 (224)
Adjuvant trastuzumab (52 weeks) + standard anthracycline/taxane-based chemotherapy VERSUS Standard/Usual Care- standard anthracycline/taxane-based chemotherapy IN Specific disease- early HER2-positive breast cancer; Age- 41 to 64 years; Gender- Female; Country- Colombia.	71491	78000	Buendía et al., 2013 (225)

Cervical Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
One-time Pap smear screening program VERSUS No screening program IN Low-income 70 yo black women seeking medical care from a municipal hospital outpatient clinic		Cost-Saving	van Ineveld et al., 1990 (226)
Aggressive targeted screening: Human Papillomavirus Test using Polymerase Chain Reaction VERSUS No screening IN HIV-infected women with CD4 of 200-500/mm^3 on highly active antiretroviral therapy	11400	16000	Goldie et al., 2001 (227)
Aggressive targeted screening: Human Papillomavirus Test using Polymerase Chain Reaction VERSUS No screening IN HIV-infected women with CD4 of <200/mm^3 on highly active antiretroviral therapy	13111	19000	Goldie et al., 2001 (227)
Aggressive targeted screening: Human Papillomavirus Test using Polymerase Chain Reaction VERSUS No screening IN HIV-infected women with CD4 of <200/mm^3	20300	29000	Goldie et al., 2001 (227)
Aggressive targeted screening: Human Papillomavirus Test using Hybrid Capture II VERSUS No screening IN HIV-infected women with CD4 of 200-500/mm^3 on highly active antiretroviral therapy	11300	16000	Goldie et al., 2001 (227)
Aggressive targeted screening: Human Papillomavirus Test using Hybrid Capture II VERSUS No screening IN HIV-infected women with CD4 of <200/mm^3 on highly active antiretroviral therapy	12700	18000	Goldie et al., 2001 (227)
Aggressive targeted screening: Human Papillomavirus Test using Hybrid Capture II VERSUS No screening IN HIV-infected women with CD4 of <200/mm^3	20000	28000	Goldie et al., 2001 (227)
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	11830	16000	Mandelblatt et al., 2002 (228)
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	29781	41000	Mandelblatt et al., 2002 (228)

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	56440	78000	Mandelblatt et al., 2002 (228)
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	70347	97000	Mandelblatt et al., 2002 (228)
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)	12300	17000	Kim et al., 2002 (229)
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)	10800	15000	Kim et al., 2002 (229)
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)	11000	15000	Kim et al., 2002 (229)
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)		Increases Costs, Decreases Health	Kim et al., 2002 (229)
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)	20400	28000	Kim et al., 2002 (229)
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)	28200	39000	Kim et al., 2002 (229)
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)	36100	50000	Kim et al., 2002 (229)

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)		Increases Costs, Decreases Health	Kim et al., 2002 (229)
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)		Increases Costs, Decreases Health	Kim et al., 2002 (229)
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)	433800	600000	Kim et al., 2002 (229)
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)	667300	920000	Kim et al., 2002 (229)
Universal vaccination against high-risk human papillomavirus (HPV) infection VERSUS No vaccination IN Hypothetical cohort of 12 year old girls in the US	22755	30000	Sanders et al., 2003 (230)
HPV vaccines and screening every 5 years starting at age 30 VERSUS No vaccination, conventional screening every 5 years starting at age 25 IN Adolescent girls	17300	23000	Goldie et al., 2004 (231)
HPV vaccines at age 12, triennial screening starting at age 25 VERSUS Vaccination and screening every 5 years starting at age 21 IN Adolescent girls - age 12+	58500	77000	Goldie et al., 2004 (231)
Screening and quadrivalent HPV vaccine VERSUS HPV screening only IN Women aged 25-64 years in United Kingdom	38335	46000	Kulasingam et al., 2008 (232)
Triennial cytology with HPV test triage VERSUS Next best strategy IN Unvaccinated women for HPV-16,18	78000	98000	Goldhaber-Fiebert et al., 2008 (233)
Triennial cytology with HPV test triage VERSUS Next best strategy IN Girls vaccinated before age 12 years	41000	51000	Goldhaber-Fiebert et al., 2008 (233)
Triennial cytology with HPV test triage VERSUS Next best strategy IN Girls vaccinated before age 12 years	188000	240000	Goldhaber-Fiebert et al., 2008 (233)

Referral of women to colposcopy following a single mildly dyskaryotic smear in a setting in which screening is performed every 3 years VERSUS Previous national recommendation was to rescreen 6 months after the initial screen in the primary care center IN Women with a mildly abnormal cervical smear result (mild dyskaryosis)	35788	46000	Hadwin et al., 2008 (234)
Referral of women to colposcopy following a single mildly dyskaryotic smear in a setting in which screening is performed every 5 years VERSUS Previous national recommendation was to rescreen 6 months after the initial screen in the primary care center IN Women with a mildly abnormal cervical smear result (mild dyskaryosis)	10207	13000	Hadwin et al., 2008 (234)
Referral of women to colposcopy following a single mildly dyskaryotic smear in a setting in which screening is performed based on age VERSUS Previous national recommendation was to rescreen 6 months after the initial screen in the primary care center IN Women with a mildly abnormal cervical smear result (mild dyskaryosis)	22030	28000	Hadwin et al., 2008 (234)
Quadrivalent Human Papillomavirus Vaccine VERSUS No vaccination IN 12 year old girls in Taiwan	13458	16000	Dasbach et al., 2008 (235)
Quadrivalent Human Papillomavirus Vaccine + catch up program for 12-24 females VERSUS No vaccination IN 12 year old girls in Taiwan	12630	15000	Dasbach et al., 2008 (235)
Routine quadrivalent human papillomavirus (HPV) vaccination in females aged 12 years and catch-up in females aged 12-24 years VERSUS None IN Females in Norway	9887	12000	Dasbach et al., 2008 (236)
Routine quadrivalent human papillomavirus (HPV) vaccination in females aged 12 years VERSUS None IN Females in Norway	7498	8800	Dasbach et al., 2008 (236)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, lifetime protection), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	24409	29000	Coupé et al., 2009 (237)

Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 98% efficacy, 85% coverage, lifetime protection), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	23309	27000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 90% efficacy, 85% coverage, lifetime protection), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	26123	31000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, Slow waning vaccination), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	30302	36000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, Intermediate waning vaccination), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	35003	41000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, Fast waning vaccination), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	44379	52000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, Low cross-protection vaccination (50% efficacy type 31/45), 85% coverage, lifetime coverage), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	22847	27000	Coupé et al., 2009 (237)

Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, High cross-protection vaccination (90% efficacy type 31/45), 85% coverage, lifetime coverage), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	21944	26000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, lifetime coverage), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	24583	29000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 95% efficacy, 85% coverage, lifetime coverage), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	27042	32000	Coupé et al., 2009 (237)
Polyvalent (type-16/18) vaccination against HPV among 12-year olds (assuming 85% efficacy, 85% coverage, lifetime protection), with screening VERSUS Screening only for cervical cancer, followed by usual care if positively diagnosed IN Women aged 12 to 100 years of age within the Netherlands healthcare system.	28062	33000	Coupé et al., 2009 (237)
Conventional cytology followed by HPV for equivocal cytology results VERSUS No screening IN Women aged 30 in South Africa	1974	2300	Vijayaraghavan et al., 2009 (238)
HPV DNA testing followed by cytology for HPV-positive women VERSUS No screening IN Women aged 30 in South Africa	2717	3200	Vijayaraghavan et al., 2009 (238)
HPV DNA testing followed by colposcopy for all HPV-positive women VERSUS No screening IN Women aged 30 in South Africa	2224	2600	Vijayaraghavan et al., 2009 (238)
Simultaneous HPV DNA testing and conventional cytology co-screening VERSUS Conventional cytology IN Women aged 30 in South Africa	2320	2700	Vijayaraghavan et al., 2009 (238)
Conventional cytology followed by HPV triage for equivocal cytology results VERSUS Conventional cytology IN Women aged 30 in South Africa	-412	Cost-Saving	Vijayaraghavan et al., 2009 (238)

HPV DNA testing followed by cytology for HPV-positive women VERSUS Conventional cytology IN Women aged 30 in South Africa	1233	1400	Vijayaraghavan et al., 2009 (238)
HPV DNA testing followed by colposcopy for all HPV-positive women VERSUS Conventional cytology IN Women aged 30 in South Africa	972	1100	Vijayaraghavan et al., 2009 (238)
Simultaneous HPV DNA testing abd conventional cytology co-screening VERSUS Conventional cytology IN Women aged 30 in South Africa	1196	1400	Vijayaraghavan et al., 2009 (238)
Conventional cytology VERSUS No screening IN Women aged 30 in South Africa	6246	7300	Vijayaraghavan et al., 2009 (238)
Quadrivalent human papillomavirus (HPV) vaccine (versus types 6, 11, 16, 18) and cervical cancer screening VERSUS Cervical cancer screening only (rates based on existing screening program in Belgium) IN Belgian females aged 12-85 years	13249	16000	Annemans et al., 2009 (239)
Three doses of the HPV vaccine administered at the age of 12 years plus one booster is given 10 years after the initial vaccination VERSUS Screening strategy in Belgium, 3-yearly screening of women between 25 and 64 years of age IN Belgian females aged 12 years	36141	42000	Thiry et al., 2009 (240)
Three doses of the HPV vaccine administered at the age of 12 years with vaccine lifelong protection VERSUS Screening strategy in Belgium, 3-yearly screening of women between 25 and 64 years of age IN Belgian females aged 12 years	18068	21000	Thiry et al., 2009 (240)
Vaccinating girls and women aged 12 to 24 years old VERSUS Vaccinating girls and women aged 12 to 19 years old IN US sexually-active population	10986	13000	Elbasha et al., 2009 (241)
Cytological screening for HPV and cervical cancer (4 times between age 30 and 60) VERSUS No screening IN Women in the Netherlands after 16/18 HPV vaccination	3351	3900	Coupé et al., 2009 (242)
Universal vaccination of all 12 year old females VERSUS Current practice IN 12 year old females in Argentina	5964	7000	Colantonio et al., 2009 (243)
Universal vaccination of all 12 year old females VERSUS Current practice IN 12 year old females in Brazil	10181	12000	Colantonio et al., 2009 (243)
Universal vaccination of all 12 year old females VERSUS Current practice IN 12 year old females in Chile	17666	21000	Colantonio et al., 2009 (243)

Universal vaccination of all 12 year old females VERSUS Current practice IN 12 year old females in Mexico	10134	12000	Colantonio et al., 2009 (243)
Universal vaccination of all 12 year old females VERSUS Current practice IN 12 year old females in Peru	4576	5400	Colantonio et al., 2009 (243)
Referral to colposcopy with immediate treatment based on colposcopic appearance VERSUS Cytological surveillance IN Women with low grade cervical abnormalities in England. This ratio is from NHS perspective with both costs and benefits discounted at 3.5%.	8333	10000	TOMBOLA Group et al., 2009 (244)
Referral to colposcopy for biopsy and recall if necessary VERSUS Referral to colposcopy with immediate treatment based on colposcopic appearance IN Women with low grade cervical abnormalities in Scotland. This ratio is from societal perspective with costs discounted at 3.5% but benefit undiscounted.	-669	Cost-Saving	TOMBOLA Group et al., 2009 (244)
Referral to colposcopy for biopsy and recall if necessary VERSUS Cytological surveillance IN Women with low grade cervical abnormalities in England. This ratio is from NHS perspective with both costs and benefits discounted at 3.5%.	3233	4100	TOMBOLA Group et al., 2009 (244)
Referral to colposcopy with immediate treatment based on colposcopic appearance VERSUS Cytological surveillance IN Women with low grade cervical abnormalities in Scotland. This ratio is from societal perspective with costs discounted at 3.5% but benefits undiscounted.	13524	17000	TOMBOLA Group et al., 2009 (244)
Referral to colposcopy for biopsy and recall if necessary VERSUS Referral to colposcopy with immediate treatment based on colposcopic appearance IN Women with low grade cervical abnormalities in England. This ratio is from NHS perspective with both costs and benefits discounted at 3.5%.	48	60	TOMBOLA Group et al., 2009 (244)

Referral to colposcopy for biopsy and recall if necessary VERSUS Cytological surveillance IN Women with low grade cervical abnormalities in Scotland. This ratio is from societal perspective with costs discounted at 3.5% but benefit undiscounted.	4350	5500	TOMBOLA Group et al., 2009 (244)
Vaccination of 12-year-old girls followed by screening using conventional cervical cytology is performed 3 times at 10-year intervals starting at age 30 VERSUS Screening using conventional cervical cytology is performed 3 times at 10-year intervals starting at age 30 IN Women screened for cervical cancer from societal perspective	1078	1200	Sinanovic et al., 2009 (245)
Vaccination of 12-year-old girls followed by screening using conventional cervical cytology is performed 3 times at 10-year intervals starting at age 30 VERSUS Screening using conventional cervical cytology is performed 3 times at 10-year intervals starting at age 30 IN Women screened for cervical cancer from health care perspective	1460	1700	Sinanovic et al., 2009 (245)
3-year PAP (Women aged 18 to 69 are routinely screened annually with PAP) + HPV (Women with ASCUS are contacted to have an HPV-DNA as a triage test for the presence of high-risk oncogenetic HPV) + PAP-age (women 30 years of age or older who have ASCUS receive a HPV-DNA triage test.) VERSUS Annual PAP-smear + Women with ASCH, AGC, or HSIL are immediately referred for colposcopy and biopsy for histologic assessment of the cervix. Women with CIN graded greater than CIN1 have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with PAP in 6 months. IN Women aged 12 --> 80 y.o. within the Canadian healthcare system.	15048	17000	Chuck et al., 2009 (246)

1-year PAP (Women aged 18 to 69 are routinely screened annually with PAP) + HPV (Women with ASCUS are contacted to have an HPV-DNA as a triage test for the presence of high-risk oncogenetic HPV) + PAP-age (women 30 years of age or older who have ASCUS receive a HPV-DNA triage test.) VERSUS Annual PAP-smear + Women with ASCH, AGC, or HSIL are immediately referred for colposcopy and biopsy for histologic assessment of the cervix. Women with CIN graded greater than CIN1 have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with PAP in 6 months. IN Women aged 12 --> 80 y.o. within the Canadian healthcare system.	54764	63000	Chuck et al., 2009 (246)
1-year PAP (Women aged 18 to 69 are routinely screened annually with PAP) + HPV (Women with ASCUS are contacted to have an HPV-DNA as a triage test for the presence of high-risk oncogenetic HPV) + PAP (Women with CIN graded greater than CIN1 (i.e., CIN2 or CIN3) have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with PAP in 6 months. Women with an unsatisfactory specimen are requested to have a repeat PAP test every 3 months until a VERSUS Annual PAP-smear + Women with ASCH, AGC, or HSIL are immediately referred for colposcopy and biopsy for histologic assessment of the cervix. Women with CIN graded greater than CIN1 have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with PAP in 6 months. IN Women aged 12 --> 80 y.o. within the Canadian healthcare system.	80741	92000	Chuck et al., 2009 (246)

1-year LBC (Women aged 18 to 69 are routinely screened annually with LBC (liquid-based cytology)) + HPV (Women with ASCUS are contacted to have an HPV-DNA as a triage test for the presence of high-risk oncogenetic HPV) + LBC (Women with CIN graded greater than CIN1 (i.e., CIN2 or CIN3) have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with LBC in 6 months. women with an unsatisfactory specimen are requested to have a repeat LBC tes VERSUS Annual PAP-smear + Women with ASCH, AGC, or HSIL are immediately referred for colposcopy and biopsy for histologic assessment of the cervix. Women with CIN graded greater than CIN1 have the CIN removed by a conization procedure and receive a hysterectomy. Women with ASCUS or LSIL are retested with PAP in 6 months. IN Women aged 12 --> 80 y.o. within the Canadian healthcare system.	118937	140000	Chuck et al., 2009 (246)
Human papilloma virus (HPV) vaccination of girls aged 12 + screening every 3 years VERSUS No vaccination + screening every 3 years IN United States boys and girls aged 12 years [vaccination 100% efficacy]	37940	45000	Kim et al., 2009 (247)
No HPV vaccination + screening every 2 years VERSUS HPV vaccination of girls aged 12 + screening every 3 years IN United States boys and girls aged 12 years [vaccination 100% efficacy]		Increases Costs, Decreases Health	Kim et al., 2009 (247)
Vaccination of girls aged 12 + screening every 2 years VERSUS Vaccination of girls and boys aged 12 + screening every 3 years IN United States boys and girls aged 12 years [vaccination 100% efficacy]	190780	220000	Kim et al., 2009 (247)
Vaccination of girls and boys aged 12 + screening every 2 years VERSUS Vaccination of girls aged 12 + screening every 2 years IN United States boys and girls aged 12 years [vaccination 100% efficacy]	390440	460000	Kim et al., 2009 (247)
Cytology with HPV triage every year and vaccination VERSUS Cytology with HPV triage every year and no vaccination IN Women aged 35 years in the US	198362	230000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every year and vaccination VERSUS Screening with combined cytology with HPV testing every year and no vaccination IN Women aged 35 years in the US	433385	510000	Kim et al., 2009 (248)

Screening with combined cytology with HPV testing every 2 years and vaccination VERSUS Screening with combined cytology with HPV testing every 2 years and no vaccination IN Women aged 35 years in the US	193568	230000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 3 years and vaccination VERSUS Screening with combined cytology with HPV testing every 3 years and no vaccination IN Women aged 35 years in the US	131832	150000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 4 years and vaccination VERSUS Screening with combined cytology with HPV testing every 4 years and no vaccination IN Women aged 35 years in the US	99905	120000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 5 years and vaccination VERSUS Screening with combined cytology with HPV testing every 5 years and no vaccination IN Women aged 35 years in the US	78751	92000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 1 years and vaccination VERSUS Screening with combined cytology with HPV testing every 1 years and no vaccination IN Women aged 45 years in the US	448989	530000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 2 years and vaccination VERSUS Screening with combined cytology with HPV testing every 2 years and no vaccination IN Women aged 45 years in the US	269217	320000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 3 years and vaccination VERSUS Screening with combined cytology with HPV testing every 3 years and no vaccination IN Women aged 45 years in the US	186886	220000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 4 years and vaccination VERSUS Screening with combined cytology with HPV testing every 4 years and no vaccination IN Women aged 45 years in the US	140658	170000	Kim et al., 2009 (248)
Screening with combined cytology with HPV testing every 5 years and vaccination VERSUS Screening with combined cytology with HPV testing every 5 years and no vaccination IN Women aged 45 years in the US	108416	130000	Kim et al., 2009 (248)
Cytology with HPV triage every 1 year and vaccination VERSUS Cytology with HPV triage every 1 year and no vaccination IN Women aged 45 years in the US	272346	320000	Kim et al., 2009 (248)

Cytology with HPV triage every 4 years and vaccination VERSUS Cytology with HPV triage every 4 years and no vaccination IN Women aged 45 years in the US		Increases Costs, Decreases Health	Kim et al., 2009 (248)
Cytology with HPV triage every 5 years and vaccination VERSUS Cytology with HPV triage every 5 years and no vaccination IN Women aged 45 years in the US		Increases Costs, Decreases Health	Kim et al., 2009 (248)
Quadrivalent human papillomavirus (HPV) against HPV types 6, 11, 16 and 18 VERSUS No vaccination IN 12-year old Irish females	31846	37000	Dee et al., 2009 (249)
Bivalent human papillomavirus (HPV) against HPV types 16 and 18 VERSUS No vaccination IN 12-year old Irish females	38267	45000	Dee et al., 2009 (249)
Human papillomavirus (HPV) vaccine against HPV types 16, 18, with no herd immunity VERSUS No vaccination IN 12 year old Canadian females	27950	33000	Anonychuk et al., 2009 (250)
Human papillomavirus (HPV) vaccine against HPV types 16, 18, and cross protection, with no herd immunity VERSUS No vaccination IN 12 year old Canadian females	23769	28000	Anonychuk et al., 2009 (250)
Human papillomavirus (HPV) vaccine against HPV types 16, 18, with herd immunity VERSUS No vaccination IN 12 year old Canadian females	24564	29000	Anonychuk et al., 2009 (250)
Human papillomavirus (HPV) vaccine against HPV types 16, 18, and cross protection, with herd immunity VERSUS No vaccination IN 12 year old Canadian females	16470	19000	Anonychuk et al., 2009 (250)
Human papillomavirus (HPV) vaccination VERSUS None IN Population of 12-year-old girls in the Icelandic population.	23	27	Oddsson et al., 2009 (251)
Human papilloma virus vaccination against HPV-16 and HPV-18 VERSUS No vaccination IN Taiwanese girls aged 12+ years old.	13674	15000	Liu et al., 2010 (252)

Quadrivalent human paillomavirus vaccine (6/11/16/18) at age 12 VERSUS Quadrivalent human paillomavirus vaccine (6/11/16/18) at age 12 plus a temporary catch-up program for girls and women aged 12-24 IN Girls aged 12 years in Hungary	13374	16000	Dasbach et al., 2010 (253)
Quadrivalent human paillomavirus vaccine (6/11/16/18) at age 12 VERSUS No vaccination IN Girls aged 12 years in Hungary	12032	14000	Dasbach et al., 2010 (253)
HPV with cytology triage VERSUS Cytology every 5 years IN Dutch women age 30-60 years	12758	15000	Berkhof et al., 2010 (254)
Combined HPV with cytology VERSUS Cytology every 5 years IN Dutch women age 30-60 years	22352	26000	Berkhof et al., 2010 (254)
Cytology with HPV triage VERSUS Cytology every 5 years IN Dutch women age 30-60 years	5423	6200	Berkhof et al., 2010 (254)
Bivalent (HPV 16, 18) human papilloma virus vaccination, plus screening for HPV as presently performed in Italy VERSUS Screening for HPV (human papilloma virus) as presently performed in Italy IN Italian girls aged approximately 12 y.o.	26597	29000	Torre et al., 2010 (255)
Prophylactic cervical cancer vaccination VERSUS No vaccination IN Twelve-year-old girls in Japan	15567	18000	Konno et al., 2010 (256)
Annual HPV vaccination of 12-year-old girls (70% vacaination rate, 100% efficacy) VERSUS Current Danish strategy, which includes a cervical cancer screening program for women aged 23-59 years who are offered screening every 3 years IN Denish population aged 17-78 years	2628	3000	Olsen et al., 2010 (257)
Annual HPV vaccination of 12-year-old girls with catch-up to 15 years in the first vaccination year (70% vacaination rate) VERSUS Current Danish strategy, which includes a cervical cancer screening program for women aged 23-59 years who are offered screening every 3 years IN Denish population aged 17-78 years	4160	4700	Olsen et al., 2010 (257)

Annual HPV vaccination of 12-year-old girls and boys (70% vacaination rate) VERSUS Current Danish strategy, which includes a cervical cancer screening program for women aged 23-59 years who are offered screening every 3 years IN Denish population aged 17-78 years	25607	29000	Olsen et al., 2010 (257)
Current screening and vaccination against human papoillomavirus (HPV) 16/18 VERSUS Current screening: Pap smear only IN Finnish girls aged 10 years	21726	26000	Torvinen et al., 2010 (258)
Quadrivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 18 and low-risk HPV types 6 and 11 VERSUS Bivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 16 and 18 IN 12 year old girls in Ireland	-33540	Cost-Saving	Demarteau et al., 2010 (259)
Quadrivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 18 and low-risk HPV types 6 and 11 VERSUS Bivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 16 and 18 IN 12 year old girls in Italy		Cost-Saving	Demarteau et al., 2010 (259)
Quadrivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 18 and low-risk HPV types 6 and 11 VERSUS Bivalent human papillomavirus (HPV) vaccine B- lifetime protection against HPV types 16 and 18 IN 12 year old girls in France	-28705	Cost-Saving	Demarteau et al., 2010 (259)
Triennial Cervical Human Papillomavirus DNA testing VERSUS Triennial vaginal Human Papillomavirus screening with cytology triage IN Women aged between 18 and 50 years old, not pregnant, not chronically immunocompromised, and reported no previous treatments for cervical neoplasia.	238706	270000	Balasubramanian et al., 2010 (260)
Triennial vaginal Human Papillomavirus screening with cytology triage VERSUS Screening IN Women aged between 18 and 50 years old, not pregnant, not chronically immunocompromised, and reported no previous treatments for cervical neoplasia.	9871	11000	Balasubramanian et al., 2010 (260)

Biennial Human Papillomavirus DNA screening VERSUS Triennial Human Papplimavirus DNA screening IN Women aged between 18 and 50 years old, not pregnant, not chronically immunocompromised, and reported no previous treatments for cervical neoplasia.	70151	80000	Balasubramanian et al., 2010 (260)
Triennial cytology VERSUS No screening IN Women aged between 18 and 50 years old, not pregnant, not chronically immunocompromised, and reported no previous treatments for cervical neoplasia.	12878	15000	Balasubramanian et al., 2010 (260)
Biennial cytology VERSUS No screening IN Women aged between 18 and 50 years old, not pregnant, not chronically immunocompromised, and reported no previous treatments for cervical neoplasia.	18051	21000	Balasubramanian et al., 2010 (260)
PAP smear program to detect cervical cancer (70% coverage) VERSUS PAP smear program (40% coverage) IN Women diagnosed with cervical changes for at least six months in Malaysia	285	310	Ezat et al., 2010 (261)
Combined strategy- quadrivalent human papillomavirus (HPV) vaccine plus PAP smear for elderly women till age of 65 years VERSUS PAP smear program (70% coverage) IN Women diagnosed with cervical changes for at least six months in Malaysia	10641	12000	Ezat et al., 2010 (261)
Human Papillomavirus (HPV) vaccination with current cervical cancer screening program VERSUS Current cervical cancer screening program IN 12-year old girls in Slovenia	34131	38000	Obradovic et al., 2010 (262)
Screening using liquid-based cytology every two years, followed by HPV DNA testing for all patients with equivocal results on cytology (ASCUS) VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	19376	22000	Vijayaraghavan et al., 2010 (263)

Screening using a combination of simultaneous liquid-based cytology and HPV DNA testing every three years, with reflex HPV genotyping and more intensive follow-up for HPV types 16/18 VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	19420	22000	Vijayaraghavan et al., 2010 (263)
Screening using liquid-based cytology every two years, followed by HPV DNA testing for all patients with equivocal results on cytology (ASCUS) VERSUS Screening using liquid-based cytology every two years IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	21304	24000	Vijayaraghavan et al., 2010 (263)
Primary screening using HPV DNA testing every three years, followed by cytology for all women with positive result on HPV VERSUS Screening using liquid-based cytology every two years, followed by HPV DNA testing for all patients with equivocal results on cytology (ASCUS) IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	2618	3000	Vijayaraghavan et al., 2010 (263)
Screening using a combination of simultaneous cytology and HPV DNA testing every three years VERSUS Primary screening using HPV DNA testing every three years, followed by cytology for all women with positive result on HPV IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	17204	20000	Vijayaraghavan et al., 2010 (263)
Screening for HPV 16/18 using HPV DNA testing every three years, followed by reflex HPV genotyping for all HPV-positive women and more intensive follow-up for HPV types 16/18 VERSUS Screening using a combination of simultaneous cytology and HPV DNA testing every three years IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	34074	39000	Vijayaraghavan et al., 2010 (263)

Screening using a combination of simultaneous cytology and HPV DNA testing every three years, with reflex HPV genotyping and more intensive follow-up for HPV types 16/18 VERSUS Screening for HPV 16/18 using HPV DNA testing every three years, followed by reflex HPV genotyping for all HPV-positive women and more intensive follow-up for HPV types 16/18 IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	33807	39000	Vijayaraghavan et al., 2010 (263)
Liquid-based cytology every two years to screen for HPV 16/18 VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	19321	22000	Vijayaraghavan et al., 2010 (263)
Primary screening using HPV DNA testing every three years, followed by liquid-based cytology testing for all women with positive result on HPV VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	18980	22000	Vijayaraghavan et al., 2010 (263)
Screening using a combination of simultaneous liquid-based cytology testing and HPV DNA testing every three years VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	18903	22000	Vijayaraghavan et al., 2010 (263)
Screening Using HPV DNA testing every three years, followed by reflex HPV genotyping for all HPV-positive women and more intensive follow-up for HPV types 16/18 VERSUS No screening IN US adolescent and young adult women aged over 14 years potentially exposed to HPV 16/18 through sexual activity	19092	22000	Vijayaraghavan et al., 2010 (263)
Conventional cytology every 1-3 years with repeat screening for atypical squamous cells of undetermined significance (ASCUS) results VERSUS No screening IN Women aged 30 years or older in Canada	9510	11000	Vijayaraghavan et al., 2010 (264)
Conventional cytology with human papillomavirus (HPV) testing to triage atypical squamous cells of undetermined significance (ASCUS) and cytology every 1-3 years VERSUS No screening IN Women aged 30 years or older in Canada	9000	10000	Vijayaraghavan et al., 2010 (264)

Human papillomavirus (HPV) testing for every 3 years in high-risk patients followed by colposcopy for triage of HPV-positive women VERSUS No screening IN Women aged 30 years or older in Canada	11843	14000	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing for every 3 years in high-risk patients with use of cytology for triage of HPV-positive women VERSUS No screening IN Women aged 30 years or older in Canada	9288	11000	Vijayaraghavan et al., 2010 (264)
Co-screening with human papillomavirus (HPV) testing and cytology every 3 years VERSUS No screening IN Women aged 30 years or older in Canada	9985	11000	Vijayaraghavan et al., 2010 (264)
Conventional cytology with human papillomavirus (HPV) testing to triage atypical squamous cells of undetermined significance (ASCUS) and cytology annually VERSUS No screening IN Women aged 30 years or older in Canada	11603	13000	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing every 1-3 years VERSUS No screening IN Women aged 30 years or older in Canada	9231	11000	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing every 1-3 years VERSUS Annual cytology IN Women aged 30 years or older in Canada	-79916	Cost-Saving	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing for every 3 years in high-risk patients followed by colposcopy for triage of HPV-positive women VERSUS Annual cytology IN Women aged 30 years or older in Canada	-273766	Cost-Saving	Vijayaraghavan et al., 2010 (264)
Co-screening with HPV testing and cytology every 3 years VERSUS Annual cytology IN Women aged 30 years or older in Canada	-194210	Cost-Saving	Vijayaraghavan et al., 2010 (264)
Conventional cytology with human papillomavirus (HPV) testing to triage atypical squamous cells of undetermined significance (ASCUS) and cytology annually VERSUS Annual cytology IN Women aged 30 years or older in Canada	3403	3900	Vijayaraghavan et al., 2010 (264)

Conventional cytology with human papillomavirus (HPV) testing to triage atypical squamous cells of undetermined significance (ASCUS) and cytology every 1-3 years VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	-1478	Cost-Saving	Vijayaraghavan et al., 2010 (264)
Annual cytology to detect cervical cancer VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	25701	29000	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing for every 3 years in high-risk patients with use of cytology for triage of HPV-positive women VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	7823	8900	Vijayaraghavan et al., 2010 (264)
Co-screening with human papillomavirus (HPV) testing and cytology every 3 years VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	12573	14000	Vijayaraghavan et al., 2010 (264)
Conventional cytology with human papillomavirus (HPV) testing to triage atypical squamous cells of undetermined significance (ASCUS) and cytology annually VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	22387	26000	Vijayaraghavan et al., 2010 (264)
Human papillomavirus (HPV) testing only every 3 years VERSUS Cytology every 3 years IN Women aged 30 years or older in Canada	7635	8700	Vijayaraghavan et al., 2010 (264)
Treatment with cone biopsy or loop excision followed by colposcopy at 6 months then annual cytology VERSUS Treatment with cone biopsy or loop excision followed by colposcopy at 6 months then triennial cytology IN Women with cervical intraepithelial neoplasia stage 2	5217	6000	Melnikow et al., 2010 (265)
Treatment with cryotherapy followed by colposcopy at 6 months then triennial cytology VERSUS Treatment with cryotherapy followed by conventional cytology at 6 and 12 months then triennially IN Women with cervical intraepithelial neoplasia stage 2	221	250	Melnikow et al., 2010 (265)
Treatment with cryotherapy followed by colposcopy at 6 months then annual cytology VERSUS Treatment with cryotherapy followed by colposcopy at 6 months then triennial cytology IN Women with cervical	5246	6000	Melnikow et al., 2010 (265)

intraepithelial neoplasia stage 2			
Treatment with cone biopsy or loop excision followed by colposcopy at 6 months then triennial cytology VERSUS Treatment with cone biopsy or loop excision followed by conventional cytology at 6 and 12 months then triennially IN Women with cervical intraepithelial neoplasia stage 3	331	380	Melnikow et al., 2010 (265)
Treatment with cone biopsy or loop excision followed by colposcopy at 6 months then triennial cytology VERSUS Treatment with cone biopsy or loop excision followed by colposcopy at 6 months then annual cytology IN Women with cervical intraepithelial neoplasia stage 3	5193	5900	Melnikow et al., 2010 (265)
Treatment with cryotherpy followed by colposcopy at 6 months then triennial cytology VERSUS Treatment with cryotherpy followed by conventional cytology at 6 and 12 months then triennially IN Women with cervical intraepithelial neoplasia stage 3	54	62	Melnikow et al., 2010 (265)
Treatment with cryotherpy followed by colposcopy at 6 months then annual cytology VERSUS Treatment with cryotherpy followed by colposcopy at 6 months then triennial cytology IN Women with cervical intraepithelial neoplasia stage 3	5133	5900	Melnikow et al., 2010 (265)
Treatment with cone biopsy or loop excision, followed by colposcopy at 6 months then triennial cytology VERSUS Treatment with cone biopsy or loop excision, followed by conventional cytology at 6 and 12 months then annually IN Women with cervical intraepithelial neoplasia stage 2	369	420	Melnikow et al., 2010 (265)
Lay health worker home visit for Pap smear VERSUS None IN Vietnamese-American women who have not received a Pap test in the last 3 years	30015	33000	Scoggins et al., 2010 (266)
Pap smear, every 5 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	20962	23000	Chow et al., 2010 (267)
Pap smear, every 3 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	22494	25000	Chow et al., 2010 (267)
Pap smear, annually for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	26590	29000	Chow et al., 2010 (267)

HPV DNA testing followed by Pap smear triage, every 5 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	28470	31000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, every 5 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	32064	35000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, every 3 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	30341	33000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, every 3 years for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	35057	39000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, annually for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	34982	38000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, annually for women aged 30-69 years VERSUS No screening IN Healthy females aged 30 years	40416	44000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, every 5 years for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	39604	44000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, every 5 years for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	55835	61000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, every 3 years for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	41375	45000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, every 3 years for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	58174	64000	Chow et al., 2010 (267)

HPV DNA testing followed by Pap smear triage, annually for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	55444	61000	Chow et al., 2010 (267)
HPV DNA testing combined with Pap smear, annually for women aged 30-69 years VERSUS Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	71091	78000	Chow et al., 2010 (267)
Pap smear, every 3 years for women aged 30-69 years VERSUS Pap smear, every 5 years for women aged 30-69 years IN Healthy females aged 30 years	28228	31000	Chow et al., 2010 (267)
Pap smear, annually for women aged 30-69 years VERSUS Pap smear, every 5 years for women aged 30-69 years IN Healthy females aged 30 years	1894	2100	Chow et al., 2010 (267)
Pap smear, every 5 years for women aged 30-69 years VERSUS HPV DNA testing followed by Pap smear triage, every 5 years for women aged 30-69 years IN Healthy females aged 30 years	42037	46000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, every 3 years for women aged 30-69 years VERSUS HPV DNA testing followed by Pap smear triage, every 5 years for women aged 30-69 years IN Healthy females aged 30 years	43123	47000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, annually for women aged 30-69 years VERSUS HPV DNA testing followed by Pap smear triage, every 3 years for women aged 30-69 years IN Healthy females aged 30 years	123594	140000	Chow et al., 2010 (267)
HPV DNA testing followed by Pap smear triage, annually for women aged 30-69 years VERSUS HPV DNA testing combined with Pap smear, annually for women aged 30-69 years IN Healthy females aged 30 years	377651	420000	Chow et al., 2010 (267)
HPV 16/18 vaccine plus screening VERSUS Screening only IN French adolescent females aged 12 years	13308	15000	Demarteau et al., 2010 (268)
Bivalent human papillomavirus (HPV) vaccination VERSUS Pap smear (40% coverage) IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	1173	Cost-Saving	Ezat et al., 2010 (269)

Quadrivalent human papillomavirus (HPV) vaccination VERSUS Pap smear (40% coverage) IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	4804	5600	Ezat et al., 2010 (269)
Bivalent human papillomavirus (HPV) vaccination + pap smear VERSUS Pap smear (40% coverage) IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	325809	380000	Ezat et al., 2010 (269)
Quadrivalent human papillomavirus (HPV) vaccination + pap smear VERSUS Pap smear (40% coverage) IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	2142	2500	Ezat et al., 2010 (269)
Quadrivalent human papillomavirus (HPV) vaccination + pap smear VERSUS Bivalent human papillomavirus (HPV) vaccination + pap smear IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	0	Cost-Saving	Ezat et al., 2010 (269)
Pap smear (40% coverage) VERSUS None IN Women aged over 18 years with cervical cancer and pre-invasive diseases in Malaysia	331	390	Ezat et al., 2010 (269)
Pap test followed by human papillomavirus (HPV) DNA triage every five years VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy	5647	6600	Accetta et al., 2010 (270)
Human papillomavirus (HPV) DNA test and Pap test triage every five years and HPV vaccine VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy	30089	35000	Accetta et al., 2010 (270)
Human papillomavirus (HPV) vaccine at age 11 years VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy		Increases Costs, Decreases Health	Accetta et al., 2010 (270)
Human papillomavirus (HPV) DNA test every 3 years VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy	322223	380000	Accetta et al., 2010 (270)

Human papillomavirus (HPV) DNA test and Pap test triage every three years including HPV vaccine VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy	143539	170000	Accetta et al., 2010 (270)
Human papillomavirus (HPV) DNA test and Pap test triage every five years VERSUS Current screening policy (Pap test every three years) IN Women without HPV infection and are eligible for vaccination and/or screening in Italy	7227	8500	Accetta et al., 2010 (270)
Quadrivalent human papillomavirus vaccine and cervical cancer screening VERSUS Screening only IN 12 year old females in Singapore	7156	7900	Lee et al., 2011 (271)
Bivalent human papillomavirus vaccine VERSUS Quadrivalent human papillomavirus vaccine IN 12 year old females in Singapore	-72265	Increases Costs, Decreases Health	Lee et al., 2011 (271)
Bivalent human papillomavirus vaccine and cervical cancer screening VERSUS Screening only IN 12 year old females in Singapore	8198	9000	Lee et al., 2011 (271)
Human papillomavirus (HPV) vaccination at age 25 years VERSUS Visual inspection with acetic acid (VIA) every 5 years (age 30-45 years) + Pap smear every 5 years (age 50-60 years) IN Women aged 15 years and over in Thailand	9863	11000	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 24 years VERSUS Human papillomavirus (HPV) vaccination at age 25 years IN Women aged 15 years and over in Thailand	3542	4000	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 23 years VERSUS Human papillomavirus (HPV) vaccination at age 24 years IN Women aged 15 years and over in Thailand	1367	1600	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 22 years VERSUS Human papillomavirus (HPV) vaccination at age 22 years IN Women aged 15 years and over in Thailand	2573	2900	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 21 years VERSUS Human papillomavirus (HPV) vaccination at age 22 years IN Women aged 15 years and over in Thailand	2259	2600	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 20 years VERSUS Human papillomavirus (HPV) vaccination at age 21 years IN Women aged 15 years and over in Thailand	1441	1600	Praditsitthikorn et al., 2011 (272)

Human papillomavirus (HPV) vaccination at age 19 years VERSUS Human papillomavirus (HPV) vaccination at age 20 years IN Women aged 15 years and over in Thailand	908	1000	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 18 years VERSUS Human papillomavirus (HPV) vaccination at age 19 years IN Women aged 15 years and over in Thailand	1403	1600	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 17 years VERSUS Human papillomavirus (HPV) vaccination at age 18 years IN Women aged 15 years and over in Thailand	2498	2900	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 16 years VERSUS Human papillomavirus (HPV) vaccination at age 17 years IN Women aged 15 years and over in Thailand	3474	4000	Praditsitthikorn et al., 2011 (272)
Human papillomavirus (HPV) vaccination at age 15 years + Visual inspection with acetic acid (VIA) every 5 years (age 30-45 years) + Pap smear every 5 years (age 50-60 years) VERSUS Human papillomavirus (HPV) vaccination at age 16 years IN Women aged 15 years and over in Thailand	676	770	Praditsitthikorn et al., 2011 (272)
4 times human papillomavirus (HPV) DNA screening between 30-60 years along with vaccination VERSUS 4 times cytological screening IN Women aged 10 years and over	9347	10000	Coup? et al., 2012 (273)
4 times cytological screening VERSUS Vaccination IN Women aged 10 years and over	3821	4200	Coup? et al., 2012 (273)
6 times cytological screening between 30-60 years VERSUS 4 times human papillomavirus (HPV) DNA testing between 30-60 years IN Women aged 10 years and over	-20903	Increases Costs, Decreases Health	Coup? et al., 2012 (273)
4 times human papillomavirus (HPV) DNA screening along with 5-valent vaccination VERSUS Vaccination IN Women aged 10 years and over	38345	42000	Coup? et al., 2012 (273)
7 times cytological screening between 30-60 years VERSUS 4 times human papillomavirus (HPV) DNA testing between 30-60 years IN Women aged 10 years and over	-222968	Increases Costs, Decreases Health	Coup? et al., 2012 (273)

5 times human papillomavirus (HPV) DNA testing between 30-60 years VERSUS 4 times human papillomavirus (HPV) DNA testing between 30-60 years IN Women aged 10 years and over	32006	35000	Coup? et al., 2012 (273)
6 times human papillomavirus (HPV) DNA testing between 30-60 years VERSUS 5 times human papillomavirus (HPV) DNA testing between 30-60 years IN Women aged 10 years and over	37360	41000	Coup? et al., 2012 (273)
7 times human papillomavirus (HPV) DNA testing between 30-60 years VERSUS 6 times human papillomavirus (HPV) DNA testing between 30-60 years IN Women aged 10 years and over		Increases Costs, Decreases Health	Coup? et al., 2012 (273)
3 times human papillomavirus (HPV) DNA screening along with broad spectrum vaccination (5-13-valent vaccination) VERSUS Vaccination IN Women aged 10 years and over		Increases Costs, Decreases Health	Coup? et al., 2012 (273)
2 times human papillomavirus (HPV) DNA screening along with 5-valent vaccination VERSUS Vaccination IN Women aged 10 years and over	21877	24000	Coup? et al., 2012 (273)
Pap smear VERSUS None IN Women aged 25-64 years in Hungary	18990	21000	Vok? et al., 2012 (274)
Intensified current screening- current practice of screening by cytology and colposcopy in outpatient services along with active communication campaign to reach and motivate women VERSUS None IN Women aged 25-64 years in Hungary	33100	36000	Vok? et al., 2012 (274)
Primary screening for human papillomavirus (HPV) using automated molecular amplification or hybridisation techniques in women over age 30 years VERSUS Primary cytology screening IN Unvaccinated women born between 1939 and 1992 in Netherlands		Increases Costs, Decreases Health	de Kok et al., 2012 (275)

Cervical cancer screening with manually screened ThinPrep liquid-based cytology (LBC) every 5 years during the age of 30-60 years VERSUS Cervical cancer screening with conventional papanicolaou (CP) IN Dutch women at risk for cerical cancer	81308	90000	de Bekker-Grob et al., 2012 (276)
Cervical cancer screening with manually screened ThinPrep liquid-based cytology (LBC) every 3 years during the age of 25-65 years VERSUS Cervical cancer screening with conventional papanicolaou (CP) IN Women at risk for cervical cancer in Netherlands	233120	260000	de Bekker-Grob et al., 2012 (276)
Gemcitabine with cisplatin chemoradiation followed by 2 cycles of adjuvant gemcitabine and cisplatin VERSUS Standard cisplatin chemoradiation IN Women with locally advanced cervix cancer (stages IIB to IVA carcinoma of the cervix)	33080	35000	Phippen et al., 2012 (277)
Cisplatain (50 mg per sq meter for 21 days) VERSUS Cisplatin (50 mg per sq meter) and paclitaxel (135 mg per sq meter) for 21 days IN Women with advanced, recurrent or persistent squamous cell carcinoma	13654	14000	Geisler et al., 2012 (278)
Cisplatain (50 mg per sq meter for 21 days) VERSUS Cisplatin (50 mg per sq meter for 21 days) and topotecan (0.75 mg per sq meter for 21 days) IN Women with advanced, recurrent or persistent squamous cell carcinoma	152327	160000	Geisler et al., 2012 (278)
Intensity-modulated radiation therapy (IMRT) VERSUS Four field radiation therapy (BOX-RT) IN Specific disease- Locally advanced cervical cancer; Age- 41 to 64 years, >=65 years, Adult; Gender- Female; Country- United States.	182777	200000	Lesnock et al., 2013 (279)
Single-agent chemotherapy with home hospice for all VERSUS Home hospice for all IN Specific disease- Cervical cancer; Age- Adult; Gender- Female; Country- United States.	44392	46000	Phippen et al., 2013 (280)
Standard doublet chemotherapy for all VERSUS Selective chemotherapy (home hospice with no chemotherapy for poorest prognosis patients with remainder receiving standard doublet chemotherapy IN Specific disease- Cervical cancer; Age- Adult; Gender- Female; Country- United States.	275630	280000	Phippen et al., 2013 (280)

Selective chemotherapy (home hospice with no chemotherapy for poorest prognosis patients with remainder receiving standard doublet chemotherapy VERSUS Single-agent chemotherapy with home hospice for all IN Specific disease- Cervical cancer; Age- Adult; Gender- Female; Country- United States.	78404	81000	Phippen et al., 2013 (280)
human papilommavirus (HPV) vaccination VERSUS screening only (every 3 years from age 25 to 65 years for 59% of the population) IN Healthy; Age-; Gender- Female; Country- belgium.	12137	13000	Demarteau et al., 2013 (281)
human papilommavirus (HPV) vaccination VERSUS screening only (every 3 years from age 25 to 65 years for 59% of the population) IN Healthy; Age-; Gender- Female; Country- belgium.	15388	17000	Demarteau et al., 2013 (281)
HPV vaccination, 12 & 15 & 18& 21 years old girls VERSUS Placebo IN Healthy; Age-; Gender- Female; Country- Italy.	22112	23000	Favato et al., 2013 (282)
HPV vaccination, 12 & 15 years old girls VERSUS Placebo IN Healthy; Age-; Gender- Female; Country- Italy.	16717	18000	Favato et al., 2013 (282)
HPV vaccination, 12 & 15 & 18 years old girls VERSUS Placebo IN Healthy; Age-; Gender- Female; Country- Italy.	18413	19000	Favato et al., 2013 (282)
HPV vaccination, 12 years old girls VERSUS Placebo IN Healthy; Age-; Gender- Female; Country- Italy.	15245	16000	Favato et al., 2013 (282)
Routine vaccination VERSUS None IN Healthy; Age- Unknown; Gender- Female; Country- estonia.	6803	7200	Uusk?la et al., 2013 (283)
Quadrivalent human papillomavirus vaccines VERSUS Placebo IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Canada.	15084	16000	Brisson et al., 2013 (284)
Bivalent human papillomavirus vaccines VERSUS Placebo IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Canada.	19605	21000	Brisson et al., 2013 (284)
Human papillomavirus (HPV) vaccine VERSUS None IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Brazil.	-125	Cost-Saving	Fonseca et al., 2013 (285)
Human papillomavirus (HPV) vaccine + 3 screenings VERSUS only screening IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Brazil.	825	850	Fonseca et al., 2013 (285)

Human papillomavirus (HPV) vaccine + 10 screenings VERSUS only screening IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Brazil.	1275	1300	Fonseca et al., 2013 (285)

Colorectal Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Monitoring using clinical symptoms and carcinoembryonic antigen VERSUS Monitoring for cancer recurrence using clinical symptoms only IN Patients undergoing follow-up evaluation after colon cancer resection	-149873	Increases Costs, Decreases Health	Kievit et al., 1990 (286)
Surgery plus adjuvant chemotherapy VERSUS Surgery alone IN Patients with Dukes' stage C colonic carcinoma	13662	25000	Smith et al., 1993 (287)
Intensive follow-up VERSUS No follow-up IN Colorectal cancer patients previously treated by surgery	-34783	Increases Costs, Decreases Health	Kievit et al., 1995 (288)
Selective follow-up VERSUS No follow-up IN Colorectal cancer patients previously treated by surgery	-20884	Increases Costs, Decreases Health	Kievit et al., 1995 (288)
Adjuvant chemotherapy following surgery, 5% gain in life expectancy VERSUS Surgery alone IN Colorectal cancer patients Duke's B or C, no concomittant malignancy, ulcerative colitis, Crohn's disease, renal, heart or liver failure	26518	41000	Norum et al., 1997 (289)
Adjuvant chemotherapy following surgery , 10% gain in life expectancy VERSUS Surgery alone IN Colorectal cancer patients Duke's B or C, no concomittant malignancy, ulcerative colitis, Crohn's disease, renal, heart or liver failure	10607	16000	Norum et al., 1997 (289)

Adjuvant chemotherapy following surgery, 15% gain in life expectancy VERSUS Surgery alone IN Colorectal cancer patients Duke's B or C, no concomittant malignancy, ulcerative colitis, Crohn's disease, renal, heart or liver failure	7577	12000	Norum et al., 1997 (289)
Follow-up program, including carcinoembryonic antigen monitoring VERSUS No follow-up IN Norwegian colorectal cancer patients	17910	27000	Norum et al., 1997 (290)
Adjuvant chemotherapy using fluorouracil and levamisole VERSUS No adjuvant treatment IN Patients with stage III resected colon cancer	1501	2200	Bonistalli et al., 1998 (291)
Fecal occult blood screening protocol for colorectal cancer VERSUS No screening IN 50 year old males	3195	4800	Whynes et al., 1998 (292)
Fecal occult blood screening protocol for colorectal cancer VERSUS No screening IN 50 year old females	2140	3200	Whynes et al., 1998 (292)
Quality management system for a colorectal cancer screening program VERSUS Colorectal cancer screening program, with no quality management program IN 50-74 year-old population undergoing colorectal cancer screening	10717	15000	Robert et al., 2000 (293)
Onetime colonoscopic screening for colorectal cancer at 60-64 yrs old VERSUS No screening IN Men over 40 years old	-2422	Cost-Saving	Ness et al., 2000 (294)
Onetime colonoscopic screening for colorectal cancer at 55-59 yrs old VERSUS Onetime colonoscopic screening for colorectal cancer at 60-64 yrs old IN Men over 40 years old	-538	Cost-Saving	Ness et al., 2000 (294)
Onetime colonoscopic screening for colorectal cancer at 50-54 yrs old VERSUS Onetime colonoscopic screening for colorectal cancer at 55-59 yrs old IN Men over 40 years old	3625	5300	Ness et al., 2000 (294)
Onetime colonoscopic screening for colorectal cancer at 60-64 yrs old VERSUS No screening IN Women over 40 years old	-2000	Cost-Saving	Ness et al., 2000 (294)
Onetime colonoscopic screening for colorectal cancer at 55-59 yrs old VERSUS Onetime colonoscopic screening for colorectal cancer at 60-64 yrs old IN Women over 40 years old	636	920	Ness et al., 2000 (294)
Onetime colonoscopic screening for colorectal cancer at 50-54 yrs old VERSUS Onetime colonoscopic screening for colorectal cancer at 55-59 yrs old IN Women over 40 years old	8800	13000	Ness et al., 2000 (294)

Onetime colonoscopic screening for colorectal cancer at 45-49 yrs old VERSUS Onetime colonoscopic screening for colorectal cancer at 50-54 yrs old IN Women over 40 years old		Increases Costs, Decreases Health	Ness et al., 2000 (294)
Diagnostic or palliative surgery VERSUS Nonoperative therapy IN Patients with locally recurrent rectal carcinoma undergoing surgical evaluation	-131820	Increases Costs, Decreases Health	Miller et al., 2000 (295)
Surgical resection VERSUS Nonoperative therapy IN Patients with locally recurrent rectal carcinoma undergoing surgical evaluation	56697	82000	Miller et al., 2000 (295)
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	17600	26000	Gazelle et al., 2003 (296)
Preoperative radiotherapy plus total mesorectal excision (TME) VERSUS TME without preoperative radiotherapy IN Rectal cancer patients	25100	33000	van den Brink et al., 2004 (297)
Preoperative radiotherapy plus total mesorectal excision (TME) VERSUS TME without preoperative radiotherapy IN Rectal cancer patients with microscopically negative metastases at surgery	29700	39000	van den Brink et al., 2004 (297)
Preoperative radiotherapy plus total mesorectal excision (TME) VERSUS TME without preoperative radiotherapy IN Rectal cancer patients with microscopically positive or incomplete local resection	3600	4700	van den Brink et al., 2004 (297)
Preoperative radiotherapy plus total mesorectal excision (TME) VERSUS TME without preoperative radiotherapy IN Rectal cancer patients with distant metastases at surgery	-26800	Increases Costs, Decreases Health	van den Brink et al., 2004 (297)
Standard follow up VERSUS Simplified follow-up IN Patient with invasive adenocarcinomas recorded in the final data set of colorectal cancer, post surgery. (all populations) - age 75+	3529	5100	Borie et al., 2004 (298)

Standard follow up VERSUS Simplified follow-up IN Patient with invasive adenocarcinomas recorded in the final data set of colorectal cancer (Duke's grade A) - age 75+	-9044	Increases Costs, Decreases Health	Borie et al., 2004 (298)
Standard follow up VERSUS Simplified follow-up IN Patient with invasive adenocarcinomas recorded in the final data set of colorectal cancer. (Duke's grade B) - age 75+	9730	14000	Borie et al., 2004 (298)
Standard follow up VERSUS Simplified follow-up IN Patient with invasive adenocarcinomas recorded in the final data set of colorectal cancer. (Duke's grade C) - age 75+	921	1300	Borie et al., 2004 (298)
Asprin for colorectal carcinoma chemoprevention VERSUS Celecoxib IN Healthy men - age 50	-774067	Cost-Saving	Hur et al., 2004 (299)
Standard care VERSUS Simplified follow up IN Patients who underwent curative resection of colorectal cancer and now in follow up (all stages)	3529	5100	Borie et al., 2004 (300)
Irinotecan once every 3 weeks (350 mg/m^2 or 300 mg/m^2) VERSUS Irinotecan weekly (125 mg/m^2 once a week for four weeks) followed by a two week break IN Patients with advanced colorectal carcinoma - age 70 or over	78627	Cost-Saving	Earle et al., 2004 (301)
Radiofrequency ablation (RF) for up to 5 metastases with 12 month follow up VERSUS RF for up to 3 metastases with 12 month follow up IN Patients with metachronous liver metastases from colorectal carcinoma	519	750	Gazelle et al., 2004 (302)
Radiofrequency ablation (RF) for up to 6 metastases with 12 month follow up VERSUS RF for up to 5 metastases with 12 month follow up IN Patients with metachronous liver metastases from colorectal carcinoma	1300	1900	Gazelle et al., 2004 (302)
Hepatic resection for up to 6 metastases with 12 month follow up VERSUS Radiofrequency ablation (RF) for up to 6 metastases with 12 month follow up IN Patients with metachronous liver metastases from colorectal carcinoma	16900	25000	Gazelle et al., 2004 (302)
Hepatic resection for up to 6 metastases with 4 month follow up VERSUS Hepatic resection for up to 6 metastases with 12 month follow	31200	45000	Gazelle et al., 2004 (302)

up IN Patients with metachronous liver metastases from colorectal carcinoma			
Oncovax vaccination VERSUS Surgery IN Patients with stage II (Dukes B2 or B3) colon cancer	22462	29000	Uyl-de Groot et al., 2005 (303)
FOLFOX- Oxaliplatin and infusional fluorouracil (FU) with leucovorin (LV) (FU/LV) VERSUS IFL- Irinotecan plus infusional fluorouracil (FU) with leucovorin (LV) (FU/LV) IN U.S. patients with metastatic colorectal carcinoma eligible for first-line chemotherapy	111890	140000	Hillner et al., 2005 (304)
Adjuvant oral capecitabine VERSUS Intravenous 5-flourouracil/leucovorin IN Patients with Dukes' C (stage III) colon cancer: healthcare perspective	-8866	Cost-Saving	Cassidy et al., 2006 (305)
Adjuvant oral capecitabine VERSUS Intravenous 5-flourouracil/leucovorin IN Patients with Dukes' C (stage III) colon cancer: societal perspective	-12065	Cost-Saving	Cassidy et al., 2006 (305)
VERSUS IN Patients with completely resected stage III colon cancer in England and Wales - mean age 60	5444	6800	Eggington et al., 2006 (306)
VERSUS IN Patients with completely resected stage III colon cancer in England and Wales - mean age 60	-6210	Cost-Saving	Eggington et al., 2006 (306)
VERSUS IN Individuals aged 60-69 without polyps or cancer through to the development of adenomatous polyps and malignant carcinoma and subsequent death in the general population of England	4305	5200	Tappenden et al., 2007 (307)
VERSUS IN Individuals aged 55 without polyps or cancer through to the development of adenomatous polyps and malignant carcinoma and subsequent death in the general population of England	-1940	Cost-Saving	Tappenden et al., 2007 (307)

VERSUS IN Individuals aged 60 without polyps or cancer through to the development of adenomatous polyps and malignant carcinoma and subsequent death in the general population of England	-2348	Cost-Saving	Tappenden et al., 2007 (307)
VERSUS IN Individuals aged 61-70 without polyps or cancer through to the development of adenomatous polyps and malignant carcinoma and subsequent death in the general population of England	-124	Cost-Saving	Tappenden et al., 2007 (307)
VERSUS IN Individuals aged 50-69 without polyps or cancer through to the development of adenomatous polyps and malignant carcinoma and subsequent death in the general population of England	5369	6500	Tappenden et al., 2007 (307)
Cetuximab plus irinotecan VERSUS Active/best supportive care (ASC/BSC) IN Patients with metastatic (late stage) colorectal cancer who have failed previous chemotherapy treatment	105595	130000	Starling et al., 2007 (308)
Oxaliplatin/5-fluorouracil/leucovorin (FU/LV) (FOLFOX4) as adjuvant treatment VERSUS 5-FU/LV alone IN Patients with early colon cancer (TNM stage II and III)	22804	28000	Aballéa et al., 2007 (309)
Treatment with Oxaliplatin in combination with infusional 5-FU/FA VERSUS Infusional 5-FU/FA IN British stage III Colon Cancer patients	7855	10000	Aballéa et al., 2007 (310)
Genetic screening of children of MUYTH associated polyposis with population screening using fecal occult blood testing VERSUS No screening IN Children of MUYTH associated polyposis (MAP) patients	32035	38000	Nielsen et al., 2007 (311)
Genetic screening of children of MUYTH associated polyposis VERSUS No screening IN Children of MUYTH associated polyposis (MAP) patients	31407	37000	Nielsen et al., 2007 (311)

Genetic screening of children of MUYTH associated polyposis with heterozygote MUYTH index patient VERSUS No screening IN Children of MUYTH associated polyposis (MAP) patients	64699	76000	Nielsen et al., 2007 (311)
Laparoscopic-assisted colectomy VERSUS Open colectomy IN Patients with colon cancer	46759	59000	Hayes et al., 2007 (312)
Colonic stenting as a bridge to definitive surgery VERSUS Emergency surgery IN 70 year old patients with complete emergent malignant left colonic obstruction secondary to a left-sided colon cancer, worse physiological status secondary to large-bowel obstruction (LBO) and baseline American Society of Anesthesiology (ASA) score of 3	-4333	Cost-Saving	Govindarajan et al., 2007 (313)
Colonic stenting as a bridge to definitive surgery VERSUS Emergency surgery IN 70 year old patients with complete emergent malignant left colonic obstruction secondary to a left-sided colon cancer, minimally impaired by large-bowel obstruction (LBO) and no elevated and American Society of Anesthesiology (ASA) score	-41848	Cost-Saving	Govindarajan et al., 2007 (313)
First line bevacizumab in combination with irrotecan and 5FU/LV VERSUS Irrotecan and 5FU/LV and placebo IN Patients with untreated metastatic colorectal cancer in England or Wales	115217	140000	Tappenden et al., 2007 (314)
First line bevacizumab in combination with irrotecan and 5-FU/LV VERSUS 5-FU/LV alone IN Patients with untreated metastatic colorectal cancer in England or Wales	162103	200000	Tappenden et al., 2007 (314)
Laparoscopic surgery VERSUS Open surgery IN Colorectal cancer patients		Increases Costs, Decreases Health	de Verteuil et al., 2007 (315)

Diagnostic laparascopy to determine if liver metastases resectable; laparotomy if liver metastases determined resectable VERSUS Laparotomy IN Colorectal cancer patients with hepatic metastases deemed resectable on pre-operative imageing	-25000	Cost-Saving	Karuna et al., 2008 (316)
Oral capecitabine (8 cycles, 1250 mg/m2 twice daily) VERSUS Rapid-infusion intravenous (IV) leucovorin (LV) (6 cycles, 20 mg/m2) followed immediately by an IV bolus of fluorouracil (FU) (425 mg/m2) IN Patients with resected, histologically confirmed Dukes' C colon carcinoma in Italy	-427	Cost-Saving	Di Costanzo et al., 2008 (317)
Oral uracil-tegafur adjuvant chemotherapy, 400 mg/m^-2 a day for 1 year VERSUS Surgery only (total mesorectal excision) IN Japanese patients with stage III colorectal cancer, 5.6 years of observation	-5014	Cost-Saving	Hisashige et al., 2008 (318)
Oral uracil-tegafur adjuvant chemotherapy, 400 mg/m^-2 a day for 1 year VERSUS Surgery only (total mesorectal excision) IN Japanese patients with stage III colorectal cancer,10 year follow up	-1802	Cost-Saving	Hisashige et al., 2008 (318)
Oral uracil-tegafur adjuvant chemotherapy, 400 mg/m^-2 a day for 1 year VERSUS Surgery only (total mesorectal excision) IN Japanese patients with stage III colorectal cancer,lifetime horizon	-788	Cost-Saving	Hisashige et al., 2008 (318)
FOLFOX regimen: (oxaliplatin 85 mg/m2 on day 1 plus LV5FU2) VERSUS FOLFIRI regimen: irinotecan 180 mg/m2 on day 1 with leucovorin (LV) 100 mg/m2 administered as a 2-hour infusion before 5-fluorouracil (5-FU) 400 mg/m2 administered as an intravenous bolus injection, followed by 5-FU 600 mg/m2 as a 22-hour infusion immediately after 5-FU bolus injection on days 1 and 2 (LV5FU2) IN United States patients with metastatic colorectal cancer	65170	74000	Tumeh et al., 2009 (319)
Pharmacogenetic testing for uridine diphosphate glucuronosyltransferase 1A1 (UGT1A1*28) before irinotecan administration VERSUS Usual care- patients received a full dose of irinotecan IN US patients with metastatic colorectal cancer who were treated with combined 5-fluorouracil, leucovorin, and irinotecan	-1360000	Cost-Saving	Gold et al., 2009 (320)

Oral capecitabine VERSUS Intravenous bolus 5-fluorouracil/l-leucovorin (FU/LV) IN Patients with colon cancer in Japan	-1	Cost-Saving	Shiroiwa et al., 2009 (321)
Cetuximab plus best supportive care VERSUS Best supportive care alone IN Patients with advanced (chemorefractory) colorectal cancer (entire study population)	280423	320000	Mittmann et al., 2009 (322)
Cetuximab plus best supportive care VERSUS Best supportive care alone IN Patients with advanced (chemorefractory) colorectal cancer (only patients with wild-type KRAS tumors)	174799	200000	Mittmann et al., 2009 (322)
Colorectal follow-up with nurse at a special clinic VERSUS No follow-up treatment IN Colorectal cancer patients with high-risk	4019	4700	Jeyarajah et al., 2009 (323)
Colorectal follow-up with nurse at a special clinic VERSUS No follow-up treatment IN Colorectal cancer patients with low-risk	3528	4100	Jeyarajah et al., 2009 (323)
Universal immunohistochemistry (IHC) testing, BRAF testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	26632	30000	Mvundura et al., 2010 (324)
Universal immunohistochemistry (IHC) testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	27519	31000	Mvundura et al., 2010 (324)
Universal microsatellite instability (MSI) testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	48983	56000	Mvundura et al., 2010 (324)

Universal genetic sequencing for 4 genes VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	167901	190000	Mvundura et al., 2010 (324)
Universal immunohistochemistry (IHC) testing and sequencing VERSUS Universal immunohistochemistry (IHC) testing, BRAF testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	323220	370000	Mvundura et al., 2010 (324)
Universal microsatellite instability (MSI) testing and sequencing VERSUS Universal immunohistochemistry (IHC) testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	902602	1000000	Mvundura et al., 2010 (324)
Universal genetic sequencing for 4 genes VERSUS Universal microsatellite instability (MSI) testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	869689	990000	Mvundura et al., 2010 (324)
Age-targeted immunohistochemistry (IHC) testing, BRAF testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	9242	11000	Mvundura et al., 2010 (324)
Age-targeted immunohistochemistry (IHC) testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	9374	11000	Mvundura et al., 2010 (324)

Age-targeted microsatellite instability (MSI) testing and sequencing VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	13782	16000	Mvundura et al., 2010 (324)
Age-targeted genetic sequencing for 4 genes VERSUS No testing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	52984	60000	Mvundura et al., 2010 (324)
Age-targeted immunohistochemistry (IHC) testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing, BRAF testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	71471	82000	Mvundura et al., 2010 (324)
Age-targeted microsatellite instability (MSI) testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	199308	230000	Mvundura et al., 2010 (324)
Age-targeted genetic sequencing for 4 genes VERSUS Age-targeted microsatellite instability (MSI) testing and sequencing IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) younger than 50 years and testing and surveillance for CRC among their first-degree relatives	298119	340000	Mvundura et al., 2010 (324)
Universal immunohistochemistry (IHC) testing, BRAF testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing, BRAF testing and sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	43672	50000	Mvundura et al., 2010 (324)

Universal immunohistochemistry (IHC) testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing and then sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	45325	52000	Mvundura et al., 2010 (324)
Universal microsatellite instability (MSI) testing and sequencing VERSUS Age-targeted microsatellite instability (MSI) testing and sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	83535	95000	Mvundura et al., 2010 (324)
Universal genetic sequencing for 4 genes VERSUS Age-targeted genetic sequencing for 4 genes among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	279988	320000	Mvundura et al., 2010 (324)
Universal microsatellite instability (MSI) testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing and sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	1599974	1800000	Mvundura et al., 2010 (324)
Universal immunohistochemistry (IHC) testing and sequencing VERSUS Age-targeted immunohistochemistry (IHC) testing, BRAF testing and sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	507368	580000	Mvundura et al., 2010 (324)
Universal genetic sequencing for 4 genes VERSUS Age-targeted microsatellite instability (MSI) testing and sequencing among patients younger than 50 years IN Lynch syndrome testing among newly diagnosed individuals with colorectal cancer (CRC) and testing and surveillance for CRC among their first-degree relatives	1407238	1600000	Mvundura et al., 2010 (324)

Oxaliplatin/5-Fluorouracil/Leucovorin in the Treatment of Colon Cancer VERSUS 5-Fluorouracil/Leucovorin in the Treatment of Colon Cancer IN Stage 2 or Stage 3 (II or III) colorectal cancer patients treated within the Canadian healthcare system, aged 18 to 75 y.o. who have undergone surgical resection within past 7 weeks.	21261	25000	Attard et al., 2010 (325)
Screen high-risk patients every 3 years and all others every ten years (3/10) VERSUS Screen all patients with colonoscopy every ten years (10/10) IN 50-year-old newly diagnosed with colonic adenomas	5743	6300	Saini et al., 2010 (326)
Screen high-risk patients every 3 years and all others every 5 years (3/5) VERSUS Screen high-risk patients every 3 years and all others every ten years (3/10) IN 50-year-old newly diagnosed with colonic adenomas	296266	330000	Saini et al., 2010 (326)
Screen high-risk patients every 3 years and all others every 5 years (3/5) VERSUS Screen high-risk patients every 3 years and all others every 3 years (3/3) IN 50-year-old newly diagnosed with colonic adenomas	-767826	Increases Costs, Decreases Health	Saini et al., 2010 (326)
Treatment with chemotherapeutic agents VERSUS No treatment of chemotherapeutic agents IN 12473 patients aged 66 and older diagnosed with stage IV colorectal cancer between January 1, 1995 and December 31, 2005.	99100	120000	Howard et al., 2010 (327)
Colorectal cancer screening with CT colonography every 10 years VERSUS Screening with fecal occult blood testing (FOBT) biennially IN UK adults aged 60-69 years	-1101	Cost-Saving	Lee et al., 2010 (328)
Colorectal cancer screening with optical colonoscopy VERSUS Screening with fecal occult blood testing (FOBT) biennially IN UK adults aged 60-69 years	56056	64000	Lee et al., 2010 (328)
Colorectal cancer screening with flexible sigmoidoscopy VERSUS Screening with CT colonography every 10 years IN UK adults aged 60-69 years	-36036	Increases Costs, Decreases Health	Lee et al., 2010 (328)
Fecal ummunichemical test annually VERSUS Low-sensitivity guaiac fecal occult blood test annually IN People aged 50 years with risk of colorectal cancer in Canada	572	650	Telford et al., 2010 (329)
Colonoscopy every 10 years VERSUS Fecal immunichemical test annually IN People aged 50 years with risk of colorectal cancer in Canada	4305	4900	Telford et al., 2010 (329)

Low-sensitivity guaiac fecal occult blood test annually VERSUS No screening test IN People aged 50 years with risk of colorectal cancer in Canada	8572	9800	Telford et al., 2010 (329)
No Screening VERSUS Mid performance fecal immunochemical tests (FIT) IN Average-risk patients aged 50-64 years	-1427	Increases Costs, Decreases Health	Heitman et al., 2010 (330)
High performance fecal immunochemical tests (FIT) VERSUS Mid performance fecal immunochemical tests (FIT) IN Average-risk patients aged 50-64 years	99609	110000	Heitman et al., 2010 (330)
Colonoscopy VERSUS Mid performance fecal immunochemical tests (FIT) IN Average-risk patients aged 50-64 years	-63023	Increases Costs, Decreases Health	Heitman et al., 2010 (330)
Performing KRAS testing for cetuximab with irinotecan combination therapy VERSUS Best supportive care (NoKRAS test, no treatment) IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	37599	41000	Health Quality Ontario et al., 2010 (331)
Cetuximab with irinotecan combination therapy VERSUS Performing KRAS testing for cetuximab with irinotecan combination therapy IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	143844	160000	Health Quality Ontario et al., 2010 (331)
Performing KRAS testing for cetuximab therapy VERSUS Best supportive care (NoKRAS test, no treatment) IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	48244	53000	Health Quality Ontario et al., 2010 (331)
Cetuximab therapy VERSUS Performing KRAS testing for cetuximab therapy IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	-1085168	Increases Costs, Decreases Health	Health Quality Ontario et al., 2010 (331)
Panitumumab therapy VERSUS Performing KRAS testing for panitumumab therapy IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	271353	300000	Health Quality Ontario et al., 2010 (331)

Performing KRAS testing for panitumumab therapy VERSUS Best supportive care (No KRAS test, no treatment) IN Patients diagnosed with stage IV metastatic colorectal cancer (mCRC) refractory to chemotherapy	42076	46000	Health Quality Ontario et al., 2010 (331)
Oxaliplatin (FOLFOX) with bevacizumab followed by irinotecan (FOLFIR) VERSUS Oxaliplatin (FOLFOX) followed by irinotecan (FOLFIR) IN Indian patients with metastatic colorectal cancer	9300	10000	Dranitsaris et al., 2011 (332)
Peri-operative (heptatectomy) chemotherapy VERSUS Post-operative (heptatectomy) chemotherapy IN Italian patients with cancer of the liver and candidates for hepatectomy	12576	14000	Ercolani et al., 2011 (333)
KRAS mutation testing followed by cetuximab in patients tested positive VERSUS KRAS and BRAF mutation testing followed by cetuximab in patients tested positive IN Metastatic colorectal cancer (mCRC) patients aged 50 years	414946	450000	Blank et al., 2011 (334)
No testing and treatment with cetuximab VERSUS KRAS mutation testing followed by cetuximab in patients tested positive IN Metastatic colorectal cancer (mCRC) patients aged 50 years	397151	430000	Blank et al., 2011 (334)
KRAS and BRAF mutation testing followed by cetuximab in patients tested positive VERSUS Best supportive care IN Metastatic colorectal cancer (mCRC) patients aged 50 years	82917	90000	Blank et al., 2011 (334)
Adjuvant therapy with capecitabine VERSUS Standard treatment-adjuvant therapy with intravenous bolus 5-fluorouracil (5-FU) and leucovorin (LU) for 6-8 months (either weekly or monthly) IN Patients with resected confirmed stage III colon carcinoma in Taiwan	-5399	Cost-Saving	Hsu et al., 2011 (335)
Screening plus celecoxib chemoprevention VERSUS Screening IN UK general population aged 50 - 60 years	82016	90000	Squires et al., 2011 (336)
Screening plus calcium chemoprevention VERSUS Screening IN UK general population aged 50 - 60 years	14431	16000	Squires et al., 2011 (336)
Screening plus aspirin chemoprevention VERSUS Screening IN UK general population aged 50 - 60 years	27242	30000	Squires et al., 2011 (336)
10,000 Steps of Ghent, a pedometer based community project VERSUS None IN 25-75 year old-women living in a mid-sized city	-5409	Cost-Saving	De Smedt et al., 2011 (337)

10,000 Steps of Ghent, a pedometer based community project VERSUS None IN 25-75 year-old men living in a mid-sized city	-5017	Cost-Saving	De Smedt et al., 2011 (337)
Conventional clinical assessment (CCA) + central venous pressure (CVP) + esophageal doppler monitoring (EDM) for hemodynamic control VERSUS Conventional clinical assessment (CCA) + central venous pressure (CVP) IN Patients undergoing colorectal resection	-5412	Cost-Saving	Maeso et al., 2011 (338)
Conventional clinical assessment (CCA) + central venous pressure (CVP) + esophageal doppler monitoring (EDM) for hemodynamic control VERSUS Conventional clinical assessment (CCA) IN Patients undergoing colorectal resection	-415	Cost-Saving	Maeso et al., 2011 (338)
Conventional clinical assessment (CCA) + esophageal doppler monitoring (EDM) for hemodynamic control VERSUS Conventional clinical assessment (CCA) IN Patients undergoing colorectal resection	-26233	Cost-Saving	Maeso et al., 2011 (338)
Conventional clinical assessment (CCA) + central venous pressure (CVP) + esophageal doppler monitoring (EDM) for hemodynamic control VERSUS Conventional clinical assessment (CCA) + esophageal doppler monitoring IN Patients undergoing colorectal resection	163	190	Maeso et al., 2011 (338)
Irinotecan-based regiment VERSUS 5-fluorouracil/leucovorin IN US elderly patients aged 66 years or over with stage IV colon cancer	1071750	1200000	Mullins et al., 2012 (339)
Oxaliplatin-based regiment VERSUS 5-fluorouracil/leucovorin IN US elderly patients aged 66 years or over with stage IV colon cancer	312725	350000	Mullins et al., 2012 (339)
Oxaliplatin-based regiment VERSUS Irinotecan-based regiment IN US elderly patients aged 66 years or over with stage IV colon cancer	160920	180000	Mullins et al., 2012 (339)
Annual immunohistochemical stool occult blood test (iFOBT) for colorectal cancer screening VERSUS None IN Adult population aged 50-75 years in Singapore	55000	60000	Dan et al., 2012 (340)
Double-contrast barium enema every 5 years for colorectal cancer screening VERSUS Annual immunohistochemical stool occult blood test (iFOBT) IN Adult population aged 50-75 years in Singapore	471542	Increases Costs, Decreases Health	Dan et al., 2012 (340)

Single colonoscopy at age 60 for colorectal cancer screening VERSUS Double-contrast barium enema every 5 years IN Adult population aged 50-75 years in Singapore	19000	21000	Dan et al., 2012 (340)
Sigmoidoscopy every 5 years for colorectal cancer screening VERSUS Single colonoscopy at age 60 IN Adult population aged 50-75 years in Singapore	91745	Increases Costs, Decreases Health	Dan et al., 2012 (340)
Sigmoidoscopy every 5 years plus annual immunohistochemistry stool occult blood test (iFOBT) for colorectal cancer screening VERSUS Sigmoidoscopy every 5 years IN Adult population aged 50-75 years in Singapore	44392	48000	Dan et al., 2012 (340)
Stool DNA screening every 5 years for colorectal cancer screening VERSUS Sigmoidoscopy every 5 years plus annual immunohistochemistry stool occult blood test (iFOBT) IN Adult population aged 50-75 years in Singapore		Increases Costs, Decreases Health	Dan et al., 2012 (340)
Colonoscopy every 10 years for colorectal cancer screening VERSUS Stool DNA every 5 years IN Adult population aged 50-75 years in Singapore	25223	27000	Dan et al., 2012 (340)
Computed tomographic colonography every 5 years for colorectal cancer screening VERSUS Colonoscopy every 10 years IN Adult population aged 50-75 years in Singapore		Increases Costs, Decreases Health	Dan et al., 2012 (340)
Single sigmoidoscopy at age 60 for colorectal cancer screening VERSUS None IN Adult population aged 50-75 years in Singapore	23667	26000	Dan et al., 2012 (340)
First-line doublet therapy with modification of de Gramont regimen (MdG) and oxaliplatin (OxMdG) VERSUS First-line fluorouracil until treatment failure followed by single agent irinotecan IN UK patients diagnosed with colorectal cancer	82459	91000	Manca et al., 2012 (341)
First-line modification of de Gramont regimen (MdG) regimen until treatment failure followed by doublet therapy with MdG and oxaliplatin (OxMdG regimen) VERSUS First-line fluorouracil until treatment failure followed by single agent irinotecan IN UK patients diagnosed with colorectal cancer	41809	46000	Manca et al., 2012 (341)

First-line modification of de Gramont regimen (MdG) regimen until treatment failure followed by doublet therapy with MdG and irinotecan (IrMdG regimen) VERSUS First-line fluorouracil until treatment failure followed by single agent irinotecan IN UK patients diagnosed with colorectal cancer	21683	24000	Manca et al., 2012 (341)
First-line combination therapy of fluorouracil plus irinotecan VERSUS First-line fluorouracil until treatment failure followed by single agent irinotecan IN UK patients diagnosed with colorectal cancer	21541	24000	Manca et al., 2012 (341)
Bevacizumab VERSUS Usual care IN Patients aged <70 years with newly-diagnosed metastatic colorectal cancer (mCRC) in Canada	54993	61000	Hedden et al., 2012 (342)
Bevacizumab VERSUS Usual care IN Patients aged <70 years with newly-diagnosed metastatic colorectal cancer (mCRC) who received doublet chemotherapy (5-FU/oxaliplatin or 5-FU/irinotecan) in Canada	37906	42000	Hedden et al., 2012 (342)
Biennial guaiac-based faecal occult blood test (gFOBT) with reflex faecal immunochemical tests (FIT) among 55-64 year individuals VERSUS None IN Adult population of Ireland	5320	5800	Sharp et al., 2012 (343)
Biennial guaiac-based faecal occult blood test (gFOBT) with reflex faecal immunochemical tests (FIT) among 65-74 year individuals VERSUS None IN Adult population of Ireland	11044	12000	Sharp et al., 2012 (343)
Biennial reflex faecal immunochemical tests (FIT) among 55-74 year individuals VERSUS None IN Adult population of Ireland	2497	2700	Sharp et al., 2012 (343)
Biennial reflex faecal immunochemical tests (FIT) among 55-64 year individuals VERSUS None IN Adult population of Ireland	2677	2900	Sharp et al., 2012 (343)
Biennial reflex faecal immunochemical tests (FIT) among 65-74 year individuals VERSUS None IN Adult population of Ireland	2500	2700	Sharp et al., 2012 (343)

Once-only flexible sigmoidoscopy (F-SIG) at age 60 VERSUS None IN Adult population of Ireland	867	950	Sharp et al., 2012 (343)
Once-only flexible sigmoidoscopy (F-SIG) at age 55 VERSUS None IN Adult population of Ireland	3916	4300	Sharp et al., 2012 (343)
Biennial guaiac-based faecal occult blood test (gFOBT) with reflex faecal immunochemical tests (FIT) among 55-74 year individuals VERSUS None IN Adult population of Ireland	6520	7200	Sharp et al., 2012 (343)
Flexible sigmoidoscopy at age 55 followed by immunochemical faecal occult blood test at age 56-74 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	1135	1200	Whyte et al., 2012 (344)
Flexible sigmoidoscopy at age 55 followed by immunochemical faecal occult blood test at age 60-74 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	1184	1300	Whyte et al., 2012 (344)
Flexible sigmoidoscopy at age 55 followed by immunochemical faecal occult blood test at age 60,65,70 years VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	3331	3600	Whyte et al., 2012 (344)
Fexible sigmoidoscopy at age 55 followed by immunochemical faecal occult blood test at age 66-74 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	2547	2800	Whyte et al., 2012 (344)
Flexible sigmoidoscopy at age 55 followed by guaiac faecal occult blood test at age 66-74 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	5700	6200	Whyte et al., 2012 (344)
Flexible sigmoidoscopy at age 55 and 65 years for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	6861	7400	Whyte et al., 2012 (344)

Flexible sigmoidoscopy at age 55 years for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	16724	18000	Whyte et al., 2012 (344)
Immunochemical faecal occult blood test at age 60-74 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	-2702	Cost-Saving	Whyte et al., 2012 (344)
Immunochemical faecal occult blood test at age 60-69 years (biennial) for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	-2386	Cost-Saving	Whyte et al., 2012 (344)
Immunochemical faecal occult blood test at age 60, 65, 70 years for colorectal cancer VERSUS Guaiac faecal occult blood test at age 60-74 years (biennial) IN General population with normal colon/rectal epithelium in England	-1029	Cost-Saving	Whyte et al., 2012 (344)
FOLFOX regimen: 5-fluorouracil/leucovorin (FU/LV) + oxaliplatin VERSUS Standard 5-fluorouracil/leucovorin (FU/LV) IN Patients with stage III colorectal cancer in Japan	2	2	Shiroiwa et al., 2012 (345)
Prediction tool/statistical model (MMRpro) + immunohistochemistry tumor-testing strategy VERSUS Referent strategy IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	50562	55000	Wang et al., 2012 (346)
Bethesda clinical guidelines + immunohistochemistry tumor-testing strategy VERSUS Prediction tool/statistical model (MMRpro) + immunohistochemistry tumor-testing strategy IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	65347	71000	Wang et al., 2012 (346)
Prediction tool/statistical model (MMRpro) + germline testing VERSUS Bethesda clinical guidelines + immunohistochemistry tumor-testing strategy IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	68384	74000	Wang et al., 2012 (346)

Bethesda clinical guidelines + germline testing VERSUS Prediction tool/statistical model (MMRpro) + germline testing IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	82864	90000	Wang et al., 2012 (346)
Combination of immunohistochemistry and BRAF gene tumor-testing strategies VERSUS Referent strategy IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	59719	65000	Wang et al., 2012 (346)
Combination of microsatellite instability testing and immunohistochemistry tumor-testing strategies VERSUS Combination of immunohistochemistry and BRAF gene tumor-testing strategies IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	179576	190000	Wang et al., 2012 (346)
Combination of microsatellite instability testing, immunohistochemistry, and BRAF gene tumor-testing strategies VERSUS Bethesda guidelines + germline testing IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	193343	210000	Wang et al., 2012 (346)
Upfront germline testing strategy VERSUS Combination of microsatellite instability testing, immunohistochemistry, and BRAF gene tumor-testing strategies IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	393303	430000	Wang et al., 2012 (346)
Upfront germline testing strategy VERSUS Combination of microsatellite instability testing and immunohistochemistry tumor-testing strategies IN Patients with newly diagnosed colorectal cancer and their relatives subject to different strategies for identifying Lynch syndrome	384821	420000	Wang et al., 2012 (346)
MMRpro/IHC (immunohistochemistry) clinical criteria and algorithm strategy for Lynch syndrome screening VERSUS None IN US men and women newly diagnosed with colorectal cancer and their relatives	50562	55000	Wang et al., 2012 (347)
Bethesda/IHC (immunohistochemistry) clinical criteria and algorithm strategy for Lynch syndrome screening VERSUS MMRpro/IHC (immunohistochemistry) clinical criteria and algorithm strategy IN US men and women newly diagnosed with colorectal cancer and their	65347	71000	Wang et al., 2012 (347)

relatives			
MMRpro/germline clinical criteria and algorithm strategy for Lynch syndrome screening VERSUS Bethesda/IHC (immunohistochemistry) clinical criteria and algorithm strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	68384	74000	Wang et al., 2012 (347)
Bethesda/germline clinical criteria and algorithm strategy for Lynch syndrome screening VERSUS MMRpro/germline clinical criteria and algorithm strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	82864	90000	Wang et al., 2012 (347)
Microsatellite instability testing (MSI) plus IHC/BRAF tumor testing strategy for identifying Lynch syndrome VERSUS Bethesda/germline clinical criteria and algorithm strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	193343	210000	Wang et al., 2012 (347)
Upfront germline testing for Lynch syndrome VERSUS Microsatellite instability testing (MSI) plus IHC/BRAF tumor testing strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	393303	430000	Wang et al., 2012 (347)
IHC/BRAF tumor testing strategy for identifying Lynch syndrome VERSUS None IN US men and women newly diagnosed with colorectal cancer and their relatives	59719	65000	Wang et al., 2012 (347)
Microsatellite instability testing (MSI) plus IHC/BRAF tumor testing strategy for identifying Lynch syndrome VERSUS IHC/BRAF tumor testing strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	179576	190000	Wang et al., 2012 (347)
Upfront germline testing for Lynch syndrome VERSUS Microsatellite instability testing (MSI) plus IHC/BRAF tumor testing strategy IN US men and women newly diagnosed with colorectal cancer and their relatives	384821	420000	Wang et al., 2012 (347)
Laparoscopic surgery VERSUS Open resection IN US patients with colon and rectal cancer	-4283000	Cost-Saving	Jensen et al., 2012 (348)
Colonoscopy performed every 10 years VERSUS Fecal immunochemical test performed annually IN Adults aged 50 years with average risk for colorectal cancer in Iran	4600	4800	Barouni et al., 2012 (349)

Fecal immunochemical test performed annually VERSUS Low-sensitivity guaiac fecal occult blood test screening strategy performed annually IN Adults aged 50 years with average risk for colorectal cancer in Iran	550	580	Barouni et al., 2012 (349)
Low-sensitivity guaiac fecal occult blood test screening strategy performed annually VERSUS None IN Adults aged 50 years with average risk for colorectal cancer in Iran	10533	11000	Barouni et al., 2012 (349)
Multigene recurrence score (RS) assay for patients recently diagnosed with stage II colon cancer eligible for adjuvant chemotherapy VERSUS Examination of guideline-recommended clinicopathological factors ((tumor stage, lymph nodes examined, tumor grade and lymphovascular invasion) IN Patients with stage II colon cancer (T3,proficient DNA mismatch repair) who have undergone surgery with lymphovascular invasion and high grade tumor	-84886	Cost-Saving	Hornberger et al., 2012 (350)
Fecal occult blood testing (FOBT) yearly VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-6171	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-2974	Cost-Saving	Sharaf et al., 2013 (351)
Colonoscopy every 10 years VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	2640	2900	Sharaf et al., 2013 (351)
Fecal immunochemical testing (FIT) yearly VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-6468	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-1775	Cost-Saving	Sharaf et al., 2013 (351)
Fecal occult blood testing (FOBT) yearly VERSUS Flexible sigmoidoscopy (FS) once in lifetime IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-3391	Cost-Saving	Sharaf et al., 2013 (351)

Flexible sigmoidoscopy (FS) every 5 years VERSUS Flexible sigmoidoscopy (FS) once in lifetime IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	1700	1800	Sharaf et al., 2013 (351)
Colonoscopy every 10 years VERSUS Flexible sigmoidoscopy (FS) once in lifetime IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	9600	10000	Sharaf et al., 2013 (351)
Fecal immunochemical testing (FIT) yearly VERSUS Flexible sigmoidoscopy (FS) once in lifetime IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-4409	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS Flexible sigmoidoscopy (FS) once in lifetime IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	2580	2800	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years VERSUS Fecal occult blood testing (FOBT) yearly IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	105000	110000	Sharaf et al., 2013 (351)
Colonoscopy every 10 years VERSUS Fecal occult blood testing (FOBT) yearly IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	67300	73000	Sharaf et al., 2013 (351)
Fecal immunochemical testing (FIT) yearly VERSUS Fecal occult blood testing (FOBT) yearly IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-8365	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS Fecal occult blood testing (FOBT) yearly IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	23200	25000	Sharaf et al., 2013 (351)
Colonoscopy every 10 years VERSUS Flexible sigmoidoscopy (FS) every 5 years IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	56800	62000	Sharaf et al., 2013 (351)

Fecal immunochemical testing (FIT) yearly VERSUS Flexible sigmoidoscopy (FS) every 5 years IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-35000	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS Flexible sigmoidoscopy (FS) every 5 years IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	6660	7200	Sharaf et al., 2013 (351)
Fecal immunochemical testing (FIT) yearly VERSUS Colonoscopy every 10 years IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-536923	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS Colonoscopy every 10 years IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-130385	Cost-Saving	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) every 5 years and Fecal immunochemical testing (FIT) every 3 years VERSUS Fecal immunochemical testing (FIT) yearly IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	271000	290000	Sharaf et al., 2013 (351)
Flexible sigmoidoscopy (FS) once in lifetime VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States; Other- 50-80 years.	-10496	Cost-Saving	Sharaf et al., 2013 (351)
5-fluorouracil, leucovorin (5FU/LV) and oxaliplatin (FOLFOX) VERSUS 5-fluorouracil, leucovorin (5FU/LV) IN Specific disease- Stage II colon cancer; Age- 41 to 64 years; Gender- Both; Country- United States; Other- undergone an uncomplicated hemicolectomy.	54359	62000	Ayvaci et al., 2013 (352)
5-fluorouracil, leucovorin (5FU/LV) VERSUS None IN Specific disease- Stage II colon cancer; Age- 41 to 64 years; Gender- Both; Country- United States; Other- undergone an uncomplicated hemicolectomy.	14584	17000	Ayvaci et al., 2013 (352)

Cetuximab for third and further lines of treatment for KRAS wild-type VERSUS Standard/Usual care- best supportive care IN Specific disease- Metastatic Colorectal Cancer; Age- Adult; Gender- Both; Country- United Kingdom.	152409	160000	Hoyle et al., 2013 (353)
Panitumumab for third and further lines of treatment for KRAS wild-type VERSUS Standard/Usual care- best supportive care IN Specific disease- Metastatic Colorectal Cancer; Age- Adult; Gender- Both; Country- United Kingdom.	300004	320000	Hoyle et al., 2013 (353)
Cetuximab plus irinotecan for third and further lines of treatment for KRAS wild-type VERSUS Standard/Usual care- best supportive care IN Specific disease- Metastatic Colorectal Cancer; Age- Adult; Gender- Both; Country- United Kingdom; Other- the median age varied from 59 to 63 years.	141179	150000	Hoyle et al., 2013 (353)
Annual fecal immunological test (FIT)/annual fecal immunological test and colonoscopy at age 66 (COLOx1) for colorectal cancer VERSUS Fecal immunological test (FIT) IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	9700	11000	Dinh et al., 2013 (354)
Concurrent fecal immunological test (FIT)/sigmoidoscopy for colorectal cancer VERSUS Annual fecal immunological test (FIT)/annual fecal immunological test and colonoscopy at age 66 (COLOx1) IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	11300	12000	Dinh et al., 2013 (354)
Concurrent fecal immunological test (FIT)/sigmoidoscopy for colorectal cancer VERSUS Annual fecal immunological test (FIT) IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	9900	11000	Dinh et al., 2013 (354)
Colonoscopy for colorectal cancer VERSUS Annual fecal immunological test (FIT) IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	16400	18000	Dinh et al., 2013 (354)
Colonoscopy for colorectal cancer VERSUS Annual fecal immunological test and colonoscopy at age 66 (FIT/COLOx1) IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- United States.	35100	38000	Dinh et al., 2013 (354)
Colonoscopy for colorectal cancer VERSUS Concurrent annual fecal immunological (FIT)/sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	51000	55000	Dinh et al., 2013 (354)

Concurrent fecal immunological test (FIT)/sigmoidoscopy for colorectal cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Concurrent fecal immunological test (FIT)/sigmoidoscopy for colorectal cancer VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Fecal immunological test (FIT) for colorectal cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Sigmoidoscopy for colorectal cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Colonoscopy for colorectal cancer VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Colonoscopy for colorectal cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Annual fecal immunological test (FIT)/annual fecal immunological test and colonoscopy at age 66 (COLOx1) for colorectal cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Annual fecal immunological test (FIT) for colorectal cancer VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Annual fecal immunological test (FIT)/annual fecal immunological test and colonoscopy at age 66 (COLOx1) for colorectal cancer VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.		Cost-Saving	Dinh et al., 2013 (354)
Open colectomy VERSUS None IN Specific disease- Colorectal cancer; Age- Adult; Gender- Both; Country- Greece.	31116	33000	Michalopoulos et al., 2013

			(355)
Laproscopic colectomy VERSUS None IN Specific disease- Colorectal cancer; Age- Adult; Gender- Both; Country- Greece.	47897	50000	Michalopoulos et al., 2013 (355)
Fluoropyrimidines + Oxaliplatin, Scenario 1 VERSUS fluoropyrimidines IN Specific disease- Stage III Colon Cancer; Age- Adult; Gender- Both; Country- Netherlands.	12558	13000	van Gils et al., 2013 (356)
Fluoropyrimidines + Oxaliplatin, Scenario 3 VERSUS fluoropyrimidines IN Specific disease- Stage III Colon Cancer; Age- Adult; Gender- Both; Country- Netherlands.	10786	11000	van Gils et al., 2013 (356)
Fluoropyrimidines + Oxaliplatin, Scenario 2 VERSUS fluoropyrimidines IN Specific disease- Stage III Colon Cancer; Age- Adult; Gender- Both; Country- Netherlands.	12580	13000	van Gils et al., 2013 (356)
Fluoropyrimidines + Oxaliplatin, Scenario 4 VERSUS fluoropyrimidines IN Specific disease- Stage III Colon Cancer; Age- Adult; Gender- Both; Country- Netherlands.	16390	17000	van Gils et al., 2013 (356)
Advance notification letter prior to colorectal cancer screening VERSUS current practice in the National Bowel Cancer Screening Program (NBSC) in which NO advanced letter is sent IN Healthy; Age-; Gender- Not Specified; Country- Australia.	5519	6100	Cronin et al., 2013 (357)
No stenting for patients presenting with emergency symptoms VERSUS Standard/Usual Care- CT scan IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	2363	2500	Tappenden et al., 2013 (358)
Preoperative chemoradiation VERSUS Preoperative radiotherapy IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	29012	31000	Tappenden et al., 2013 (358)

Preoperative chemoradiation VERSUS Preoperative radiotherapy for patients presenting with locally advanced colorectal cancer IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	28980	30000	Tappenden et al., 2013 (358)
Hepatic arterial infusion VERSUS Standard/Usual Care- Best supportive care IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	177968	190000	Tappenden et al., 2013 (358)
Palliative chemotherapy VERSUS Standard/Usual Care- Best supportive care IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	26644	28000	Tappenden et al., 2013 (358)
Capecitabine plus oxaliplatin VERSUS Capecitabine IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	216483	230000	Tappenden et al., 2013 (358)
Capecitabine plus irinotecan VERSUS Capecitabine IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	30738	32000	Tappenden et al., 2013 (358)
Intense followup VERSUS Relaxed followup IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	24949	26000	Tappenden et al., 2013 (358)
No CT scan VERSUS Standard/Usual Care- CT scan IN Specific disease- colorectal cancer; Age- 0 to 18 years, 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	2363	2500	Tappenden et al., 2013 (358)
Methylated Septin 9 DNA plasma 2-well assay VERSUS Natural history IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	11500	12000	Ladabaum et al., 2013 (359)

Methylated Septin 9 DNA plasma 3-well assay VERSUS Natural history IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	8400	9100	Ladabaum et al., 2013 (359)
Simgoidoscopy VERSUS Fecal occult blood testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	105000	110000	Ladabaum et al., 2013 (359)
Colonoscopy VERSUS Natural history/no screening IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	2915	3200	Ladabaum et al., 2013 (359)
Colonoscopy VERSUS Fecal occult blood testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	67300	73000	Ladabaum et al., 2013 (359)
Colonoscopy VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	56800	62000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal occult blood testing VERSUS Natural history/no screening IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	708	770	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal occult blood testing VERSUS Fecal occult blood testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	36500	40000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal immunochemical testing VERSUS signmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	23600	26000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal occult blood testing VERSUS Fecal immunochemical testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	258000	280000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal immunochemical testing VERSUS Natural history/no screening IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	580	630	Ladabaum et al., 2013 (359)

Combination sigmoidoscopy/fecal immunochemical testing VERSUS Fecal occult blood testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	31500	34000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal immunochemical testing VERSUS Sigmoidoscopy IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	20000	22000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal immunochemical testing VERSUS Fecal immunochemical testeing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	130000	140000	Ladabaum et al., 2013 (359)
Combination sigmoidoscopy/fecal immunochemical testing VERSUS Combination sigmoidoscopy/fecal occult blood testing IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United States.	1429	1600	Ladabaum et al., 2013 (359)
Panitumumab + fluoropyrimidine-based chemotherapy (FBC) VERSUS Bevacizumab + fluoropyrimidine-based chemotherapy (FBC) IN Specific disease- colorectal cancer; Age- Adult; Gender- Both; Country- Canada.	-1222260	Increases Costs, Decreases Health	Lawrence et al., 2013 (360)
Cetuximab + Fluoropyrimidine-based chemotherapy (FBC) VERSUS Bevacizumab + fluoropyrimidine-based chemotherapy (FBC) IN Specific disease- colorectal cancer; Age- Adult; Gender- Both; Country- Canada.	3364416	3500000	Lawrence et al., 2013 (360)
Bevacizumab + fluoropyrimidine-based chemotherapy (FBC) VERSUS Fluoropyrimidine-based chemotherapy (FBC) IN Specific disease- colorectal cancer; Age- Adult; Gender- Both; Country- Canada.	133205	140000	Lawrence et al., 2013 (360)
Modified FOLFOX6 regimen VERSUS mFLOX regimen (20 mg/m2 leucovorin (LV) and 500 mg/m2 5-fluorouracil (5-FU) and 85 mg/m2 oxaliplatin) IN Specific disease- metastatic colorectal cancer; Age- 41 to 64 years, >=65 years; Gender- Both; Country- Brazil.	66186	70000	Nebuloni et al., 2013 (361)

Esophageal Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Endoscopic surveillance; esophagectomy for high-grade dysplasia VERSUS Endoscopic surveillance; esophagectomy for cancer IN 55-yo men with Barrett's esophagus		Cost-Saving	Provenzale et al., 1994 (362)
5-yr. endoscopic surveillance; esophagectomy for high-grade dysplasia VERSUS No surveillance; esophagectomy for high grade dysplasia IN 55-yo men with Barrett's esophagus	27400	50000	Provenzale et al., 1994 (362)
4-yr. endoscopic surveillance; esophagectomy for high-grade dysplasia VERSUS 5-yr. endoscopic surveillance; esophagectomy for high-grade dysplasia IN 55-yo men with Barrett's esophagus	276700	500000	Provenzale et al., 1994 (362)
1,2,3-yr. endoscopic surveillance; esophagectomy for high-grade dysplasia VERSUS 4-yr. endoscopic surveillance; esophagectomy for high-grade dysplasia IN 55-yo men with Barrett's esophagus		Increases Costs, Decreases Health	Provenzale et al., 1994 (362)
Surveillance every 1-5 years VERSUS No surveillance IN Barrett's esophagus patients	98000	150000	Provenzale et al., 1999 (363)
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	60544	83000	Wallace et al., 2002 (364)
Dysplasia-guided surveillance VERSUS Observation only IN Caucasian men with a history of gastroesophageal reflux disease (GERD) - age 50	14211	18000	Rubenstein et al., 2005 (365)
Biomarker-guided surveillance VERSUS Dysplasia-guided surveillance IN Caucasian men with a history of gastroesophageal reflux disease (GERD) - age 50	1704	2200	Rubenstein et al., 2005 (365)
Dysplasia-guided oesophagectomy VERSUS Observation only IN Caucasian men with a history of gastroesophageal reflux disease (GERD) - age 50	9055	12000	Rubenstein et al., 2005 (365)
Dysplasia-guided oesophagectomy VERSUS Biomarker- or dysplasia-guided surveillance IN Caucasian men with a history of gastroesophageal reflux disease (GERD) - age 50		Cost-Saving	Rubenstein et al., 2005 (365)
Covered self-expanding metal stents (SEMS) VERSUS Plastic stents IN	-179798	Cost-Saving	Rao et al.,

United Kingdom patients with esophageal cancer			2009 (366)
Covered self-expanding metal stents (SEMS) VERSUS Uncovered self-expanding metal stents (SEMS) IN United Kingdom patients with esophageal cancer	-559677	Cost-Saving	Rao et al., 2009 (366)
Ablation VERSUS Surveillance IN US patients older than 50 years of age diagnosed with Barrett's esophagus, low dysplasia	13000	14000	Inadomi et al., 2009 (367)
Ablation, radio frequency VERSUS Ablation, argon plasma coagulation IN US patients older than 50 years of age diagnosed with Barrett's esophagus, high grade dysplasia	5839	6400	Inadomi et al., 2009 (367)
Surveillance VERSUS Ablation without surveillance IN US patients older than 50 years of age diagnosed with Barrett's esophagus, no dysplasia	16286	18000	Inadomi et al., 2009 (367)
Esophagectomy VERSUS Endoscopic therapy IN 65 year old men with early esophageal adenocarcinoma in Barrett's esophagus who receive EMR and radiofrequency ablation	-35938	Increases Costs, Decreases Health	Pohl et al., 2009 (368)

Gastrointestinal and Hepatocellular Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Primary chemotherapy with ELF or FLv regimen, with best supportive care VERSUS Best supportive care IN Patients with surgically non-curable gastric cancer with no previous chemotherapy or other primary tumors	25893	44000	Glimelius et al., 1995 (369)
Primary chemotherapy with ELF or FLv regimen, with best supportive care VERSUS Best supportive care IN Patients with surgically non-curable pancreatic/biliary cancer with no previous chemotherapy or other primary tumors	104782	180000	Glimelius et al., 1995 (369)
Primary chemotherapy with ELF or FLv regimen, with best supportive care VERSUS Best supportive care IN Patients with surgically non-curable colorectal cancer with no previous chemotherapy or other primary tumors	13326	22000	Glimelius et al., 1995 (369)

Primary chemotherapy with ELF or FLv regimen, with best supportive care VERSUS Best supportive care IN Patients with surgically non-curable gastric, pancreatic/biliary, or colorectal cancer with no previous chemotherapy or other primary tumors	27136	46000	Glimelius et al., 1995 (369)
Living donor liver transplant VERSUS Cadaveric liver transplant IN living liver donors and patients with early hepatocellular carcinoma saving 2 months on the wait list	168700	250000	Sarasin et al., 2001 (370)
Living donor liver transplant VERSUS Cadaveric liver transplant IN living liver donors and patients with early hepatocellular carcinoma saving 7 months on the wait list	50000	73000	Sarasin et al., 2001 (370)
Living donor liver transplant VERSUS Cadaveric liver transplant IN living liver donors and patients with early hepatocellular carcinoma saving 12 months on the wait list	36400	53000	Sarasin et al., 2001 (370)
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	26689	37000	Arguedas et al., 2003 (371)
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	-4083	Increases Costs, Decreases Health	Arguedas et al., 2003 (371)
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	16605	23000	Arguedas et al., 2003 (371)
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	25232	35000	Arguedas et al., 2003 (371)

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	118000	160000	Arguedas et al., 2003 (371)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	23043	30000	Lin et al., 2004 (372)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	33083	43000	Lin et al., 2004 (372)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	73789	95000	Lin et al., 2004 (372)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	96727	120000	Lin et al., 2004 (372)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	36429	47000	Lin et al., 2004 (372)
VERSUS IN 40 years old patients with chronic hepatitis C and compensated cirrhosis	51750	67000	Lin et al., 2004 (372)
Surveillance followed by resection VERSUS Natural history IN Patients with HCV realted cirrhosis in the context of alternative hepatocellular carcinoma (HCC) treatment strategies	21063	29000	Patel et al., 2005 (373)
Surveillance followed by cadaveric liver transplantation VERSUS Surveillance followed by resection IN Patients with HCV realted cirrhosis in the context of alternative hepatocellular carcinoma (HCC) treatment strategies	51400	71000	Patel et al., 2005 (373)
Surveillance followed by cadaveric liver transplantion VERSUS Natural history IN Patients with HCV realted cirrhosis in the context of alternative hepatocellular carcinoma (HCC) treatment strategies	46700	64000	Patel et al., 2005 (373)

Surveillance followed by living donor liver transplantaion VERSUS Surveillance followed by cadaveric liver transplantion IN Patients with HCV realted cirrhosis in the context of alternative hepatocellular carcinoma (HCC) treatment strategies	58400	80000	Patel et al., 2005 (373)
Surveillance followed by living donor liver transplantation VERSUS Natural history IN Patients with HCV realted cirrhosis in the context of alternative hepatocellular carcinoma (HCC) treatment strategies	50400	69000	Patel et al., 2005 (373)
Imatinib mesylate treatment VERSUS No treatment IN Patients with unresectable GIST	38723	47000	Huse et al., 2007 (374)
Diagnosis with CT on neck, celiac lymph nodes, liver, and lungs VERSUS Diagnosis with CT of neck, celiac lymph, liver, and lung, and ultrasound of the supraclavicular lymph nodes (neck, CT) IN Patients with oesophageal or gastric cardia cancer	1050000	1300000	van Vliet et al., 2007 (375)
CT of neck, celiac lymph, liver, and lung, and ultrasound of the supraclavicular lymph nodes and liver VERSUS CT of neck, celiac lymph, liver, and lung, and ultrasound of the supraclavicular lymph nodes IN Patients with Oesophageal or gastric cardia cancer	94700	110000	van Vliet et al., 2007 (375)
CT of neck, celiac lymph, liver, and lung; Chest X-Ray of Lung, and ultrasound of the supraclavicular lymph nodes and liver VERSUS CT of neck, celiac lymph, liver, and lung, and ultrasound of the supraclavicular lymph nodes IN Patients with Oesophageal or gastric cardia cancer	100000	120000	van Vliet et al., 2007 (375)
Surgery VERSUS CT of neck, celiac lymph, liver, and lung, and ultrasound of the supraclavicular lymph nodes IN Patients with Oesophageal or gastric cardia cancer	365300	440000	van Vliet et al., 2007 (375)
VERSUS IN Patients with newly diagnosed hepatic malignancy	554	740	McKay et al., 2007 (376)
VERSUS IN Patients with newly diagnosed hepatic malignancy	4504	6000	McKay et al., 2007 (376)
VERSUS IN Patients with hepatic malignancy	19723	26000	McKay et

			al., 2007 (376)
Surveillance of hepatocellular carcinoma with ultrasonography every 6 months (no transplantation assumed) VERSUS No systemic surveillance of hepatocellular carcinoma IN 45 year old patients with Child-Pugh class A cirrhosis	29400	35000	Nouso et al., 2008 (377)
Surveillance of hepatocellular carcinoma with ultrasonography every 6 months (with transplantation) VERSUS No systemic surveillance of hepatocellular carcinoma IN 45 year old patients with Child-Pugh class A cirrhosis	59900	70000	Nouso et al., 2008 (377)
Serology screening for Helicobacter pylori VERSUS No screening for gastric cancer or Helicobacter pylori IN Singaporean Chinese at 40 years of age, prevalence of gastric cancer = 4.2 per 100,000	25881	30000	Xie et al., 2008 (378)
13C-urea breath test (UBT) for Helicobacter pylori VERSUS Serology screening for Helicobacter pylori IN Singaporean Chinese at 40 years of age, prevalence of gastric cancer = 4.2 per 100,000	471746	550000	Xie et al., 2008 (378)
Sunitinib VERSUS Best supportive care IN Canadian patients with gastrointestinal stromal tumor who are intolerant or resistant to imatinib mesylate (Glivec)	65980	80000	Chabot et al., 2008 (379)
6--months alpha-foetoprotein triage surveillance VERSUS 6-months ultrasound surveilllance IN Patients with compensated cirrhosis aged 70 years or less with no pre-existing medical condition that might preclude treatment with liver transplantation or hepatic resection	107823	140000	Thompson Coon et al., 2008 (380)
6--months alpha-foetoprotein triage surveillance VERSUS Annual alpha-foetoprotein triage surveillance IN Patients with compensated cirrhosis aged 70 years or less with no pre-existing medical condition that might preclude treatment with liver transplantation or hepatic resection	50774	64000	Thompson Coon et al., 2008 (380)

Annual alpha foetoprotein triage surveillance VERSUS No surveilllance IN Patients with compensated cirrhosis aged 70 years or less with no pre-existing medical condition that might preclude treatment with liver transplantation or hepatic resection	37943	48000	Thompson Coon et al., 2008 (380)
Single serology screening using enzyme-linked immunosorbent assay (ELISA) VERSUS None IN All Singapore Chinese males aged from 35 to 44	13571	16000	Xie et al., 2008 (381)
C-Urea breath test (UBT) VERSUS None IN All Singapore Chinese males aged from 35 to 44	32525	38000	Xie et al., 2008 (381)
C-Urea breath test (UBT) VERSUS Single serology screening using enzyme-linked immunosorbent assay (ELISA) IN All Singapore Chinese males aged from 35 to 44	390337	460000	Xie et al., 2008 (381)
Annual ultrasound surveillance VERSUS No surveillance IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	21200	27000	Andersson et al., 2008 (382)
Semi-annual ultrasound surveillance VERSUS Annual ultrasound surveillance IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	30700	38000	Andersson et al., 2008 (382)
Semiannual alpha-fetoprotein (AFP) and ultrasound surveillance (US) VERSUS Semi-annual ultrasound surveillance (US) IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	73500	92000	Andersson et al., 2008 (382)
Semi-annual CT scan VERSUS Semi-annual alpha-fetoprotein (AFP) and ultrasound surveillance (US) IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	281650	350000	Andersson et al., 2008 (382)
Semi-annual ultrasound surveillance VERSUS Annual CT scan IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	-45375	Cost-Saving	Andersson et al., 2008 (382)

Semi-annual ultrasound surveillance VERSUS Annual MRI IN United States patients with cirrhosis at high risk for hepatocellular carcinoma (HCC), over 50 years of age	-285267	Cost-Saving	Andersson et al., 2008 (382)
Sunitinib (50 mg/day, 4 weeks on and two weeks off) VERSUS Best supportive care IN Spanish patients with metastatic and/or unresectable gastrointestinal stroma tumours (GIST) after progression or intolerance with imatinib	67305	77000	Paz-Ares et al., 2008 (383)
Postoperative chemoradiotherapy VERSUS No additional treatment IN Patients with surgically resected stage IB to IV (MO) gastric adenocarcinoma	38400	44000	Wang et al., 2008 (384)
Hepatocellular carcinoma prevention VERSUS Current practice IN Asian born Australians at risk for hepatocellular cancer, aged 35 years or above	9762	11000	Robotin et al., 2009 (385)
Hepatocellular carcinoma prevention VERSUS Hepatocellular carcinoma surveillance IN Asian born Australians at risk for hepatocellular cancer, aged 35 years or above	5073	6000	Robotin et al., 2009 (385)
Hepatocellular carcinoma survelliance VERSUS Current practice IN Asian born Australians at risk for hepatocellular cancer, aged 35 years or above	302536	360000	Robotin et al., 2009 (385)
Stool antigen test (SAT) for the detection of Helicobacter pylori VERSUS No screening IN Male Canadians aged 35 years	28183	31000	Xie et al., 2009 (386)
13C-urea breath test(UBT) for the detection of Helicobacter pylori VERSUS No screening IN Male Canadians aged 35 years	47583	52000	Xie et al., 2009 (386)
13C-urea breath test(UBT) for the detection of Helicobacter pylori VERSUS Stool antigen test (SAT) for the detection of Helicobacter pylori IN Hypothetical cohort male 10,000 Canadians aged 35 years, without symptoms of infection	336404	370000	Xie et al., 2009 (386)
Serology test by enzyme-linkedimmunosorbentassay (ELISA) for the detection of Helicobacter pylori VERSUS No screening IN Male Canadians aged 35 years	31266	34000	Xie et al., 2009 (386)

Pancreaticoduocenectomy at stage III VERSUS Pancreaticoduocenectomy at cancer IN United States patients with familial adenomatous polyposis	49091	56000	Greenblatt et al., 2009 (387)
Pancreaticoduocenectomy at stage IV VERSUS Pancreaticoduocenectomy at cancer IN United States patients with familial adenomatous polyposis	3200	3700	Greenblatt et al., 2009 (387)
Sorafenib as neoadjuvant therapy before liver transplant VERSUS No bridging therapy in the first 6 months IN Italian patients with hepatocellular carcinoma on the waiting list for liver transplantation	197	220	Vitale et al., 2010 (388)
A two-stage screening, mass screening campaign and subsequent continuing surveillance for hepatocellular carcinoma (HCC) VERSUS Opportunistic screening alone IN All Taiwanese individuals born before 1984	14014	21000	Shih et al., 2010 (389)
Endoscopic surveillance of gastric ulcers VERSUS No Surveillance IN American females aged 60 years old or older, diagnosed with presumed-benign gastric ulcers, based on appearance and negative biopsy results	113100	130000	Yeh et al., 2010 (390)
Endoscopic surveillance of gastric ulcers VERSUS No Surveillance IN American males aged 60 years old or older, diagnosed with presumed-benign gastric ulcers, based on appearance and negative biopsy results	146700	170000	Yeh et al., 2010 (390)
Sunitinib maleate VERSUS Interferon-alfa IN Adults with confirmed metastatic renal cell carcinoma of clear cell histology who had not received previous systemic therapy for RCC	134994	150000	Chabot et al., 2010 (391)
Endoscopic mucosal resection (EMR) with surveillance every 5 years VERSUS Endoscopic mucosal resection (EMR) with surveillance every 10 years IN US men aged 50 years old and older diagnosed with intestinal dysplasia	20900	24000	Yeh et al., 2010 (392)

Endoscopic mucosal resection (EMR) with surveillance every 1 years VERSUS Endoscopic mucosal resection (EMR) with surveillance every 5 years IN US men aged 50 years old and older diagnosed with intestinal dysplasia	39800	45000	Yeh et al., 2010 (392)
Endoscopic mucosal resection (EMR) with surveillance every 1 year and post-treatment surveillance every 10 years VERSUS Endoscopic mucosal resection (EMR) with surveillance every 1 year IN US men aged 50 years old and older diagnosed with intestinal dysplasia	1048000	1200000	Yeh et al., 2010 (392)
Endoscopic mucosal resection (EMR) with surveillance every 10 years VERSUS No treatment or surveillance IN US men aged 50 years old and older diagnosed with intestinal metaplasia	544500	620000	Yeh et al., 2010 (392)
Endoscopic mucosal resection (EMR) with surveillance every 10 years and post-treatment surveillance every 10 years VERSUS Endoscopic mucosal resection (EMR) with surveillance every 10 years IN US men aged 50 years old and older diagnosed with intestinal metaplasia	25930000	30000000	Yeh et al., 2010 (392)
Endoscopic mucosal resection (EMR) with surveillance every 10 years VERSUS No treatment or surveillance IN US men aged 50 years old and older diagnosed with intestinal dysplasia	18600	21000	Yeh et al., 2010 (392)
Zoledronic acid (ZOL) (4 or 8 mg) VERSUS Placebo IN Renal cell carcinoma patients (median age 65) with bone metastasis in France	-12794	Cost-Saving	Botteman et al., 2010 (393)
Zoledronic acid (ZOL) (4 or 8 mg) VERSUS Placebo IN Renal cell carcinoma patients (median age 65) with bone metastasis in UK	-6722	Cost-Saving	Botteman et al., 2010 (393)
Zoledronic acid (ZOL) (4 or 8 mg) VERSUS Placebo IN Renal cell carcinoma patients (median age 65) with bone metastasis in Germany	-11522	Cost-Saving	Botteman et al., 2010 (393)
Sunitinib (50 mg/day, 6-week cycles, schedule 4/2) VERSUS Best supportive Care, diagnostic test and palliative management IN Cytokine-refractory metastatic renal cell carcinoma (mRCC) patients who were intolerant-to or experienced disease progression with IL-2 or interferon alfa in Spain	46885	54000	Paz-Ares et al., 2010 (394)

Immediate laparoscopic partial nephrectomy (LPN) VERSUS Observation IN US patients aged 65 years with an asymptomatic unilateral small renal mass with normal renal function and an unremarkable contralateral kidney.	36645	40000	Chang et al., 2011 (395)
Upper endoscopy screening with endoscopic surveillance of Barrett's esophagus VERSUS None or surveillance IN US patients aged 50 years undergoing colonscopy for colorectal cancer screening	95559	110000	Gupta et al., 2011 (396)
Upper endoscopy screening with endoscopic surveillance of Barrett's esophagus followed by endoscopic eradication therapy (EET) VERSUS None or surveillance IN US patients aged 50 years undergoing colonscopy for colorectal cancer screening	79882	88000	Gupta et al., 2011 (396)
Upper endoscopy screening without endoscopic surveillance of Barrett's esophagus VERSUS None or surveillance IN US patients aged 50 years undergoing colonscopy for colorectal cancer screening	115664	130000	Gupta et al., 2011 (396)
Chemotherapy + adjuvant trastuzumab VERSUS Chemotherapy IN Patients with HER-2-positive (human epidermal growth factor 2) gastric cancer confirmed with immunohistochemical (ICH) 2+ fluorescence in situ hybridization (FISH)+ or ICD 3+ in Japan	103660	110000	Shiroiwa et al., 2011 (397)
Chemotherapy + adjuvant trastuzumab VERSUS Chemotherapy IN Patients with HER-2-positive (human epidermal growth factor 2) gastric cancer confirmed with immunohistochemical 3+ in Japan	69297	75000	Shiroiwa et al., 2011 (397)
Chemotherapy + adjuvant trastuzumab VERSUS Chemotherapy IN Patients with HER-2-positive (human epidermal growth factor 2) gastric cancer in Japan	139051	150000	Shiroiwa et al., 2011 (397)
Primary orthotopic liver transplantation (POLT) for HCC within the Milan Criteria VERSUS Locoregional therapy (LRT) with radiofrequency ablation (RFA) followed by salvage orthotopic liver transplantation (SOLT) IN Patients aged 56 years with hepatocellular carcinoma (HCC), Child-Pugh	-25000	Cost-Saving	Landman et al., 2011 (398)

class A and hepatitis C virus (HCV)			
Primary orthotopic liver transplantation (POLT) for HCC within the Milan Criteria VERSUS Hepatic resection (HR) followed by salvage orthotopic liver transplantation (SOLT) IN Patients aged 56 years with hepatocellular carcinoma (HCC), Child-Pugh class A and hepatitis C virus (HCV)	-4167	Cost-Saving	Landman et al., 2011 (398)
Two stage screening for gastric cancer- consisting of epidemiological survey and serum pepsinogen (PG) test in the first stage and endoscopy and pathological examination in the second stage screening VERSUS None IN Population aged over 35 years with family history of gastric cancer and gastric illness or with evident gastric illness symptoms in northeastern China	459	610	Zhou et al., 2011 (399)
Primary systemic chemotherapy followed by loco-regional cytoreductive surgery (CRS) and early post-operative intraperitoneal chemotherapy (EPIC) VERSUS Palliative systemic chemotherapy IN Patients with peritoneal carcinomatosis from gastric cancer	175164	190000	Hultman et al., 2012 (400)
Surgical management, resectioning of hepatic tumors and thrombi (hepatectomy and thrombectomy) and postoperative systemic chemotherapy VERSUS Transarterial chemoembolization (TACE) and systemic chemotherapy IN Patients with hepatocellular carcinoma (HCC) as well as thrombi in the inferior vena cava (IVC) and hepatic vein (HV)	9264	10000	Liu et al., 2012 (401)
Contrast-enhanced ultrasonography (CEUS) surveillance for hepatocellular carcinoma VERSUS None IN Hepatitis C virus (HCV)-related liver cirrhosis (LC) patients	18384	20000	Tanaka et al., 2012 (402)
Contrast-enhanced ultrasonography (CEUS) surveillance for hepatocellular carcinoma VERSUS Ultrasonography (US) surveillance IN Hepatitis C virus (HCV)-related liver cirrhosis (LC) patients	24250	26000	Tanaka et al., 2012 (402)
Ultrasonography (US) surveillance for hepatocellular carcinoma VERSUS None IN Hepatitis C virus (HCV)-related liver cirrhosis (LC) patients	17296	19000	Tanaka et al., 2012

			(402)
Semi-annual surveillance for hepatocellular carcinoma (HCC) VERSUS Annual surveillance IN Adult patients with decompensated cirrhosis in Italy	60292	65000	Cucchetti et al., 2012 (403)
Semi-annual surveillance for hepatocellular carcinoma (HCC) VERSUS Annual surveillance IN Adult patients with compensated cirrhosis in Italy	31598	34000	Cucchetti et al., 2012 (403)
Endoscopy screening strategy for gastric cancer annually in adults 40 to 80 years VERSUS Endoscopy screening strategy annually in men aged 50 to 80 years IN Healthy male adults aged 30 to 80 years in South Korea	20480	23000	Chang et al., 2012 (404)
Endoscopy screening strategy for gastric cancer annually in adults ages 30 to 80 years VERSUS Endoscopy screening strategy annually in men aged 40 to 80 years IN Healthy female adults aged 30 to 80 years in South Korea	81294	89000	Chang et al., 2012 (404)
Endoscopy screening strategy for gastric cancer every two years in ages 50 to 80 years VERSUS None IN Healthy female adults aged 30 to 80 years in South Korea	11378	13000	Chang et al., 2012 (404)
Endoscopy screening annually for gastric cancer in ages 50 to 80 years VERSUS Endoscopy screening strategy every two years in ages 50 to 80 years IN Healthy female adults aged 30 to 80 years in South Korea	12180	13000	Chang et al., 2012 (404)
Endoscopy screening annually for gastric cancer in ages 40 to 80 years VERSUS Endoscopy screening strategy annually in ages 50 to 80 years IN Healthy female adults aged 30 to 80 years in South Korea	22283	25000	Chang et al., 2012 (404)
Endoscopy screening annually for gastric cancer in ages 30 to 80 years VERSUS Endoscopy screening strategy annually in ages 40 to 80 years IN Healthy female adults aged 30 to 80 years in South Korea	50033	55000	Chang et al., 2012 (404)
Endoscopy screening strategy for gastric cancer annually in men age 50-80 years VERSUS None IN Healthy male adults aged 30 to 80 years in South Korea	4979	5500	Chang et al., 2012 (404)
3 years of imatinib (400mg/day administered orally) VERSUS 1 year of imatinib (400mg/day administered orally) IN Specific disease- Surgically resected Kit+ gastrointestinal stromal tumors (GIST); Age- Adult; Gender- Both; Country- United States.	62600	68000	Sanon et al., 2013 (405)

Treatment with full dose of sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age- >=65 years; Gender- Male; Country- Italy; Other- Caucasian patients aged 67 years with Barcelona Clinic Liver Cancer (BCLC) stage B & C HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	89168	92000	Cammà et al., 2013 (406)
Treatment with full dose of sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age- >=65 years; Gender- Male; Country- Italy; Other- Caucasian patients aged 67 years with Barcelona Clinic Liver Cancer (BCLC) stage C HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	84290	87000	Cammà et al., 2013 (406)
Treatment with dose-adjusted sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age- >=65 years; Gender- Male; Country- Italy; Other- Caucasian patients aged 67 years with Barcelona Clinic Liver Cancer (BCLC) stage B & C HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	44406	46000	Cammà et al., 2013 (406)

Treatment with full dose of sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age- >=65 years; Gender- Male; Country- Italy; Other- Caucasian patients aged 67 years with Barcelona Clinic Liver Cancer (BCLC) stage B HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	73790	76000	Cammà et al., 2013 (406)
Treatment with dose-adjusted sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age- >=65 years; Gender- Male; Country- Italy; Other- Caucasian patients aged 67 years with Barcelona Clinic Liver Cancer (BCLC) stage B HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	70570	73000	Cammà et al., 2013 (406)
Treatment with dose-adjusted sorafenib VERSUS Standard/Usual care- best supportive care IN Specific disease- Hepatocellular carcinoma (HCC); Age-; Gender- Male; Country- ; Other- Caucasian patients with Barcelona Clinic Liver Cancer (BCLC) stage C HCC unfit or failed to respond to locoregional therapies with well compensated cirrhosis.	35896	37000	Cammà et al., 2013 (406)
Hepatic resection VERSUS percutaneous radiofrequency ablation IN Specific disease- Early hepatocellular carcinoma; Age- Adult; Gender- Both; Country- Italy.	18062	19000	Cucchetti et al., 2013 (407)
CSG chemotherapy and surgery group, 30 years VERSUS SOG surgery-only group IN Specific disease- Gastric Cancer; Age- Adult; Gender- Both; Country- China.	-15314	Cost-Saving	Chongqing et al., 2013 (408)
CSG chemotherapy and surgery group, 3 years VERSUS SOG surgery-only group IN Specific disease- Gastric Cancer; Age- Adult; Gender- Both; Country- China.	-39877	Increases Costs, Decreases	Chongqing et al., 2013 (408)

		Health	
CSG chemotherapy and surgery group, 5 years VERSUS SOG surgery-only group IN Specific disease- Gastric Cancer; Age- Adult; Gender- Both; Country- China.	-15259	Increases Costs, Decreases Health	Chongqing et al., 2013 (408)
CSG chemotherapy and surgery group, 10 years VERSUS SOG surgery-only group IN Specific disease- Gastric Cancer; Age- Adult; Gender- Both; Country- China.	-44184	Cost-Saving	Chongqing et al., 2013 (408)
3-year adjuvant therapy with imatinib VERSUS 1-year adjuvant therapy with imatinib IN Specific disease- gastrointestinal stromal tumour; Age- Adult; Gender- Both; Country- Netherlands.	41569	44000	Majer et al., 2013 (409)
Adjuvant S-1 therapy VERSUS Surgery alone IN Specific disease- gastric cancer; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- Japan; Other- curatively resected.	3016	3400	Hisashige et al., 2013 (410)
S-1 first-line postoperative adjuvant chemotherapy VERSUS XELOX first-line postoperative adjuvant chemotherapy (capecitabine and oxaliplatin) IN Specific disease- gastric cancer; Age- 41 to 64 years; Gender- Both; Country- China.	58843	64000	Tan et al., 2013 (411)
S-1 first-line postoperative adjuvant chemotherapy VERSUS surgery only IN Specific disease- gastric cancer; Age- 41 to 64 years; Gender- Both; Country- China.	4688	5100	Tan et al., 2013 (411)
Surgery only VERSUS XELOX first-line postoperative adjuvant chemotherapy (capecitabine and oxaliplatin) IN Specific disease- gastric cancer; Age- 41 to 64 years; Gender- Both; Country- China.	-17997	Cost-Saving	Tan et al., 2013 (411)
2-year surveillance, gastric cancer VERSUS None IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Singapore.	25949	27000	Zhou et al., 2013 (412)
Annual surveillance, gastric cancer VERSUS 2-year surveilance IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Singapore.	33050	34000	Zhou et al., 2013 (412)

2-year screening, gastric cancer VERSUS annual surveilance IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Singapore.	79673	82000	Zhou et al., 2013 (412)
2-year screening +annual surveillance, gastric cancer VERSUS 2-year screening IN Healthy; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Singapore.	59565	61000	Zhou et al., 2013 (412)

Hematologic Cancers

Description	Original US$/QALY	2014US$/QALY	Reference
IV immune globulin VERSUS no IV immune globulin IN chronic lymphocytic leukemia and hypogammaglobulinemia	6000000	11000000	Weeks et al., 1991 (413)
Bone marrow transplantation (BMT) VERSUS No BMT IN Patients receiving bone marrow transplantations for leukemia or SAA	7913	14000	Beard et al., 1991 (414)
Autologous bone marrow transplantation VERSUS Five additional courses of CHOP chemotherapy IN Patients between 15 & 60 yo with non-Hodgkin's lymphoma of intermediate- or high-grade malignancy stages II-IV who were partial responders to initial 3 courses of CHOP	-73704	Increases Costs, Decreases Health	Uyl-de Groot et al., 1995 (415)
Interferon-alpha therapy VERSUS Hydroxyurea therapy IN 50-yo patients with chronic-phase, Ph-positive chronic myelogenous leukemia (CML)	34800	54000	Kattan et al., 1996 (416)
Current treatment for Hodgkin's disease VERSUS No treatment of Hodgkin's disease IN Patients with Hodgkin's disease undergoing treatment at a university hospital in Norway	1800	2900	Norum et al., 1996 (417)
Adjuvant high-dose interferon (IFN) alfa-2b therapy VERSUS No IFN treatment IN Newly diagnosed resectable primary cutaneous melanoma patients	15200	23000	Hillner et al., 1997 (418)

Interferon alfa therapy VERSUS Conventional chemotherapy IN 45-50 yo patients diagnosed with chronic myelogenous leukemia in the early chronic phase	89494	140000	Liberato et al., 1997 (419)
Interferon alpha 2 b with melphalan and prednisone VERSUS Conventional treatment IN Patients with multiple myeloma	17374	27000	Nord et al., 1997 (420)
Allogeneic Bone Marrow Transplant VERSUS Alpha-interferon 5mil u/m2 3x per week IN Newly diagnosed CML (Chronic Myeloid Leukemia) patients transplanted within one year of diagnosis (base case 35yo)	51800	78000	Lee et al., 1998 (421)
Allogeneic Bone Marrow Transplant VERSUS Hydroxyurea 1000mg per day IN Newly diagnosed CML (Chronic Myeloid Leukemia) patients transplanted within one year of diagnosis (base case 35yo)	55500	84000	Lee et al., 1998 (421)
Cytarabine added to alpha-interferon VERSUS Interferon alpha alone IN Patients with early chronic phase chronic myelogenous leukemia	16900	24000	Beck et al., 2001 (422)
Cytarabine added to alpha-interferon VERSUS Chemotherapy (hydroxyurea) IN Patients with early chronic phase chronic myelogenous leukemia	21450	30000	Beck et al., 2001 (422)
Alpha-interferon alone VERSUS Chemotherapy (hydroxyurea) IN Patients with early chronic phase chronic myelogenous leukemia	23700	34000	Beck et al., 2001 (422)
High dose melphalan and autologous stem cell support followed by interferon maintenance VERSUS Conventional treatment with melphalan and prednizone IN Patients less than 60 years of age with multiple myeloma	27000	38000	Gulbrandsen et al., 2001 (423)
Interferon alpha-2b added to chemotherapy VERSUS Chemotherapy alone IN Patients with high tumor burden follicular non-Hodgkins lymphoma	16900	24000	Wirt et al., 2001 (424)
Laparotomy and tailored treatment VERSUS Mantle and para-aortic splenic radiation therapy IN 25 year old patients with early-stage Hodgkin’s disease	24100	34000	Ng et al., 2001 (425)
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)	42231	56000	Gordois et al., 2003 (426)

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)	60809	81000	Gordois et al., 2003 (426)
Intensive chemotherapy followed by myeloblastive chemotherapy VERSUS Intensive chemotherapy alone IN Patients with previously untreated multiple myeloma and stage II or stage III A/B disease - age less than/equal to 65	-49394	Increases Costs, Decreases Health	van Agthoven et al., 2004 (427)
Imatinib as first line therapy and interferon alpha plus low-dose cytarabine (INF + LDAC) as second line therapy VERSUS Interferon alpha plus low-dose cytarabine (INF + LDAC) as first line therapy with hydroxy urea as second line therapy IN Patients with newly diagnosed chronic myeloid leukemia (CML) not eligible for allogenic stem cell transplant	43300	57000	Reed et al., 2004 (428)
Treatment with imatinib mesylate VERSUS Treatment with hydroxyurea IN Patients in chronic-phase chronic myeloid leukemia (CML) for whom first-line treatment with interferon-alfa failed	55380	74000	Warren et al., 2004 (429)
Treatment with cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) plus rituximab VERSUS CHOP IN Patients with stage II, III or IV diffuse large B-cell lymphoma - age less than 60	13219	17000	Groot et al., 2005 (430)
Treatment with cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) plus rituximab VERSUS CHOP IN Patients with stage II, III or IV diffuse large B-cell lymphoma - age greater than 60	16954	22000	Groot et al., 2005 (430)
Cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) plus rituximab VERSUS CHOP alone IN Patients with diffuse large B-cell non-Hodgkins lymphoma	19297	25000	Hornberger et al., 2005 (431)
Imatinib therapy VERSUS Interferon alpha IN Patients with chronic myeloid leukemia	39336	52000	Dalziel et al., 2005 (432)
Imatinib therapy VERSUS Hydroxycarbamide IN Patients with chronic myeloid leukemia	130621	170000	Dalziel et al., 2005 (432)

Rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) chemotherapy VERSUS IN Patients that have untreated Diffused Large B-Cell Lymphoma (DLBCL) with stage II, III or IV disease and performance status of 0 to 2 - age 60-80	13878	18000	Best et al., 2005 (433)
VERSUS IN Hogkin's Disease Stage I-II patients in complete remission	-200000	Increases Costs, Decreases Health	Guadagnolo et al., 2006 (434)
VERSUS IN Hogkin's Disease Stage III-IV patients in complete remission	9042300	11000000	Guadagnolo et al., 2006 (434)
VERSUS IN Hogkin's Disease Stage III-IV patients in complete remission	-215000	Increases Costs, Decreases Health	Guadagnolo et al., 2006 (434)
VERSUS IN Hodgkin's disease stage I-II patients in complete remission	-250000	Increases Costs, Decreases Health	Guadagnolo et al., 2006 (434)
Third-line treatment with Alemtuzumab VERSUS Third-line treatment with fludarabine, cyclophosphamide and rituximab (FCR) IN Patients with chronic lymphocytic leukaemia (CLL) who were able to tolerate third-line treatment with either alemtuzumab or fludarabine, cyclophosphamide and rituximab (FCR) in New Zealand		Cost-Saving	Scott et al., 2007 (435)

Rituximab, cyclophosphamide, vincristine and prednisolone (R-CVP) VERSUS Cyclophosphamide, vincristine and prednisolone (CVP) IN US patients with advanced follicular lymphoma, aged 18 years or older, with Ann Arbor Stage III or IV follicular NHL with International Working Formulation (IWF) categories B, C, or D (WHO follicular grades 1 - 3), who have Eastern Cooperative OncologyGroup (ECOG) performance score between 0 and 2	28565	34000	Hornberger et al., 2008 (436)
Treatment with imatinib VERSUS Interferon alpha plus low-dose cytarabine IN Newly diagnosed patients with chronic-phase chronic myeloid leukemia	57103	67000	Reed et al., 2008 (437)
rituximab maintenance VERSUS Observation only / (treat on relapse, unknown treatment upon relapse) IN Relapsed or refractory follicular lymphoma patients in remission after second line therapy in maintenance settings	17253	20000	Kasteng et al., 2008 (438)
Extended adjuvant rituximab VERSUS Routine clinical observation IN US patients aged 65-70 in their second remission from follicular lymphoma (FL)	19522	23000	Hayslip et al., 2008 (439)
High-dose chemotherapy with peripheral blood stem cell transplant VERSUS Standard chemotherapy regimen (cyclophosphamide, doxorubicin, vincristine and prednisone; CHOP) IN Patients aged 15-60 years with aggressive non-Hodgkin's lymphoma	105214	120000	Fagnoni et al., 2009 (440)
Pegfilgrastim VERSUS Filgrastim IN Patients with intermediate or high grade non-Hodgkin's lymphoma (NHL) receiving myelosuppressive chemotherapy with a febrile neutropenia (FN) risk of 20% or higher recovering from CHOP-21 regimen, scenario 3	1677	2000	Lyman et al., 2009 (441)

Pegfilgrastim VERSUS Filgrastim IN Patients with intermediate or high grade non-Hodgkin's lymphoma (NHL) receiving myelosuppressive chemotherapy with a febrile neutropenia (FN) risk of 20% or higher recovering from CHOP-21 regimen, scenario 2	6190	7300	Lyman et al., 2009 (441)
Pentostatin VERSUS Cladribine IN UK patients with hairy cell leukemia (HCL)	4043	4400	Guest et al., 2009 (442)
Imatinib VERSUS Interferon-alpha IN Newly diagnosed chronic-phase chronic myeloid leukemia (CML-CP) patients in China	9689	11000	Chen et al., 2009 (443)
Rituximab maintenance therapy after induction therapy VERSUS Current standard practice IN French patients with follicular lymphoma	10966	13000	Deconinck et al., 2010 (444)
Rituximab + cyclophosphamide, vincristine, and prednisolone VERSUS Cyclophosphamide, vincristine, and prednisolone IN Patients with Follicular Non-Hodgkin's Lymphoma in the UK.	15973	18000	Ray et al., 2010 (445)
Rituximab + cyclophosphamide, doxorubicin, vincristine, and prednisolone VERSUS Cyclophosphamide, doxorubicin, vincristine, and prednisolone IN Patients with Follicular Non-Hodgkin's Lymphoma in the UK.	19798	22000	Ray et al., 2010 (445)
Rituximab + cyclophosphamide, etoposide, doxorubicin, and prednisolone VERSUS Cyclophosphamide, etoposide, doxorubicin, and prednisolone IN Patients with Follicular Non-Hodgkin's Lymphoma in the UK.	15759	17000	Ray et al., 2010 (445)
Rituximab + mitoxantrone, chlorambucil, and prednisolone VERSUS Mitoxantrone, chlorambucil, and prednisolone IN Patients with Follicular Non-Hodgkin's Lymphoma in the UK.	13825	15000	Ray et al., 2010 (445)
Cyclophosphamide,k doxorubicin, vincristine, prenisone, rituximab (CHOPR) VERSUS Cyclophosphamide,k doxorubicin, vincristine, prenisone (CHOP) IN Canadian adults older than 60 years with a diagnosis of diffuse large B-cell lymphoma	5163	6100	Johnston et al., 2010 (446)

Cyclophosphamide,k doxorubicin, vincristine, prenisone, rituximab (CHOPR) VERSUS Cyclophosphamide,k doxorubicin, vincristine, prenisone IN Canadian adults younger than 60 years with a diagnosis of diffuse large B-cell lymphoma	16886	20000	Johnston et al., 2010 (446)
Dasatinib 140 mg/day VERSUS High-dose imatinib 800 mg/day IN Swedish chronic phase chronic myeloid leukemia (CML) patients, resistant to lower doses of imatinib (less than or equal to 600 mg)	10131	11000	Ghatnekar et al., 2010 (447)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	38614	42000	Tolley et al., 2010 (448)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) 60 kg patients (average age 77)	24229	27000	Tolley et al., 2010 (448)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 30 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	52914	58000	Tolley et al., 2010 (448)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) 80 kg patients (average age 77)	53001	58000	Tolley et al., 2010 (448)
Desferasirox 15mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	-862	Cost-Saving	Tolley et al., 2010 (448)

Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 50 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	24375	27000	Tolley et al., 2010 (448)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 3 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	61495	68000	Tolley et al., 2010 (448)
Desferasirox 20mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 7 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	15735	17000	Tolley et al., 2010 (448)
Desferasirox 25mg/kg/day for 7 days/week VERSUS Non-proprietary desferrioxamine 40 mg/kg/day for 5 days/week IN Low and intermediate-1 risk patients with transfusion-dependent myelodysplastic syndrome (MDS) patients (average age 77)	78090	86000	Tolley et al., 2010 (448)
Bortezomib (BTZ) VERSUS Dexamethasone (DEX) IN Individuals in Sweden aged 18 or older, diagnosed with multiple myeloma who relapsed after first-line therapy or who have refractory disease and are eligible for secondline therapy	118719	130000	Hornberger et al., 2010 (449)
Bortezomib (BTZ) VERSUS Lenalidomide plus dexamethasone (LEN/DEX) IN Individuals in Sweden aged 18 or older, diagnosed with multiple myeloma who relapsed after first-line therapy or who have refractory disease and are eligible for secondline therapy	-1889733	Cost-Saving	Hornberger et al., 2010 (449)
RCHOP: Rituximab induction together with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) VERSUS CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) IN Finnish patients with relapsed/refractory follicular non-Hodgkin's lymphoma	17852	20000	Ryynänen et al., 2010 (450)

R-CHOPR: Rituximab induction and maintenance with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) VERSUS RCHOP: Rituximab induction together with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) IN Finnish patients with relapsed/refractory follicular non-Hodgkin's lymphoma	26723	29000	Ryynänen et al., 2010 (450)
Extended haemodialysis using high cut-off dialysers (HCO-HD) VERSUS Standard haemodialysis IN Multiple myeloma patients with dialysis-dependent renal failure in the United Kingdom	-12549	Cost-Saving	Grima et al., 2010 (451)
Decitabine (5-day dosing) VERSUS Best supportive care (RBC transfusions, deferoxamine, erythopoiesis-stimulating factors) IN Patients adults aged over 18 years with intermediate- and high-risk myelodysplastic sydromes	5277	5800	Pan et al., 2010 (452)
Lenalidomide plus dexamethasone VERSUS Bortezomib IN Paitents with relapsed refractory multiple myeloma (rrMM) in Norway	40929	44000	M?ller et al., 2011 (453)
Thalidomide, melphalan, and prednisolone or prednisone (MPT combination) VERSUS Melphalan+prednisolone or prednisone (MP) IN UK patients with multiple myeloma; considered inappropriate for high-dose chemotherapy with stem-cell transplantation	13301	15000	Doss et al., 2011 (454)
Thalidomide, cyclosphosphamide and attenuated dexamethasone (CTDa combination) VERSUS Melphalan+prednisolone or prednisone (MP) IN UK patients with multiple myeloma; considered inappropriate for high-dose chemotherapy with stem-cell transplantation	48071	53000	Doss et al., 2011 (454)
Bortezomib, melphalan, and prednisolone or prednisone (VMP) VERSUS Melphalan+prednisolone or prednisone (MP) IN UK patients with multiple myeloma; considered inappropriate for high-dose chemotherapy with stem-cell transplantation	27511	30000	Doss et al., 2011 (454)
Bortezomib, melphalan, and prednisolone or prednisone (VMP) VERSUS Thalidomide, melphalan, and prednisolone or prednisone (MPT combination IN UK patients with multiple myeloma; considered inappropriate for high-dose chemotherapy with stem-cell transplantation	463337	510000	Doss et al., 2011 (454)

Dasatinib VERSUS Nilotinib IN UK patients with imatinib-resistant chronic phase chronic myeloid leukemia	428794	470000	Hoyle et al., 2011 (455)
Nilotinib VERSUS High-dose imatinib IN UK patients with imatinib-resistant chronic phase chronic myeloid leukemia	-53819	Cost-Saving	Hoyle et al., 2011 (455)
Nilotinib VERSUS Interferon-alpha IN UK patients with imatinib-intolerant chronic phase chronic myeloid leukemia	161631	180000	Hoyle et al., 2011 (455)
Dasatinib VERSUS Interferon-alpha IN UK patients with imatinib-intolerant chronic phase chronic myeloid leukemia	127546	140000	Hoyle et al., 2011 (455)
Dasatinib VERSUS Nilotinib IN UK patients with imatinib-intolerant chronic phase chronic myeloid leukemia	1661574	1800000	Hoyle et al., 2011 (455)
Dasatinib VERSUS High-dose imatinib IN UK patients with imatinib-resistant chronic phase chronic myeloid leukemia	141256	150000	Hoyle et al., 2011 (455)
Rituximab in addition to fludarabine and cyclophosphamide VERSUS Fludarabine and cyclophosphamide IN Patients with chronic lymphocytic leukemia (CLL): societal perspective	31513	34000	Hornberger et al., 2012 (456)
Rituximab in addition to fludarabine and cyclophosphamide VERSUS Fludarabine and cyclophosphamide IN Patients with chronic lymphocytic leukemia (CLL): healthcare perspective	23530	26000	Hornberger et al., 2012 (456)
Zoledronic acid (4mg every 3-4 weeks) VERSUS Clodronic acid (1600mg daily) IN UK patients with newly diagnosed multiple Myeloma	8403	9100	Delea et al., 2012 (457)
Primary prophylaxis with granulocyte colony-stimulating factor (G-CSF) along with first cycle of chemotherapy VERSUS Secondary prophylaxis with granulocyte colony-stimulating factor (G-CSF) along with first cycle of chemotherapy after a neutropenic event IN Elderly patients aged >=65 years with newly diagnosed diffuse large B-cell lymphoma (DLBCL) receiving curative-intent chemotherapy	680464	740000	Chan et al., 2012 (458)

Rituximab following induction chemotherapy VERSUS Standard treatment IN UK patients with follicular non-Hodgkin's lymphoma receiving first line treatment	15196	19000	Pink et al., 2012 (459)
Rituximab, fludarabine and cyclophosphamide (R-FC) VERSUS Rituximab, cyclophosphamide, vincristine and prednisolone (R-CVP) induction chemotherapies IN UK patients with follicular non-Hodgkin's lymphoma receiving first line treatment	36568	46000	Pink et al., 2012 (459)
Rituximab following induction chemotherapy VERSUS Standard treatment IN UK patients with follicular non-Hodgkin's lymphoma receiving maintenance therapy	14153	18000	Pink et al., 2012 (459)
Autologous peripheral stem cell transplantation (ASCT) with high dose chemotherapy and granulocyte colony-stimulating factor (G-CSF) with plerixafor (GP) for stem cell mobilization VERSUS Autologous peripheral stem cell transplantation (ASCT) with high dose chemotherapy and granulocyte colony-stimulating factor (G-CSF) for stem cell mobilization IN US patients with relapsed non-Hodgkin lymphoma with diffuse large B-cell lymphoma undergoing stem cell mobilization	14735	16000	Kymes et al., 2012 (460)
Progression from RCHOPR to RCOPR/COP to best supportive care VERSUS Progression from RCHOP to RCHOP to best supportive care IN Patients with follicular non-hodgkins lymphoma	13233	14000	Soini et al., 2012 (461)
Progression from RCHOPR to RCOPR/bendamustine to best supportive care VERSUS Progression from RCHOP to RCOPR/COP to best supportive care IN Patients with follicular non-hodgkins lymphoma	12672	14000	Soini et al., 2012 (461)
Progression from RCHOPR to RCOPR/COP to best supportive care VERSUS Progression from RCHOP to RCOPR/COP to best supportive care IN Patients with follicular non-hodgkins lymphoma	13077	14000	Soini et al., 2012 (461)
Progression from RCHOP to RCOPR/bendamustine to best supportive care VERSUS Progression from RCHOP to RCOPR/COP to best supportive care IN Patients with follicular non-hodgkins lymphoma	16080	17000	Soini et al., 2012 (461)
Progression from RCHOPR to RCOPR/bendamustine to best supportive care VERSUS Progression from RCHOPR to RCOPR/COP to best supportive care IN Patients with follicular non-hodgkins lymphoma	9770	11000	Soini et al., 2012 (461)

Lenalidomide plus dexamethasone (LEN/DEX) VERSUS Dexamethasone (DEX) IN Patients with multiple myeloma (MM) who have failed first-line therapy in England and Wales	46550	51000	Brown et al., 2012 (462)
Maintenance rituximab therapy VERSUS Obervation IN Patients aged 18 years or older with follicular non-Hodgkin lymphoma (f-NHL) after responding to first-line rituximab plus chemotherapy (R-chemo)	34842	38000	Hornberger et al., 2012 (463)
Bendamustine VERSUS Chlorambucil IN Patients with chronic lymphocytic leukemia unsuitable for treatment with fludarabine combination chemotherapy regimens in England and Wales	17317	19000	Woods et al., 2012 (464)
Alemtuzumab (treatment begins 7 months after diagnosis) VERSUS Conventional therapy (1 line) IN Patients with T-cell prolymphocytic leukemia (T-PLL) who had completed at least one prior conventional therapy and not suitable for stem cell transplantation	123117	130000	Lu et al., 2012 (465)
Alemtuzumab (treatment begins 3 months after diagnosis) VERSUS Conventional therapy (1 line) IN Patients with T-cell prolymphocytic leukemia (T-PLL) who had completed at least one prior conventional therapy and not suitable for stem cell transplantation	83316	86000	Lu et al., 2012 (465)
Alemtuzumab (treatment begins 7 months after diagnosis) VERSUS Conventional therapy (3 lines) IN Patients with T-cell prolymphocytic leukemia (T-PLL) who had completed at least one prior conventional therapy and not suitable for stem cell transplantation	51776	53000	Lu et al., 2012 (465)

Alemtuzumab (treatment begins 3 months after diagnosis) VERSUS onventional therapy (3 lines) IN Patients with T-cell prolymphocytic leukemia (T-PLL) who had completed at least one prior conventional therapy and not suitable for stem cell transplantation	43929	45000	Lu et al., 2012 (465)
Bisphosphonate therapy with zoledronic acid (4 mg every 3-4 weeks) VERSUS Bisphosphonate therapy with clodronate (1600 mg daily) IN UK adult patients receiving first-line treatment for newly-diagnosed stages 1-3 multiple myeloma	48404	53000	Delea et al., 2012 (466)
Lenalidomide-dexamethasone VERSUS Bortezomib IN Specific disease- relapsed refrectory multiple myeloma; Age- Adult; Gender- Both; Country- Greece.	49208	51000	Fragoulakis et al., 2013 (467)
Filgrastim VERSUS No primary prophylaxis IN Specific disease- Lymphoma Patients; Age- >=65 years, Adult; Gender- Both; Country- Canada.	5800237	6000000	Lathia et al., 2013 (468)
Pegfilgrastim VERSUS Filgrastim IN Specific disease- Lymphoma Patients; Age- >=65 years, Adult; Gender- Both; Country- Canada.	2612909	2700000	Lathia et al., 2013 (468)
Autologous peripheral blood stem cell transplantation VERSUS Standard/Usual Care IN Specific disease- multiple myeloma; Age- 41 to 64 years, >=65 years; Gender- Both; Country- Italy.	63261	67000	Corso et al., 2013 (469)
Azacitidine VERSUS best supportive care IN Specific disease- high-risk myelodysplastic; Age- Adult; Gender- Not Specified; Country- Spain.	50933	53000	Crespo et al., 2013 (470)
Azacitidine VERSUS low dose chemotherapy IN Specific disease- high-risk myelodysplastic; Age- Adult; Gender- Not Specified; Country- Spain.	39259	40000	Crespo et al., 2013 (470)
Azacitidine VERSUS standard dose chemotherapy IN Specific disease- high-risk myelodysplastic; Age- Adult; Gender- Not Specified; Country- Spain.	30609	32000	Crespo et al., 2013 (470)

Azacitidine VERSUS Standard/Usual Care- Conventional care regimen IN Specific disease- high-risk myelodysplastic; Age- Adult; Gender- Not Specified; Country- Spain.	44585	46000	Crespo et al., 2013 (470)

Kidney Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Sunitinib VERSUS Best supportive care, standard therapy: second-line therapy as prescribed by Finnish health standards IN Finnish metastatic renal cell carcinoma patients	54398	66000	Purmonen et al., 2008 (471)
Nephron-sparing surgery (NSS) VERSUS Percutaneous radiofrequency ablation (RF) IN 65-year old men in the US with unilateral RCCs (renal cell carcinomas) 4 cm or smaller	1152529	1400000	Pandharipande et al., 2008 (472)
Sunitinib malate , 6 week cycles therapy VERSUS Interleukin -2 IN United States patients with metastatic renal cell carcinoma	-17205	Cost-Saving	Remák et al., 2008 (473)
VERSUS Interferon alpha IN United States patients with metastatic renal cell carcinoma	52593	62000	Remák et al., 2008 (473)
Temsirolimus VERSUS Interferon-alpha IN United Kingdom patients with advanced, poor prognosis renal cell carcinoma needing first line treatment	175493	190000	Hoyle et al., 2009 (474)
Temsirolimus VERSUS Interferon-alpha IN United Kingdom patients with advanced, poor prognosis renal cell carcinoma needing first line treatment, no prior nephrectomy	137916	150000	Hoyle et al., 2009 (474)

Temsirolimus VERSUS Interferon-alpha IN United Kingdom patients with advanced, poor prognosis clear cell renal cell carcinoma needing first line treatment	279509	310000	Hoyle et al., 2009 (474)
Temsirolimus VERSUS Interferon-alpha IN United Kingdom patients with advanced, poor prognosis renal cell carcinoma needing first line treatment, with prior nephrectomy	286985	320000	Hoyle et al., 2009 (474)
Sorafenib VERSUS Best supportive care IN United Kingdom patients with advanced renal cell carcinoma needing second line treatment	139824	150000	Hoyle et al., 2009 (475)
Renal mass biopsy to triage patients to surgery or CT surveillance VERSUS Direct nephron-sparing surgery without biopsy IN US patients aged 65 years with small (< 4-cm) renal tumors	-315091	Cost-Saving	Pandharipande et al., 2010 (476)
Sunitinib VERSUS Sorafenib IN US patients with metastic renal cell carcinoma	-79859	Cost-Saving	Benedict et al., 2011 (477)
Sunitinib VERSUS Bevacizumab+IFN-alpha IN Sweden patients with metastic renal cell carcinoma	-297258	Cost-Saving	Benedict et al., 2011 (477)
Sunitinib VERSUS Bevacizumab IN US patients with metastic renal cell carcinoma	-418504	Cost-Saving	Benedict et al., 2011 (477)
Everolimux VERSUS Sorafenib IN Patients diagnosed with metastatic renal cell carcinoma failing first-line sunitinib treatment	89160	97000	Casciano et al., 2011 (478)
Immediate treatment VERSUS Precutaneous biopsy IN Healthy 60 year-old- men with diagnosis of small solid renal mass	-4951	Increases Costs, Decreases Health	Heilbrun et al., 2012 (479)
Precutaneous biopsy VERSUS Active surveillance (AS) IN Healthy 60 year-old- men with diagnosis of small solid renal mass	33840	37000	Heilbrun et al., 2012 (479)
Treatment with sunitinib as first-line therapy VERSUS Sorafenib treatment IN Patients with metastatic renal carcinoma (mRCC)	-9736	Cost-Saving	Calvo Aller et al., 2012 (480)

Treatment with sunitinib as first-line therapy VERSUS Treatment with bevacizuman/interferon-alpha (BEV/IFN) IN Patients with metastatic renal carcinoma (mRCC)	-213678	Cost-Saving	Calvo Aller et al., 2012 (480)
Bevacizumab plus interferon-alpha VERSUS Interleukin-2 IN Patients with metastatic renal cell carcinoma without sunitinib patient assistance program (SPAP) in China	1021196	1100000	Wu et al., 2012 (481)
Sunitinib VERSUS Interleukin-2 IN Patients with metastatic renal cell carcinoma without sunitinib patient assistance program (SPAP) in China	220384	230000	Wu et al., 2012 (481)
Interleukin-2 plus interferon-alfa VERSUS Interleukin-2 IN Patients with metastatic renal cell carcinoma without sunitinib patient assistance program (SPAP) in China	818149	860000	Wu et al., 2012 (481)
Interferon-alpha VERSUS Interleukin-2 IN Patients with metastatic renal cell carcinoma without sunitinib patient assistance program (SPAP) in China	177725	190000	Wu et al., 2012 (481)
Annual immunochemical faecal occult blood test (iFOBT) screening for colorectal cancer (CRC) starting at age 50 years VERSUS None IN Specific disease- chronic kidney disease (CKD); Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Australia; Other- 50-70 years.	62489	68000	Wong et al., 2013 (482)
Annual immunochemical faecal occult blood test (iFOBT) screening for colorectal cancer (CRC) starting at age 50 years VERSUS None IN Specific disease- chronic kidney disease (CKD) & on kidney transplant waiting list; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Australia; Other- 50-70 years.	112215	120000	Wong et al., 2013 (482)
Annual immunochemical faecal occult blood test (iFOBT) screening for colorectal cancer (CRC) starting at age 50 years VERSUS None IN Specific disease- chronic kidney disease (CKD) & kidney transplant; Age- 41 to 64 years, >=65 years; Gender- Not Specified; Country- Australia; Other- 50-70 years.	41207	45000	Wong et al., 2013 (482)

Sunitinib VERSUS Pazopanib IN Specific disease- advanced and/or metastatic renal cell carcinoma; Age- Unknown; Gender- Both; Country- United Kingdom.	2763	3000	Kilonzo et al., 2013 (483)
Interferon alpha (IFN-a) VERSUS Pazopanib IN Specific disease- advanced and/or metastatic renal cell carcinoma; Age- Unknown; Gender- Both; Country- United Kingdom.	60092	65000	Kilonzo et al., 2013 (483)
Best supportive care (BSC) VERSUS Pazopanib IN Specific disease- advanced and/or metastatic renal cell carcinoma; Age- Unknown; Gender- Both; Country- United Kingdom.	50787	55000	Kilonzo et al., 2013 (483)
Biopsy plus RFA (radiofrequency ablation) if needed VERSUS no biopsy, active surveillance plus cryoablation if needed IN Specific disease- Renal Mass; Age- Adult; Gender- Both; Country- Canada.	-25896	Increases Costs, Decreases Health	Bhan et al., 2013 (484)
No biopsy, immediate cryoablation VERSUS no biopsy, active surveillance plus cryoablation if needed IN Specific disease- Renal Mass; Age- Adult; Gender- Both; Country- Canada.	-292391	Increases Costs, Decreases Health	Bhan et al., 2013 (484)
No biopsy, immediate RFA (radiofrequency ablation) VERSUS no biopsy, active surveillance plus cryoablation if needed IN Specific disease- Renal Mass; Age- Adult; Gender- Both; Country- Canada.	-24581	Increases Costs, Decreases Health	Bhan et al., 2013 (484)
No biopsy, active surveillance plus RFA (radiofrequency ablation) if needed VERSUS no biopsy, active surveillance plus cryoablation if needed IN Specific disease- Renal Mass; Age- Adult; Gender- Both; Country- Canada.	-14266	Increases Costs, Decreases Health	Bhan et al., 2013 (484)
Biopsy plus cryoablation if needed VERSUS no biopsy, active surveillance plus cryoablation if needed IN Specific disease- Renal Mass; Age- Adult; Gender- Both; Country- Canada.	-167518	Increases Costs, Decreases Health	Bhan et al., 2013 (484)

Everolimus VERSUS best supportive care IN Specific disease-MetastaticRenalCellCarcinoma; Age- Adult; Gender- Both; Country-Serbia.	115519	120000	Mihajlovic et al., 2013 (485)

Lung Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Alternating CAV and VP-16/cisplatin chemotherapy VERSUS Standard CAV chemotherapy at 3-week intervals IN Patients with extensive small cell lung cancer (SCLC)	3472	7900	Goodwin et al., 1988 (486)
Routine preoperative brain CT with treatment based on results VERSUS Thoracotomy with no preoperative brain CT IN Patients with potentially resectable lung cancer with no preoperative evidence of presence of extrathoracic metastases	69815	120000	Colice et al., 1995 (487)
Diagnostic testing strategy using thoracoscopy VERSUS Sequential testing strategy, using sputa, fine needle aspiration, thoracoscopy IN 50-yo man with a radiographically detected large (>3 cm), peripheral lung mass suspicious for cancer	-636500	Increases Costs, Decreases Health	Raab et al., 1997 (488)
Sequential testing strategy, using sputa, fine needle aspiration, expectant management VERSUS No test IN 50-yo man with a radiographically detected large (>3 cm), peripheral lung mass suspicious for cancer	19604	30000	Raab et al., 1997 (488)
Sequential testing strategy, using sputa, fine needle aspiration, thoracoscopy VERSUS Sequential testing strategy, using sputa, fine needle aspiration, expectant management IN 50-yo man with a radiographically detected large (>3 cm), peripheral lung mass suspicious for cancer	40092	60000	Raab et al., 1997 (488)
Sequential testing strategy, using fine needle aspiration, thoracoscopy VERSUS Sequential testing strategy, using sputa, fine needle aspiration, thoracoscopy IN 50-yo man with a radiographically detected large (>3 cm), peripheral lung mass suspicious for cancer		Increases Costs, Decreases Health	Raab et al., 1997 (488)

Sequential testing strategy, using sputa, thoracoscopy VERSUS Sequential testing strategy, using sputa, fine needle aspiration, thoracoscopy IN 50-yo man with a radiographically detected large (>3 cm), peripheral lung mass suspicious for cancer	-1273000	Increases Costs, Decreases Health	Raab et al., 1997 (488)
Vinblastine + cisplatin VERSUS Best supportive care IN Patients with metastatic non-small-cell lung cancer		Cost-Saving	Berthelot et al., 2000 (489)
Vinblastine + cisplatin VERSUS Vinorelbine IN Patients with metastatic non-small-cell lung cancer	14408	22000	Berthelot et al., 2000 (489)
Vinblastine + cisplatin VERSUS Vinorelbine + cisplatin IN Patients with metastatic non-small-cell lung cancer	11648	18000	Berthelot et al., 2000 (489)
Vinblastine + cisplatin VERSUS Etoposide + cisplatin IN Patients with metastatic non-small-cell lung cancer	90883	140000	Berthelot et al., 2000 (489)
Vinblastine + cisplatin VERSUS Gemcitabine IN Patients with metastatic non-small-cell lung cancer	13798	21000	Berthelot et al., 2000 (489)
Vinblastine + cisplatin VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	34880	54000	Berthelot et al., 2000 (489)
Best supportive care VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	21970	34000	Berthelot et al., 2000 (489)
Best supportive care VERSUS Vinorelbine IN Patients with metastatic non-small-cell lung cancer	1937	3000	Berthelot et al., 2000 (489)
Best supportive care VERSUS Vinorelbine + cisplatin IN Patients with metastatic non-small-cell lung cancer	4399	6800	Berthelot et al., 2000 (489)
Best supportive care VERSUS Etoposide + cisplatin IN Patients with metastatic non-small-cell lung cancer	9301	14000	Berthelot et al., 2000 (489)
Best supportive care VERSUS Gemcitabine IN Patients with metastatic non-small-cell lung cancer	6287	9800	Berthelot et al., 2000

			(489)
Vinorelbine VERSUS Gemcitabine IN Patients with metastatic non-small-cell lung cancer	13460	21000	Berthelot et al., 2000 (489)
Vinorelbine VERSUS Vinorelbine + cisplatin IN Patients with metastatic non-small-cell lung cancer	9660	15000	Berthelot et al., 2000 (489)
Vinorelbine VERSUS Etoposide + cisplatin IN Patients with metastatic non-small-cell lung cancer		Cost-Saving	Berthelot et al., 2000 (489)
Vinorelbine VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	41663	65000	Berthelot et al., 2000 (489)
Vinorelbine + cisplatin VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	68917	110000	Berthelot et al., 2000 (489)
Etoposide + cisplatin VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	29863	46000	Berthelot et al., 2000 (489)
Gemcitabine VERSUS Paclitaxel + cisplatin, 200 mg/m^2 IN Patients with metastatic non-small-cell lung cancer	83282	130000	Berthelot et al., 2000 (489)
Etoposide + cisplatin VERSUS Gemcitabine IN Patients with metastatic non-small-cell lung cancer	3482	5400	Berthelot et al., 2000 (489)
Vinorelbine + cisplatin VERSUS Gemcitabine IN Patients with metastatic non-small-cell lung cancer	26297	41000	Berthelot et al., 2000 (489)
Vinorelbine + cisplatin VERSUS Etoposide + cisplatin IN Patients with metastatic non-small-cell lung cancer		Cost-Saving	Berthelot et al., 2000 (489)
High-dose palliative radiotherapy VERSUS Best supportive care IN Patients with advanced non-small-cell lung cancer	11479	17000	Coy et al., 2000 (490)

High-dose palliative radiotherapy VERSUS Best supportive care IN Patients with advanced non-small-cell lung cancer	8661	13000	Coy et al., 2000 (490)
Selective mediastinoscopy VERSUS Chest computed tomography alone IN Patients with known non-smal-cell lung cancer (NSCLC) - T1 tumors	24500	35000	Esnaola et al., 2002 (491)
Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T1 tumors	78800	110000	Esnaola et al., 2002 (491)
Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T2 tumors	42800	61000	Esnaola et al., 2002 (491)
Selective mediastinoscopy VERSUS Chest computed tomography alone IN Patients with known non-smal-cell lung cancer (NSCLC) - T2 tumors	37900	54000	Esnaola et al., 2002 (491)
Routine mediastinoscopy VERSUS Selective mediastinoscopy IN Patients with known non-smal-cell lung cancer (NSCLC) - T3 tumors	53400	76000	Esnaola et al., 2002 (491)
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)	696	1200	Tai et al., 2002 (492)
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)	845	1400	Tai et al., 2002 (492)
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	116300	160000	Mahadevia et al., 2003 (493)

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	558600	750000	Mahadevia et al., 2003 (493)
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	2322700	3100000	Mahadevia et al., 2003 (493)
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%))	10935	15000	Gould et al., 2003 (494)
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%))	20445	27000	Gould et al., 2003 (494)
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%))	6515	8700	Gould et al., 2003 (494)
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%))	45838	61000	Gould et al., 2003 (494)

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%))	297212	400000	Gould et al., 2003 (494)
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%))	16261	22000	Gould et al., 2003 (494)
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-PETresults negative, watchful waiting IN All adult patients with a new noncalcified pulmonary nodule seen on chest radiograph (high probability of malignancy (79%))	50839	68000	Gould et al., 2003 (494)
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%))	67568	90000	Gould et al., 2003 (494)
Sleeve lobectomy VERSUS Pneumonectomy IN Patients with early stage lung cancer who have acceptable lung function	1039	1400	Ferguson et al., 2003 (495)

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	17119	23000	Ferguson et al., 2003 (496)
Spiral computed tomography (CT) followed by treatment VERSUS No spiral CT IN Men at high risk for lung cancer - age 60-64	57139	75000	Manser et al., 2005 (497)
Spiral computed tomography (CT) followed by treatment VERSUS No spiral CT IN Women at high risk for lung cancer - age 60-64	48164	63000	Manser et al., 2005 (497)
Continuous hyperfractionated and accelerated radiotherapy (CHART) VERSUS Conventional radiotherapy IN Non-small cell lung cancer patients	10687	15000	Lievens et al., 2005 (498)
Positron emission tomography (PET) plus computed tomography (CT) plus mediastinoscopy (MS) VERSUS PET plus CT IN Patients with non small cell lung carcinoma	7832	10000	Hayashi et al., 2005 (499)
Positron emission tomography (PET) plus computed tomography (CT) plus mediastinoscopy (MS) VERSUS CT only IN Patients with non small cell lung carcinoma	4951	6400	Hayashi et al., 2005 (499)
Annual chest CT VERSUS Usual care IN Patients after resection of a stage IA non-small cell lung cancer - age 60	47676	60000	Kent et al., 2005 (500)
Annual chest CT VERSUS Usual care IN Patients after resection of a stage IA non-small cell lung cancer - age 65	61775	77000	Kent et al., 2005 (500)
Annual chest CT VERSUS Usual care IN Patients after resection of a stage IA non-small cell lung cancer - age 70	84781	110000	Kent et al., 2005 (500)
VERSUS IN Patients in chemotherarpy with symptomatic advanced nonsmall cell lung cancer	12773	18000	Dooms et al., 2006 (501)
VERSUS IN Patients with inoperable stage IIIA/B or stage IV non-small-cell lung cancer.	40900	50000	van den Hout et al., 2006 (502)
Hypothetical new drug VERSUS Chemotherapy consisting of etoposide and cisplatin IN Patients with advanced small-cell lung cancer	45559	60000	Uyl-de Groot et al., 2006 (503)

Pemetrexed + cisplatin VERSUS Cisplatin IN Patients with unresectable malignant pleural mesothelioma in United Kingdom	95002	120000	Cordony et al., 2008 (504)
Pemetrexed+cisplatin VERSUS Mitomycin-C, vinblastine, cisplatin IN Patients with unresectable malignant pleural mesothelioma in United Kingdom	39559	48000	Cordony et al., 2008 (504)
Pemetrexed+cisplatin VERSUS Vinorelbine with or without platinum IN Patients with unresectable malignant pleural mesothelioma in United Kingdom	48125	58000	Cordony et al., 2008 (504)
Pemetrexed + cisplatin VERSUS Active symptom control IN Patients with unresectable malignant pleural mesothelioma in United Kingdom	58372	71000	Cordony et al., 2008 (504)
Erlotinib VERSUS Docetaxel IN 60 years old patients with advanced NSCLC who failed at least one platinum-based chemotherapy regimen	-212700	Cost-Saving	Carlson et al., 2008 (505)
Erlotinib VERSUS Pemetrexed IN 60 years old patients with advanced NSCLC who failed at least one platinum-based chemotherapy regimen	-678200	Cost-Saving	Carlson et al., 2008 (505)
Pemetrexed VERSUS Docetaxel IN 60 years old patients with advanced NSCLC who failed at least one platinum-based chemotherapy regimen	1743359	2000000	Carlson et al., 2008 (505)
CT screening for lung cancer VERSUS Usual care, no CT screening IN UK aged (61 years old +) men	25641	30000	Whynes et al., 2008 (506)
Gene copy number testing for EGFR protein expression VERSUS Immunohistochemical testing for EGFR protein expression IN US patients with non-small-cell lung cancer at least 60 years of age, who failed at least one platinum-based chemotherapy regimen and were eligible for treatment with ERL or other chemotherapy in the second-line treatment	146750	170000	Carlson et al., 2008 (507)

Immunohistochemical testing for EGFR protein expression VERSUS Erlotinib IN US patients with non-small-cell lung cancer at least 60 years of age, who failed at least one platinum-based chemotherapy regimen and were eligible for treatment with ERL or other chemotherapy in the second-line treatment	156850	180000	Carlson et al., 2008 (507)
Gene copy number testing for EGFR protein expression VERSUS Erlotinib IN US patients with non-small-cell lung cancer at least 60 years of age, who failed at least one platinum-based chemotherapy regimen and were eligible for treatment with ERL or other chemotherapy in the second-line treatment	162018	190000	Carlson et al., 2008 (507)
Erlonitib 150 mg/day (4 cycles of 7 days per month) VERSUS Best supportive care IN Male and female Portuguese patients with advanced or metastatic non-small cell lung cancer that has failed at least one chemotherapy regimen	238175	260000	Araújo et al., 2008 (508)
Docetaxel 75 mg/m2 1st day of 21 day cycle VERSUS Erlonitib 150 mg/day (4 cycles of 7 days per month) IN Male and female Portuguese patients with advanced or metastatic non-small cell lung cancer that has failed at least one chemotherapy regimen	-163984	Increases Costs, Decreases Health	Araújo et al., 2008 (508)
Pemetrexed 500 mg/m2, 1st day of 21 day cycle VERSUS Erlonitib 150 mg/day (4 cycles of 7 days per month) IN Male and female Portuguese patients with advanced or metastatic non-small cell lung cancer that has failed at least one chemotherapy regimen	-1028174	Increases Costs, Decreases Health	Araújo et al., 2008 (508)
Indoor Radon remediation via ducting for the exhaust of radon VERSUS Usual behavior, no remediation IN Home dwellers in the United Kingdom living in previously built homes	39	44	Gray et al., 2009 (509)

Indoor Radon remediation via ducting for the exhaust of radon in new homes' construction VERSUS Usual behavior, no remediation IN Home dwellers in the United Kingdom who could move into new homes being built	8	10	Gray et al., 2009 (509)
Indoor Radon remediation via ducting for the exhaust of radon in new homes' construction VERSUS Usual behavior, no remediation IN Home dwellers in the United Kingdom (median radon concentration 21 Bq/m3 radon).	22823	26000	Gray et al., 2009 (509)
Smoking cessation program initiated before surgical lung resection VERSUS Usual care IN Active smokers with surgically resectable lung cancer, 2 years post-surgery	7441	8500	Slatore et al., 2009 (510)
Smoking cessation program initiated before surgical lung resection VERSUS Usual care IN Active smokers with surgically resectable lung cancer, 3 years post-surgery	4649	5300	Slatore et al., 2009 (510)
Smoking cessation program initiated before surgical lung resection VERSUS Usual care IN Active smokers with surgically resectable lung cancer, 4 years post-surgery	3344	3800	Slatore et al., 2009 (510)
Smoking cessation program initiated before surgical lung resection VERSUS Usual care IN Active smokers with surgically resectable lung cancer, 5 years post-surgery	2609	3000	Slatore et al., 2009 (510)
Smoking cessation program initiated before surgical lung resection VERSUS Usual care IN Active smokers with surgically resectable lung cancer, 1 year post-surgery	16145	18000	Slatore et al., 2009 (510)
CT-based follow up VERSUS IN Dutch Non-small cell lung cancer patients in follow up therapy	388804	430000	van Loon et al., 2010 (511)
PET-CT-based follow up VERSUS CT-based follow up IN Dutch Non-small cell lung cancer patients in follow up therapy	101733	110000	van Loon et al., 2010 (511)
Pemetrexed VERSUS Docetaxel IN Spanish patients with advanced or metastatic non-small cell lung cancer	32860	38000	Asukai et al., 2010 (512)
Erlotinib VERSUS Docetaxel IN Patients with advanced non-small-cell lung cancer needing second line treatment in the United Kingdom	-13097	Cost-Saving	Lewis et al., 2010 (513)

Carbon-ion radiotherapy VERSUS Stereotactic body radiotherapy with photons IN Inoperable stage I non-small cell lung cancer	92214	110000	Grutters et al., 2010 (514)
Carbon-ion radiotherapy VERSUS Stereotactic body radiotherapy with photons IN Operable stage I non-small cell lung cancer	-210287	Increases Costs, Decreases Health	Grutters et al., 2010 (514)
Second-line treatment with oral topotecan + best supportive care VERSUS Best supportive care IN UK patients diagnosed with small cell lung cancer treated with first-line chemotherapy	67770	77000	Hartwell et al., 2010 (515)
Usual smoking-cessation (USC) plus genetic test VERSUS Usual smoking-cessation (USC) IN Heavy smokers aged 50 years (>20 cigarettes per day) in Australia	21855	24000	Gordon et al., 2010 (516)
Adding cetuximab to standard cisplatin-vinorelbine first-line chemotherapy VERSUS Standard cisplatin-vinorelbine first-line chemotherapy IN Swiss patients with extracellular portion of epidermal growth factor receptor (EGFR), expressing advanced non-small-cell lung cancer (NSCLC)	524259	580000	Joerger et al., 2010 (517)
Integrated PET/CT VERSUS CT IN Patients with suspected or histologically proven non-small cell lung cancer (NSCLC)	79878	94000	Schreyögg et al., 2010 (518)
Second-line pemetrexed therapy (500 mg/sq.m) VERSUS Best supportive care IN Patients over 18 years with stage IIIB or IV non-small cell lung cancer (NSCLC) who had progressed after first-line cisplatin-based chemotherapy	57108	63000	Vergnenegre et al., 2011 (519)
Second-line docetaxel therapy (75 mg/sq.m) VERSUS Second-line pemetrexed therapy (500 mg/sq.m) IN Patients over 18 years with stage IIIB or IV non-small cell lung cancer (NSCLC) who had progressed after first-line cisplatin-based chemotherapy	-430327	Cost-Saving	Vergnenegre et al., 2011 (519)
Second-line docetaxel therapy (75 mg/sq.m) VERSUS Best supportive care IN Patients over 18 years with stage IIIB or IV non-small cell lung cancer (NSCLC) who had progressed after first-line cisplatin-based chemotherapy	45502	50000	Vergnenegre et al., 2011 (519)

Stereotactic body radiotherapy (SBRT) VERSUS Three-dimensional conformal radiation therapy (3D-CRT) IN United states 65 year old men with medically inoperable Stage 1 non-small-cell lung cancer (NSCLC)	6000	6600	Sher et al., 2011 (520)
Three-dimensional conformal radiation therapy (3D-CRT) VERSUS Radiofrequency ablation (RFA) IN United states 65 year old men with medically inoperable Stage 1 non-small-cell lung cancer (NSCLC)	52400	58000	Sher et al., 2011 (520)
Nicotine replacement therapy VERSUS None IN UK smokers who recently initiated quit attempts	556	610	Taylor et al., 2011 (521)
Varenicline (1 mg tablets twice daily for 77 days) VERSUS None IN UK smokers who recently initiated quit attempts	3906	4300	Taylor et al., 2011 (521)
Bupropion (150 mg tablet once daily for 6 days, then twice daily for 7 weeks) VERSUS None IN UK smokers who recently initiated quit attempts	-1801	Cost-Saving	Taylor et al., 2011 (521)
Consolidation therapy VERSUS Non-consolidation therapy IN Japanese men aged 60 years with stage IIIB and IV NSCLC (non-small cell lung cancer)- all histology	203022	220000	Tsuchiya et al., 2011 (522)
Consolidation therapy VERSUS Non-consolidation therapy IN Japanese men aged 60 years with stage IIIB and IV NSCLC (non-small cell lung cancer)- non-squamous cell carcinoma.	150115	170000	Tsuchiya et al., 2011 (522)
Consolidation therapy VERSUS Non-consolidation therapy IN Japanese men aged 60 years with stage IIIB and IV NSCLC (non-small cell lung cancer)- adenocarcinoma	208778	230000	Tsuchiya et al., 2011 (522)
Consolidation therapy with pemetrexed VERSUS Non-consolidation therapy IN Japanese men aged 60 years with stage IIIB and IV NSCLC (non-small cell lung cancer)- squamous cell carcinoma	-370858	Increases Costs, Decreases Health	Tsuchiya et al., 2011 (522)
Zoledronic acid (4 mg) IV every 3 weeks for up to 21 months. VERSUS Placebo IN Patients with non small cell lung cancer (NSCLC) with bone metastases in France	1078	1200	Joshi et al., 2011 (523)
Zoledronic acid (4 mg) IV every 3 weeks for up to 21 months VERSUS Placebo IN Patients with non small cell lung cancer (NSCLC) with bone metastases in Germany	-19743	Cost-Saving	Joshi et al., 2011 (523)

Zoledronic acid (4 mg) IV every 3 weeks for up to 21 months VERSUS Placebo IN UK patients with non small cell lung cancer (NSCLC) with bone metastases	-14328	Cost-Saving	Joshi et al., 2011 (523)
Zoledronic acid (4 mg) IV every 3 weeks for up to 21 months VERSUS Placebo IN Patients with non small cell lung cancer (NSCLC) with bone metastases in Portugal	-7747	Cost-Saving	Joshi et al., 2011 (523)
Zoledronic acid (4 mg) IV every 3 weeks for up to 21 months VERSUS Placebo IN Patients with non small cell lung cancer (NSCLC) with bone metastases in Netherlands	11350	13000	Joshi et al., 2011 (523)
Clinically guided second-line treatment (non-smoker women with adenocarcinoma receive erlotinib) VERSUS No patient selection strategy (all patients were assumed to receive erlotinib) IN French patients with advanced non-small-cell lung cancer who have failed platinum-based chemotherapy and eligible forsecond-line erlotinib initiation	-83046	Cost-Saving	Borget et al., 2011 (524)
Biologically guided second-line treatment (patients with known EGFR mutations receive erlotinib) VERSUS No patient selection strategy (all patients were assumed to receive erlotinib) IN French patients with advanced non-small-cell lung cancer who have failed platinum-based chemotherapy and eligible for second-line erlotinib initiation	-95010	Cost-Saving	Borget et al., 2011 (524)
First-line treatment with gefitinib in patients with activating EGFR mutations VERSUS First-line treatment with chemotherapy in patients with activating EGFR mutations IN patients with advanced lung cancer with activating epidermal growth factor receptor (EGFR) mutations		Cost-Saving	de Lima Lopes et al., 2011 (525)
EGFR (epidermal growth factor receptor) testing and first-line treatment with gefitinib in patients with activating EGFR mutations VERSUS Standard practice (first-line treatment with chemotherapy followed by gefitinib) IN Patients with advanced adenocarcinoma of the lung	-44063	Cost-Saving	de Lima Lopes et al., 2011 (525)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US males aged 70 years with smoking history of at least 20 pack-years	169000	200000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US males aged 60 years with smoking history of at least 20 pack-years	135000	160000	McMahon et al., 2011 (526)

Annual computed tomography (CT) screening for lung cancer VERSUS None IN US females aged 50 years with smoking history of at least 20 pack-years	137000	160000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US females aged 60 years with smoking history of at least 20 pack-years	126000	150000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US females aged 70 years with smoking history of at least 20 pack-years	159000	190000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current and former heavy smoker males aged 70 years with smoking history of at least 40 pack-years	166000	190000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current and former heavy smoker females aged 60 years	110000	130000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current and former heavy smoker males aged 70 years who quit = 10 years ago	147000	170000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current and former smoker females aged 60 years who quit = 10 years ago	112000	130000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current and former smoker males aged 70 years	149000	170000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US current heavy smoker females aged 60 years	112000	130000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer and bupropion and nicotine replacement therapy to current smokers at the screening examination VERSUS None IN US current and former heavy smoker males aged 50 years	144500	170000	McMahon et al., 2011 (526)

Annual computed tomography (CT) screening for lung cancer and bupropion and nicotine replacement therapy to current smokers at the screening examination VERSUS None IN US current and former heavy smoker females aged 50 years	130500	150000	McMahon et al., 2011 (526)
Annual smoking cessation therapy VERSUS None IN US current smoker males aged 50 years	57600	68000	McMahon et al., 2011 (526)
Annual smoking cessation therapy VERSUS None IN US current smoker females aged 50 years	69400	81000	McMahon et al., 2011 (526)
One-time smoking cessation therapy VERSUS None IN US current smoker males aged 50 years with smoking history of at least 20 pack-years	49100	58000	McMahon et al., 2011 (526)
One-time smoking cessation therapy VERSUS None IN US current smoker females aged 50 years with smoking history of at least 20 pack-years	69300	81000	McMahon et al., 2011 (526)
Annual computed tomography (CT) screening for lung cancer VERSUS None IN US males aged 50 years with smoking history of at least 20 pack-years	149000	170000	McMahon et al., 2011 (526)
6 cycles of carboplatin and paclitaxel (200mg/sq.m) plus bevacizumab (15mg/kg) given intravenously for 3 weeks VERSUS 6 cycles of carboplatin and paclitaxel (200mg/sq.m) given intravenously for 3 weeks IN US patients with stage IIIB/IV non-small cell lung cancer (NSCLC)	559609	610000	Goulart et al., 2011 (527)
Erlonitib VERSUS Placebo IN UK patients with stable non-small cell lung cancer with non-squamous histology	98633	110000	Dickson et al., 2011 (528)
Pemetrexed VERSUS Erlotinib IN UK patients with stable non-small cell lung cancer with non-squamous histology	121668	130000	Dickson et al., 2011 (528)

Pemetrexed VERSUS Placebo IN UK patients with stable non-small cell lung cancer with non-squamous histology	109028	120000	Dickson et al., 2011 (528)
Erlonitib VERSUS Placebo IN UK patients with stable non-small cell lung cancer with squamous histology.	64885	72000	Dickson et al., 2011 (528)
Vinorelbine (25 mg/m2) + cisplatin (30 mg/m2) along with rh-endostatin (7.5 mg/m2) for 4 cycles (endostatin strategy) VERSUS Vinorelbine (25 mg/m2) + cisplatin (30 mg/m2) for 4 cycles (NP strategy) IN Patients aged 18 to 76 years with newly diagnosed stage IIIB (malignant pleural effusion) or stage IV cancer or recurrent NSCLC (non small cell lung cancer) in China	24454	27000	Wu et al., 2011 (529)
Carboplatin plus paclitaxel (200mg/m2) VERSUS Cisplatin (80mg/m2) plus vinblastine and mitomycin (MVP) IN Patients with locally advanced (stage IIIB) or metastatic (stage IV) non-small cell carcinomas of the lung (NSCLC)	10964	12000	Thongprasert et al., 2011 (530)
Maintenance therapy with pemetrexed plus best supportive care VERSUS Best supportive care IN Patients with stage IIIB or IV advanced non-squamous cell lung cancer in Switzerland	140552	150000	Matter-Walstra et al., 2012 (531)
Gefitinib VERSUS Docetaxel IN Patients with non-small cell lung cancer in Thailand	-17643	Cost-Saving	Thongprasert et al., 2012 (532)
Pemetrexed VERSUS Docetaxel IN Patients with non-small cell lung cancer in Thailand	237150	260000	Thongprasert et al., 2012 (532)
Erlotinib VERSUS Docetaxel IN Patients with non-small cell lung cancer in Thailand	124703	140000	Thongprasert et al., 2012 (532)
Immunohistochemistry biomarker screening VERSUS None IN Patients with advanced stage non-small cell lung cancer	57165	62000	Atherly et al., 2012 (533)
Fluorescence in-situ hybridisation biomarker screening VERSUS None IN Patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	46144	50000	Atherly et al., 2012 (533)

Reverse transcription-PCR biomarker screening VERSUS None IN Patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	41200	45000	Atherly et al., 2012 (533)
Immunohistochemistry biomarker screening VERSUS None IN Patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	24720	27000	Atherly et al., 2012 (533)
Fluorescence in-situ hybridisation biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	12462	14000	Atherly et al., 2012 (533)
Reverse transcription-PCR biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	11127	12000	Atherly et al., 2012 (533)
Immunohistochemistry biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer and tumours with adenocarcinoma histology	6676	7200	Atherly et al., 2012 (533)
Fluorescence in-situ hybridisation biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer, tumours with adenocarcinoma histology and wild type for both EGFR (epidermal growth factor receptor) and KRAS	4756	5200	Atherly et al., 2012 (533)
Reverse transcription-PCR biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer, tumours with adenocarcinoma histology and wild type for both EGFR (epidermal growth factor receptor) and KRAS	4246	4600	Atherly et al., 2012 (533)

Immunohistochemistry biomarker screening VERSUS None IN Non-smoking patients with advanced stage non-small cell lung cancer, tumours with adenocarcinoma histology and wild type for both EGFR (epidermal growth factor receptor) and KRAS	2548	2800	Atherly et al., 2012 (533)
Fluorescence in-situ hybridisation biomarker screening VERSUS None IN Patients with advanced stage non-small cell lung cancer	106707	120000	Atherly et al., 2012 (533)
First-line chemotherapy treatment with erlotnib VERSUS First-line chemotherapy treatment with gefitinib IN Patients with EGFR-TK mutation-positive advanced or metastatic non-small-cell lung cancer	33769	37000	Dillon et al., 2012 (534)
Epidermal growth factor receptor (EGFR) mutation testing strategy only on patients with sufficient tumor tissue (test strategy) VERSUS No testing and all patients were treated with combination chemotherapy with a platinum agent IN Patients with stage IV adenocarcinoma	110644	120000	Handorf et al., 2012 (535)
Epidermal growth factor receptor (EGFR) mutation testing strategy for patients without available tissue, underwent a repeat biopsy to provide tissue for testing (rebiopsy strategy) VERSUS EGFR mutation testing strategy only on patients with sufficient tumor tissue (test strategy) IN Patients with stage IV adenocarcinoma	122234	130000	Handorf et al., 2012 (535)
Epidermal growth factor receptor (EGFR) mutation testing strategy for patients without available tissue, underwent a repeat biopsy to provide tissue for testing (rebiopsy strategy) followed by treatment with carboplatin plus premetrexed VERSUS EGFR mutation testing strategy for patients without available tissue, underwent a repeat biopsy to provide tissue for testing (rebiopsy strategy) followed by treatment with premetrexed IN Patients with stage IV adenocarcinoma	180665	200000	Handorf et al., 2012 (535)

Epidermal growth factor receptor (EGFR) mutation testing strategy for patients without available tissue, underwent a repeat biopsy to provide tissue for testing (rebiopsy strategy) followed by treatment with carboplatin, premetrexed and bevacizumab VERSUS EGFR mutation testing strategy for patients without available tissue, underwent a repeat biopsy to provide tissue for testing (rebiopsy strategy) followed by treatment with premetrexed and carboplatin IN Patients with stage IV adenocarcinoma	359619	400000	Handorf et al., 2012 (535)
VERSUS IN Specific disease- Advanced nonsquamous non-small-cell Lung Cancer; Age- Unknown; Gender- Not Specified; Country- China.	124793	140000	Zeng et al., 2013 (536)
Gene-guided (EGFR mutation-positive tumors) gefitinib switch maintenance therapy without gefitinib patients assistance program (GPAP) VERSUS Routine follow-up IN Specific disease- Non-small cell lung cancer; Age- Unknown; Gender- Both; Country- China; Other- advanced EGFR mutation-positive, first line chemotherapy program.	57066	59000	Zhu et al., 2013 (537)
Gene-guided (EGFR mutation-positive tumors) gefitinib switch maintenance therapy with gefitinib patients assistance program (GPAP) VERSUS Routine follow-up IN Specific disease- Non-small cell lung cancer; Age- Unknown; Gender- Both; Country- China; Other- advanced EGFR mutation-positive, first line chemotherapy completed with 10 years.	15665	16000	Zhu et al., 2013 (537)
Lobectomy VERSUS SBRT-CO (stereotactic body radiation therapy-clearly operable) IN Specific disease- Stage I Non-Small Cell Lung Cancer; Age-Adult; Gender- Both; Country- United States.	13200	14000	Shah et al., 2013 (538)
SBRT-CO (stereotactic body radiation therapy-clearly operable) VERSUS SBRT-MO (marginally operable) IN Specific disease- Stage I Non-Small Cell Lung Cancer; Age- Adult; Gender- Both; Country- United States.	-11039	Cost-Saving	Shah et al., 2013 (538)

Screening for lung cancer VERSUS None IN Specific disease- current smokers and former smokers; Age- 41 to 64 years; Gender- Both; Country- United States.	28240	29000	Villanti et al., 2013 (539)
Screening for lung cancer + light smoking cessation intervention VERSUS None IN Specific disease- current smokers and former smokers; Age- 41 to 64 years; Gender- Both; Country- United States; Other- all current smokers and half of the former smokers between age 50 and 64 to be eligible for lung cancer screening, with eligibility set as at least 30 pack-years of smoking history.	23185	24000	Villanti et al., 2013 (539)
Screening for lung cancer + intensive smoking cessation intervention: NRT generic plus behavioral VERSUS None IN Specific disease- current smokers and former smokers; Age- 41 to 64 years; Gender- Both; Country- United States.	16198	17000	Villanti et al., 2013 (539)
Screening for lung cancer + intensive smoking cessation intervention: bupropion generic plus behavioral VERSUS None IN Specific disease- current smokers and former smokers; Age- 41 to 64 years; Gender- Both; Country- United States.	16656	17000	Villanti et al., 2013 (539)
Screening for lung cancer + intensive smoking cessation intervention: chantix plus behavioral VERSUS None IN Specific disease- current smokers and former smokers; Age- 41 to 64 years; Gender- Both; Country- United States.	17310	18000	Villanti et al., 2013 (539)
Low dose computed tomography screening VERSUS Standard/Usual Care IN Specific disease- lung cancer; Age- 41 to 64 years, >=65 years; Gender- Both; Country- Israel.	1464	1500	Shmueli et al., 2013 (540)
Positron emission tomography (PET) scan + sending all patients for surgery VERSUS None IN Specific disease- non-small cell lung cancer; Age- Adult; Gender- Both; Country- Iran.	936	1000	Akbari Sari et al., 2013 (541)
VeriStrat (serum proteomic test) guided strategy & chemotherapy with docetaxel VERSUS Erlotinib to all IN Specific disease- non-small cell lung cancer; Age- 41 to 64 years; Gender- Both; Country- United States.	91111	99000	Nelson et al., 2013 (542)

VeriStrat (serum proteomic test) guided strategy & chemotherapy with pemetrexed VERSUS Performance status guided selection strategy (PS-guided) IN Specific disease- non-small cell lung cancer; Age- 41 to 64 years; Gender- Both; Country- United States.	-148538	Cost-Saving	Nelson et al., 2013 (542)
VeriStrat (serum proteomic test) guided strategy & chemotherapy with docetaxel VERSUS Performance status guided selection strategy (PS-guided) IN Specific disease- non-small cell lung cancer; Age- 41 to 64 years; Gender- Both; Country- United States.	8462	9200	Nelson et al., 2013 (542)
VeriStrat (serum proteomic test) guided strategy & chemotherapy with pemetrexed VERSUS Erlotinib to all IN Specific disease- non-small cell lung cancer; Age- 41 to 64 years; Gender- Both; Country- United States.	123332	130000	Nelson et al., 2013 (542)
Higher hyperfractionated radiotherapy VERSUS conventional fractionation radiotherapy IN Specific disease- Non–Small-Cell Lung Cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	370368	390000	Ramaekers et al., 2013 (543)
Identical hyperfractionated radiotherapy VERSUS conventional fractionation radiotherapy IN Specific disease- Non-Small-Cell Lung Cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	17226	18000	Ramaekers et al., 2013 (543)
Very accelerated radiotherapy VERSUS identical hyperfractionated radiotherapy IN Specific disease- Non-Small-Cell Lung Cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	-21013	Cost-Saving	Ramaekers et al., 2013 (543)
Moderately accelerated radiotherapy VERSUS very accelerated radiotherapy IN Specific disease- Non-Small-Cell Lung Cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	32145	34000	Ramaekers et al., 2013 (543)

Melanoma

Description	Original US$/QALY	2014US$/QALY	Reference
Life-long chest X-ray screening VERSUS No screening IN patients with intermediate-thickness, local cutaneous melanoma	215000	320000	Mooney et al., 1997 (544)

One-time visual screening examination by a dermatologist VERSUS No screening IN Adults older than 20 yrs. considered to be at high risk of experiencing skin cancer	30360	46000	Freedberg et al., 1999 (545)
Low dose interferon alpha-2a adjuvant therapy VERSUS No treatment IN Patients who have had surgical resection of AJCC stage II primary melanoma (10 yrs study horizon)	8613	13000	Lafuma et al., 2001 (546)
Low dose interferon alpha-2a adjuvant therapy VERSUS No treatment IN Patients who have had surgical resection of AJCC stage II primary melanoma (5 yrs study horizon)	16934	26000	Lafuma et al., 2001 (546)
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	18700	25000	Wilson et al., 2002 (547)
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	57273	77000	Wilson et al., 2002 (547)
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	31100	42000	Wilson et al., 2002 (547)
High-dose interferon treatment VERSUS No interferon treatment IN Patients with stage II to III melanoma	9426	13000	Crott et al., 2004 (548)
VERSUS IN Patients with malignant melanoma	67727	87000	Dixon et al., 2006 (549)
1 time melanoma dermatologist visual screening at age 50 years VERSUS Background screening only IN Hypothetical US cohort of the general population	8000	10000	Losina et al., 2007 (550)
Melanoma dermatologist visual screening every year starting at age 50 years VERSUS Melanoma dermatologist visual screening every 2 years starting at age 50 years IN Hypothetical US cohort of the general population	424000	530000	Losina et al., 2007 (550)

Melanoma dermatologist visual screening every year starting at age 50 years VERSUS Melanoma dermatologist visual screening every 2 years starting at age 50 years IN Hypothetical US cohort of siblings of patients with melanoma	210000	260000	Losina et al., 2007 (550)
Melanoma dermatologist visual screening every 2 years starting at age 50 years VERSUS 1 time melanoma dermatologist visual screening at age 50 years IN Hypothetical US cohort of siblings of patients with melanoma	35500	44000	Losina et al., 2007 (550)
1 time melanoma dermatologist visual screening at age 50 years VERSUS Background screening only IN Hypothetical US cohort of siblings of patients with melanoma	4000	5000	Losina et al., 2007 (550)
1 time melanoma dermatologist visual screening at age 50 years VERSUS Background screening only IN Hypothetical US cohort of higher risk ((at least 2 first degree relatives having been diagnosed as having melanoma) siblings of patients with melanoma	900	1100	Losina et al., 2007 (550)
Melanoma dermatologist visual screening every 2 years starting at age 50 years VERSUS 1 time melanoma dermatologist visual screening at age 50 years IN Hypothetical US cohort of higher risk ((at least 2 first degree relatives having been diagnosed as having melanoma) siblings of patients with melanoma	14700	18000	Losina et al., 2007 (550)
Melanoma dermatologist visual screening every year starting at age 50 years VERSUS Melanoma dermatologist visual screening every 2 years starting at age 50 years IN Hypothetical US cohort of higher risk ((at least 2 first degree relatives having been diagnosed as having melanoma) siblings of patients with melanoma	99800	130000	Losina et al., 2007 (550)
Adjuvant high dose interferon following surgical treatment VERSUS Surgical treatment, no pharmaceutical adjuvant IN US Node positive stage IIIA melanoma patients	169548	210000	Cormier et al., 2007 (551)
Adjuvant high dose interferon following surgical treatment VERSUS Surgical treatment, no pharmaceutical adjuvant IN US Node positive stage IIIB melanoma patients	95304	120000	Cormier et al., 2007 (551)
Adjuvant high dose interferon following surgical treatment VERSUS Surgical treatment, no pharmaceutical adjuvant IN US Node positive stage IIIC melanoma patients	76068	92000	Cormier et al., 2007

			(551)
Wide excision (WEX) with sentinel lymph node biopsy (SNB) VERSUS Wide excision only IN Australian patients with cutaneous melanoma with primary tumors greater than or equal to 1 mm in thickness, 52 years of age	1664	1900	Morton et al., 2008 (552)
Application of broad-spectrum Sun Protection Factor 15 sunscreen to head neck arms and hands every morning VERSUS Use of sun screen at their own discretion IN White population aged 49 years in sunny settings in Australia	45540	49000	Hirst et al., 2012 (553)
Ipilimumab (3mg/kg) VERSUS Standard/Usual care- best supportive care (BSC) IN Specific disease- patients with advanced (unresectable or metastatic) melanoma; Age- Adult; Gender- Both; Country- United States.	128656	140000	Barzey et al., 2013 (554)
Mole Mate system- novel diagnostic aid comprising a handheld SIAscopy scanner incorporating an algorithm developed for use in primarycare VERSUS Standard/Usual care- best practice (recommended by NICE) IN Specific disease- Pigmented skin lesions; Age- 41 to 64 years, Adult; Gender- Not Specified; Country- United States.	3042	3200	Wilson et al., 2013 (555)
FISH assay addition, diagnostic strategy 2 VERSUS Secondary microscopic assessment by a pathologist IN Healthy; Age- Adult; Gender- Both; Country- United States.	33000	36000	Kansal et al., 2013 (556)
FISH assay addition, diagnostic strategy 1 VERSUS Initial microscopic assessment by a PCP or pathologist IN Healthy; Age- Adult; Gender- Both; Country- United States.	14930	16000	Kansal et al., 2013 (556)
Vemurafenib VERSUS dacarbazine IN Specific disease- malignant melanoma; Age- 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom; Other- locally advanced or metastatic BRAF V600 mutation-positive.	87085	95000	Beale et al., 2013 (557)

Neck Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Positron emission tomography VERSUS Observation followed by surgery or radiation IN Classification N0 head and neck squamous cell carcinoma patients after a computed tomography (CT) scan	2505	3600	Hollenbeak et al., 2001 (558)
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	-5353	Increases Costs, Decreases Health	Vidal-Trecan et al., 2002 (559)
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	-1338	Increases Costs, Decreases Health	Vidal-Trecan et al., 2002 (559)
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	-1701	Increases Costs, Decreases Health	Vidal-Trecan et al., 2002 (559)
Screening by a dental specialist VERSUS No screening IN Patients with oral lichen planus - average age 55	2137	2900	van der Meij et al., 2002 (560)
Primary low-dose radioactive iodine treatment (<555 MBq) VERSUS Primary high-dose radioactive iodine treatment (>555 MBq) IN Female patients with clinical hyperthyroidism and a toxic solitary thyroid nodule - age 40	31200	41000	Vidal-Trecan et al., 2004 (561)
Primary thyroid lobectomy (once euthyroidism has been achieved with antithyroid drugs) VERSUS Primary high-dose radioactive iodine treatment (>555 MBq) IN Female patients with clinical hyperthyroidism and a toxic solitary thyroid nodule - age 40	11517	15000	Vidal-Trecan et al., 2004 (561)
Lifelong anti-thyroid drugs followed by radioactive iodine treatment VERSUS Primary high-dose radioactive iodine treatment (>555 MBq) IN Female patients with clinical hyperthyroidism and a toxic solitary thyroid nodule - age 40	-7727	Increases Costs, Decreases Health	Vidal-Trecan et al., 2004 (561)

Lifelong anti-thyroid drugs followed by thyroid lobectomy VERSUS Primary high-dose radioactive iodine treatment (>555 MBq) IN Female patients with clinical hyperthyroidism and a toxic solitary thyroid nodule - age 40	-7838	Increases Costs, Decreases Health	Vidal-Trecan et al., 2004 (561)
Recombinant human thyroid stimulating hormone VERSUS Thyroid hormone withdrawal IN Patients undergoing diagnosis of recurrent thyroid cancer	33495	43000	Blamey et al., 2005 (562)
VERSUS IN Patients with newly diagnosed differentiated papillary or follicular thyroid cancer without metastases	1192	1500	Mernagh et al., 2006 (563)
Cetuximab in combination with radiotherapy VERSUS Radiotherapy only IN Advanced head and neck cancer in patients (in Belgium) for whom chemoradiotherapy is inappropriate or intolerable	10764	13000	Brown et al., 2008 (564)
Cetuximab in combination with radiotherapy VERSUS Radiotherapy only IN Advanced head and neck cancer in patients (in France) for whom chemoradiotherapy is inappropriate or intolerable	13613	16000	Brown et al., 2008 (564)
Cetuximab in combination with radiotherapy VERSUS Radiotherapy only IN Advanced head and neck cancer in patients (in Italy) for whom chemoradiotherapy is inappropriate or intolerable	9470	11000	Brown et al., 2008 (564)
Cetuximab in combination with radiotherapy VERSUS Radiotherapy only IN Advanced head and neck cancer in patients (in Switzerland) for whom chemoradiotherapy is inappropriate or intolerable	12975	15000	Brown et al., 2008 (564)
Cetuximab in combination with radiotherapy VERSUS Radiotherapy only IN Advanced head and neck cancer in patients (in the UK) for whom chemoradiotherapy is inappropriate or intolerable	11488	13000	Brown et al., 2008 (564)

18-Fluoro-2-Deoxyglucose Positron emission tomography (PET scan) of the nasal passages VERSUS Magnetic resonance imaging of the nasal passages IN Southern China and Southeast Asia patients suspected of nasopharyngeal carcinoma. Taiwanese healthcare system.	1389	1600	Yen et al., 2009 (565)
MRI followed by PET scan if MRI results are uncertain VERSUS Magnetic Resonance Imaging (MRI) scan of the nasal passages IN Southern China and Southeast Asia patients suspected of nasopharyngeal carcinoma. Taiwanese healthcare system.	462	530	Yen et al., 2009 (565)
Docetaxel 75 mg/m2 followed by cisplatin 100 mg/m2 on day 1 and 5-FU as a continuous infusion at 1000 mg/m2 per day for 4 days, along with ciprofloxacin 500 mg twice a day for 10 days and dexamethasone 48 mg during each cycle VERSUS Cisplatin 100 mg/m2 on Day 1 followed by 5-FU 1000 mg/m2 per day as a continuous infusion for 5 days. IN Head and neck cancer patients in the UK	3285	3900	Parthan et al., 2009 (566)
Recombinant human thyroid stimulating hormone (rhTSH) before radioidine ablation VERSUS No recombinant human thryoid stimulating hormone (rhTSH) IN Canadian patients with thyroid cancer	1435	1600	Mernagh et al., 2009 (567)
Recombinant human thyroid stimulating hormone (rhTSH) before radioidine ablation VERSUS No recombinant human thryoid stimulating hormone (rhTSH) IN Canadian patients with thyroid cancer where ablation performed as outpatient, so no time spent in radio-protective ward	12643	14000	Mernagh et al., 2009 (567)
Dissect patients with residual disease on positron emission tomography-computed tomography (PET-CT) VERSUS Dissect all patients IN United States 50 year old men with node-positive head and neck squamous cell carcinoma 5 years post chemoradiotherapy		Cost-Saving	Sher et al., 2009 (568)
Recombinant human thyrotropin (rhTSH) VERSUS Thyroid hormone (throxine) withdrawal IN US patients aged 44 years with low-risk differentiated thyroid cancer who were prepared for ablation	52554	58000	Wang et al., 2010 (569)
Transoral CO2 Endolaryngeal laser excision (TOL) VERSUS Standard fractionated external beam radiation IN Adults with early-stage glottic	-15420	Cost-Saving	Higgins et al., 2011

carcinoma			(570)
Yearly community-based oral cancer screening VERSUS None IN US males over 40 years regularly using tobacco and/or alcohol	-6239	Cost-Saving	Dedhia et al., 2011 (571)
Cetuximab plus radiotherapy VERSUS Radiotherapy IN Patients with locally advanced squamous cell carcinoma of the head and neck in Taiwan	36992	42000	Chan et al., 2011 (572)
Molecular test (Afirma Gene Expression Classifier) VERSUS Current practice based on cytological findings IN US adult patients with thyroid nodules and indeterminate fine need aspiration biopsy (FNAB) results	-20757	Cost-Saving	Li et al., 2011 (573)
Preventative swallowing exercise program (PREP) in addition to usual care VERSUS Usual care IN Patients with advanced stage III and IV head and neck cancer undergoing concomitant chemo-raadiotherapy (CCRT)	4708	5200	Ret?l et al., 2011 (574)
Addition of docetaxel to cisplatin and platinum/infusional 5-fluorouracil (TPF) VERSUS Chemotherapy plus platinum/infusional 5-fluorouracil (PF) IN Patients with stage III/IV unresectable head and neck cancer in Italy	15646	17000	Liberato et al., 2012 (575)
Intensity modulated radiotherapy (IMRT) VERSUS Three-dimensional conformal radiotherapy (3DCRT) IN Patients with locally advanced oropharyngeal carcinoma undergoing radiotherapy	4476	4900	Yong et al., 2012 (576)
Volumetric modulated arc therapy (VMAT) VERSUS Three-dimensional conformal radiotherapy (3DCRT) IN Patients with locally advanced oropharyngeal carcinoma undergoing radiotherapy	2398	2600	Yong et al., 2012 (576)
Cetuximab + platinum-based chemotherapy VERSUS Platinum-based chemotherapy alone IN Patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC)	390670	410000	Hannouf et al., 2012 (577)
Repeat fine-needle aspiration (FNA) VERSUS Diagnostic thyroid lobectomy IN US patients aged 40 years with diagnosis of atypia of undetermined significance (AUS) on initial thyroid fine-needle aspiration (FNA)	-97287	Cost-Saving	Heller et al., 2012 (578)

Fine-needle aspiration biopsy (FNAB) with a new molecular diagnostic test as an addition (DX) VERSUS FNAB in combination with the the Bethesta System for reporting thyroid cytopathology guidelines IN Patients with an initial indeterminate fine-needle aspiration biopsy for evaluating thyroid nodules through cytological diagnosis	-27000	Cost-Saving	Najafzadeh et al., 2012 (579)
Intensity modulated proton radiation therapy (IMPT) if efficient (receive if IMPT is cost-effective compared to IMRT, below 80,000 per QALY gained) VERSUS Intensity modulated radiation therapy with photons (IMRT) for all patients IN Specific disease- Advanced head and neck cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	79774	87000	Ramaekers et al., 2013 (580)
Intensity modulated proton radiation therapy (IMPT) for all patients VERSUS Intensity modulated proton radiation therapy (IMPT) if efficient (receive if IMPT is cost-effective compared to IMRT, below 80,000 per QALY gained) IN Specific disease- Advanced head and neck cancer; Age- Adult; Gender- Not Specified; Country- Netherlands.	169328	180000	Ramaekers et al., 2013 (580)
Fine needle aspiration (FNA) with on-site adequacy evaluation VERSUS Fine needle aspiration (FNA) without on-site adequacy evaluation IN Specific disease- solitary thyroid nodule; Age- Unknown; Gender- Not Specified; Country- United States.	639143	670000	Zanocco et al., 2013 (581)
Sentinel lymph node (SLN) procedure followed by neck dissection or watchful waiting VERSUS Elective neck dissection IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	4670	4900	Govers et al., 2013 (582)
Gene expression VERSUS Elective neck dissection IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	-749713	Increases Costs, Decreases Health	Govers et al., 2013 (582)
Gene expression and sentinel node VERSUS Elective neck dissection IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	5415557	5700000	Govers et al., 2013 (582)
Gene expression VERSUS Sentinel node IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	-130671	Increases Costs, Decreases Health	Govers et al., 2013 (582)

Sentinel node VERSUS Elective neck dissection IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	4670	4900	Govers et al., 2013 (582)
Gene expression plus sentinel node VERSUS sentinel node IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	-178782	Increases Costs, Decreases Health	Govers et al., 2013 (582)
Elective neck dissection VERSUS Watchful waiting IN Specific disease- Clinical T1-2N0 oral squamous cell cancer; Age- Unknown; Gender- Both; Country- Netherlands.	9036	9500	Govers et al., 2013 (582)
Diagnostic hemithyroidectomy with intraoperative pathology examination VERSUS Diagnostic hemithyroidectomy IN Healthy; Age- Adult; Gender- Both; Country- United States.	-47480	Increases Costs, Decreases Health	Zanocco et al., 2013 (583)
Total thyroidectomy VERSUS Diagnostic hemithyroidectomy IN Healthy; Age- Adult; Gender- Both; Country- United States.	-12530	Increases Costs, Decreases Health	Zanocco et al., 2013 (583)
Minimally invasive esophagectomy VERSUS Open esophagectomy IN Specific disease- resectable esophageal cancer; Age- Adult; Gender- Both; Country- Canada.	-74645	Cost-Saving	Lee et al., 2013 (584)
Intensity modulated radiation therapy VERSUS 3-dimensional conformal Radiation therapy IN Specific disease- head/neck cancer; Age- >=65 years; Gender- Not Specified; Country- United States.	34523	36000	Kohler et al., 2013 (585)
Total thyroidectomy (TTX) with prophylactic central neck dissection (pCND) VERSUS Total thyroidectomy (TTX) IN Specific disease- Thyroid Cancer afer total thyroidectomy (TTX); Age- 19 to 40 years, 41 to 64 years; Gender- Not Specified; Country- United States.	-27667	Increases Costs, Decreases Health	Zanocco et al., 2013 (586)

Other Cancers

Description	Original US$/QALY	2014US$/QALY	Reference
Vena caval filter VERSUS Anticoagulation therapy IN Lung cancer patients who have survived acute pulmonary embolism	-21500	Cost-Saving	Sarasin et al., 1993 (587)
Anticoagulation therapy VERSUS Observation IN Lung cancer patients with acute deep venous thrombosis	-6638	Cost-Saving	Sarasin et al., 1993 (587)
Vena caval filter VERSUS Anticoagulation therapy IN Lung cancer patients with acute deep venous thrombosis	-13050	Cost-Saving	Sarasin et al., 1993 (587)
Anticoagulation therapy VERSUS Observation IN Lung cancer patients who have survived acute pulmonary embolism	-9647	Cost-Saving	Sarasin et al., 1993 (587)
Antiemetic therapy with ondansetron VERSUS Antiemetic therapy with metoclopramide IN 40-kg patient receiving cisplatin chemotherapy (>=75 mg/ sq. m) who had not previously been exposed to antineoplastic agents	168391	280000	Zbrozek et al., 1994 (588)
Antiemetic therapy with ondansetron VERSUS Antiemetic therapy with metoclopramide IN 70-kg patient receiving cisplatin chemotherapy (>=75 mg/ sq. m) who had not previously been exposed to antineoplastic agents	407667	670000	Zbrozek et al., 1994 (588)
Semiannual Pap smear VERSUS Annual Pap smear after 2 negative smears 6 months apart IN Women with HIV infection, CD4 cell count <200 cells/mm^3	43700	66000	Goldie et al., 1999 (589)
Annual Pap smear VERSUS No screen IN Women with HIV infection, CD4 cell count 200-500 cells/mm^3	12800	19000	Goldie et al., 1999 (589)
Annual Pap smear VERSUS No screen IN Women with HIV infection, CD4 cell count <200 cells/mm^3	22500	34000	Goldie et al., 1999 (589)
Annual Pap smear after 2 negative smears 6 months apart VERSUS Annual Pap smear IN Women with HIV infection, CD4 cell count 200-500 cells/mm^3	14800	22000	Goldie et al., 1999 (589)
Annual Pap smear after 2 negative smears 6 months apart VERSUS Annual Pap smears IN Women with HIV infection, CD4 cell count >500 cells/mm^3	15800	24000	Goldie et al., 1999 (589)

Annual Pap smear after 2 negative smears 6 months apart VERSUS Annual Pap smears IN Women with HIV infection, CD4 cell count <200 cells/mm^3	28700	43000	Goldie et al., 1999 (589)
Semiannual Pap smear VERSUS Annual Pap smear after 2 negative smears 6 months apart IN Women with HIV infection, CD4 cell count 200-500 cells/mm^3	27600	42000	Goldie et al., 1999 (589)
Semiannual Pap smear VERSUS Annual Pap smear after 2 negative smears 6 months apart IN Women with HIV infection, CD4 cell count >500 cells/mm^3	40300	61000	Goldie et al., 1999 (589)
Semiannual colposcopy VERSUS Semiannual Pap smear IN Women with HIV infection, CD4 cell count 200-500 cells/mm^3	375000	570000	Goldie et al., 1999 (589)
Semiannual colposcopy VERSUS Semiannual Pap smear IN Women with HIV infection, CD4 cell count >500 cells/mm^3	540000	810000	Goldie et al., 1999 (589)
Semiannual colposcopy VERSUS Semiannual Pap smear IN Women with HIV infection, CD4 cell count <200 cells/mm^3	448000	680000	Goldie et al., 1999 (589)
Annual Pap smear VERSUS No screen IN Women with HIV infection, CD4 cell count >500 cells/mm^3	12800	19000	Goldie et al., 1999 (589)
Anal PAP screening every 3 years VERSUS No screening IN HIV positive homosexual and bisexual men with CD4 count >500		Increases Costs, Decreases Health	Goldie et al., 1999 (590)
Anal PAP screening every 2 years VERSUS No screening IN HIV positive homosexual and bisexual men with CD4 count >500	13000	19000	Goldie et al., 1999 (590)
Anal PAP screening every year VERSUS Anal PAP screening every 2 years IN HIV positive homosexual and bisexual men with CD4 count >500	16600	24000	Goldie et al., 1999 (590)
Anal PAP screening every 6 months VERSUS Anal PAP screening every year IN HIV positive homosexual and bisexual men with CD4 count >500	49600	73000	Goldie et al., 1999 (590)
Anal PAP screening every 3 years VERSUS No screening IN HIV positive homosexual and bisexual men with CD4 count 200-500		Increases Costs, Decreases Health	Goldie et al., 1999 (590)
Anal PAP screening every 2 years VERSUS No screening IN HIV positive homosexual and bisexual men with CD4 count 200-500		Increases Costs, Decreases	Goldie et al., 1999 (590)

		Health	
Anal PAP screening every year VERSUS Anal PAP screening every 2 years IN HIV positive homosexual and bisexual men with CD4 count 200-500	23800	35000	Goldie et al., 1999 (590)
Anal PAP screening every 6 months VERSUS Anal PAP screening every year IN HIV positive homosexual and bisexual men with CD4 count 200-500	54300	80000	Goldie et al., 1999 (590)
Anal PAP screening every 6 months VERSUS Anal PAP screening every year IN HIV positive homosexual and bisexual men with CD4 count <200	91100	130000	Goldie et al., 1999 (590)
Anal PAP screening every year VERSUS Anal PAP screening every 2 years IN HIV positive homosexual and bisexual men with CD4 count <200	57100	84000	Goldie et al., 1999 (590)
Anal PAP screening every 2 years VERSUS Anal PAP screening every 3 years IN HIV positive homosexual and bisexual men with CD4 count <200	51400	76000	Goldie et al., 1999 (590)
Anal PAP screening every 3 years VERSUS No screening IN HIV positive homosexual and bisexual men with CD4 count <200	49300	73000	Goldie et al., 1999 (590)
Recombinant human erythropoietin (epoetin) VERSUS Blood transfusions IN Anemic patients with cancer undergoing chemotherapy	163080	240000	Cremieux et al., 1999 (591)
Medullary hormone analysis VERSUS Ignore IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	22400	33000	Kievit et al., 2000 (592)
Fine-needle aspiration cytology VERSUS Medullary hormone analysis IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	-17000	Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Cortical hormone analysis VERSUS Fine-needle aspiration cytology IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	-290000	Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Full hormone analysis VERSUS Cortical hormone analysis IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	22500	33000	Kievit et al., 2000 (592)
Meta-iodobenzylguanidine VERSUS Full hormone analysis IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	-40000	Increases Costs, Decreases	Kievit et al., 2000 (592)

		Health	
I-iodomethyl-norcholesterol VERSUS Meta-iodobenzylguanidine IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	-7222	Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Magnetic resonance imaging (MRI) VERSUS I-iodomethyl-norcholesterol IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)	22500	33000	Kievit et al., 2000 (592)
Computed tomography (CT) scan VERSUS Magnetic resonance imaging (MRI) IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Surgery (no testing) VERSUS Computed tomography (CT) scan IN Patients with signs of adrenal incidentaloma (2.5-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Medullary hormone analysis VERSUS Ignore IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)	17450	25000	Kievit et al., 2000 (592)
Fine-needle aspiration cytology VERSUS Medullary hormone analysis IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Meta-iodobenzylguanidine VERSUS Fine-needle aspiration cytology IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Cortical hormone analysis VERSUS Meta-iodobenzylguanidine IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
I-iodomethylnorcholesterol VERSUS Cortical hormone analysis IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)

Full hormone analysis VERSUS I-iodomethylnorcholesterol IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)	47000	68000	Kievit et al., 2000 (592)
Magnetic resonance imaging (MRI) VERSUS Full hormone analysis IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Computed tomography (CT) scan VERSUS Magnetic resonance imaging (MRI) IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Surgery (no testing) VERSUS Computed tomography (CT) scan IN Patients with signs of adrenal incidentaloma (6-cm incidentaloma)		Increases Costs, Decreases Health	Kievit et al., 2000 (592)
Screening for anal squamous intraepithelial lesions and anal cancer every 3 years VERSUS No screening IN Hypothetical cohort of 30yo HIV negative homosexual and bisexual men	7000	10000	Goldie et al., 2000 (593)
Screening for anal squamous intraepithelial lesions and anal cancer every 2 years VERSUS Screening for anal squamous intraepithelial lesions and anal cancer every 3 years IN Hypothetical cohort of 30yo HIV negative homosexual and bisexual men	15100	22000	Goldie et al., 2000 (593)
Screening for anal squamous intraepithelial lesions and anal cancer every 1 year VERSUS Screening for anal squamous intraepithelial lesions and anal cancer every 2 years IN Hypothetical cohort of 30yo HIV negative homosexual and bisexual men	34800	51000	Goldie et al., 2000 (593)
Screening for anal squamous intraepithelial lesions and anal cancer every 6 months VERSUS Screening for anal squamous intraepithelial lesions and anal cancer every 1 year IN Hypothetical cohort of 30yo HIV negative homosexual and bisexual men	143500	210000	Goldie et al., 2000 (593)
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	-53121	Cost-Saving	van den Hout et al., 2003 (594)

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	296176	400000	Hollingworth et al., 2003 (595)
Palliative radiotherapy for bone metastases VERSUS *No comparator explicitly stated (no palliative treatment?) IN Cancer patients in Australia treated by radiation with palliative intent for bone metastases	939	1400	Barton et al., 2003 (596)
Subcutaneous low molecular weight heparin VERSUS Warfarin (6 months) with low molecular weight heparin (first 5 days) IN Cancer patients who experienced a venous thromboembolic event - age 65	149865	200000	Aujesky et al., 2005 (597)
Gamma knife radiosurgery VERSUS None IN Patients aged between 20 - 65 years with benign cranial base tumors	3762	4700	Cho et al., 2006 (598)
Open surgery VERSUS None IN Patients aged between 20 - 65 years with benign cranial base tumors	8996	11000	Cho et al., 2006 (598)
VERSUS IN Cancer patients with indications for anticoagulation for 6 months	11398	14000	Dranitsaris et al., 2006 (599)
VERSUS IN Patients with Type II Diabetes, hypertension and in remission with variety of cancers	398	500	Graves et al., 2006 (600)
VERSUS IN Patients received cisplatin based chemotherapy and received at least one dose of study drug	35935	45000	Lordick et al., 2007 (601)
Three-drug regimen consisting of aprepitant, a 5HT-3 antagonist, and a corticosteroid VERSUS Standard regimen IN Patients receiving a chemotherapeutic regimen including 70 mg/m2 or less of cisplatin	97429	120000	Moore et al., 2007 (602)
Adding aprepitant to the conventional regimen only after chemotherapy-induced nausea and vomiting (CINV) occurs with a prior cycle of chemotherapy VERSUS Standard regimen IN Patients receiving a chemotherapeutic regimen including 70 mg/m2 or less of cisplatin	96333	120000	Moore et al., 2007 (602)

Three-drug regimen consisting of aprepitant, a 5HT-3 antagonist, and a corticosteroid VERSUS Adding arepitant to the conventional regimen only after chemotherapy-induced nausea and vomiting (CINV) occurs with a prior cycle of chemotherapy IN Patients receiving a chemotherapeutic regimen including 70 mg/m2 or less of cisplatin	98250	120000	Moore et al., 2007 (602)
Aprepitant VERSUS Standard treatment IN Patients with cancer reveiving highly emetogenic chemotherapy (HEC), trial - based	-27387	Cost-Saving	Annemans et al., 2007 (603)
Aprepitant VERSUS Standard treatment IN Patients with cancer reveiving highly emetogenic chemotherapy (HEC), real-life based	-31122	Cost-Saving	Annemans et al., 2007 (603)
Aprepitant VERSUS Standard treatment IN Patients with moderately emetogenic chemotherapy (MEC), trial based	-1601	Cost-Saving	Annemans et al., 2007 (603)
Aprepitant VERSUS Standard treatment IN Patients with moderately emetogenic chemotherapy (MEC), real-life-based	-1956	Cost-Saving	Annemans et al., 2007 (603)
Controlled and maintained physical exercise at recommended frequencies VERSUS No physical exercise IN Persons 30 years old with: BMI=26, cholesterol=190, systolic blood pressure=120	17314	22000	Annemans et al., 2007 (604)
Controlled and maintained physical exercise at recommended frequencies VERSUS No physical exercise IN Persons 40 years old with: BMI=30, cholesterol=210, systolic blood pressure=250	11631	15000	Annemans et al., 2007 (604)
Controlled and maintained physical exercise at recommended frequencies VERSUS No physical exercise IN Persons 50 years old with: BMI=32, cholesterol=250, systolic blood pressure=140	2922	3700	Annemans et al., 2007 (604)
Prophylactic pegfilgrastim (6mg) VERSUS No prophylactic G-CSF (granulocyte colony-stimulating factor) IN Hospitalized patients (ages 18-65 years old) for a solid tumor cancer with a diagnosis of neutropenia (agranulocytosis)	-692025	Cost-Saving	Eldar-Lissai et al., 2008 (605)

Prophylactic pegfilgrastim (6mg) VERSUS Prophylactic filgrastim (300 mg and 480 mg) IN Hospitalized patients (ages 18-65 years old) for a solid tumor cancer with a diagnosis of neutropenia (agranulocytosis)	-3023416	Cost-Saving	Eldar-Lissai et al., 2008 (605)
Annual screening test for anal intra-epithelial neoplasia (AIN) and anal cancer VERSUS No screening IN UK population of men who have sex with men (MSM) ages 16-24	-306618	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
VERSUS No screening IN UK population of men who have sex with men (MSM) ages 16-24	-28	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 3 years VERSUS No screening IN UK population of men who have sex with men (MSM) ages 16-24	-261878	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 4 years VERSUS No screening IN UK population of men who have sex with men (MSM) ages 16-24	-259005	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 5 years VERSUS No screening IN UK population of men who have sex with men (MSM) ages 16-24	-16391	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Annual screening test for anal intra-epithelial neoplasia (AIN) and anal cancer VERSUS No screening IN UK population of men with HIV ages 16-24	-111724	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 2 years VERSUS No screening IN UK population of men with HIV ages 16-24	-113758	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 3 years VERSUS No screening IN UK population of men with HIV ages 16-24	-115226	Increases Costs, Decreases Health	Karnon et al., 2008 (606)

Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 4 years VERSUS No screening IN UK population of men with HIV ages 16-24	-115115	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
Screening test for anal intra-epithelial neoplasia (AIN) and anal cancer every 5 years VERSUS No screening IN UK population of men with HIV ages 16-24	-114588	Increases Costs, Decreases Health	Karnon et al., 2008 (606)
EPO(epoitin alfa) starting at hemoglobin level 12g/dl VERSUS Red blood cell transfusion treatment (RBCT) alone with a trigger of 10g/dl IN Patients with cancer who developed chemotherapy-related anemia in Sweden	33865	39000	Borg et al., 2008 (607)
30Gy of radiation divided in 10 fractions VERSUS 8Gy radiation in single fraction IN Patients enrolled in clinical trial RTOG97-14 with bone metastases	6975	7700	Konski et al., 2009 (608)
Lipid screening at 7-year intervals VERSUS No screening IN A hypothetical cohort of 30-year-old male survivors of Hodgkin's Lymphoma(HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	22700	27000	Chen et al., 2009 (609)

Lipid screening at 5-year intervals VERSUS Lipid screening at 7-year intervals IN A hypothetical cohort of 30-year-old male survivors of Hodgkin's Lymphoma(HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	31700	37000	Chen et al., 2009 (609)
Lipid screening at 3-year intervals VERSUS Lipid screening at 5-year intervals IN A hypothetical cohort of 30-year-old male survivors of Hodgkin's Lymphoma(HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	78200	92000	Chen et al., 2009 (609)
Lipid screening at 1-year intervals VERSUS Lipid screening at 3-year intervals IN A hypothetical cohort of 30-year-old male survivors of Hodgkin's Lymphoma (HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	73171	86000	Chen et al., 2009 (609)

Lipid screening at 7-year intervals VERSUS No screening IN A hypothetical cohort of 30-year-old female survivors of Hodgkin's Lymphoma (HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	27000	32000	Chen et al., 2009 (609)
Lipid screening at 5-year intervals VERSUS Lipid screening at 7-year intervals IN A hypothetical cohort of 30-year-old female survivors of Hodgkin's Lymphoma (HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	42800	50000	Chen et al., 2009 (609)
Lipid screening at 3-year intervals VERSUS Lipid screening at 5-year intervals IN A hypothetical cohort of 30-year-old female survivors of Hodgkin's Lymphoma (HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	36145	42000	Chen et al., 2009 (609)

Lipid screening at 1-year intervals VERSUS Lipid screening at 3-year intervals IN A hypothetical cohort of 30-year-old female survivors of Hodgkin's Lymphoma (HL) who survived 5 years after mediastinal irradiation. It was assumed that survivors of HL did not have pre-existing clinical CHD and that the incidence of hyperlipidemia in survivors of HL was similar to that for the age- and sex-matched US population.	212121	250000	Chen et al., 2009 (609)
Pleurx cathether for home-based drainage of effusions VERSUS Chest tube placement with talc slurry IN US patients with malignant pleural effusions	-18620	Increases Costs, Decreases Health	Olden et al., 2010 (610)
Erythropoiesis-stimulating agent (ESA), dose: 22191U/week VERSUS Supportive transfusions IN Canadian cancer patients with anemia. Target Hemoglobin <= 12g/dL	96001	110000	Klarenbach et al., 2010 (611)
Erythropoiesis-stimulating agent (ESA), dose: 17673U/week VERSUS Supportive transfusions IN Canadian cancer patients with anemia. Target Hemoglobin <= 12g/dL	67846	75000	Klarenbach et al., 2010 (611)
Erythropoiesis-stimulating agent (ESA), dose: 29502U/week VERSUS Supportive transfusions IN Canadian cancer patients with anemia with an initial Hemoglobin >10g/dL	141006	160000	Klarenbach et al., 2010 (611)
Erythropoiesis-stimulating agent (ESA), dose: 16596U/week VERSUS Supportive transfusions IN Canadian cancer patients with anemia with an initial Hemoglobin > 10g/dL	68744	76000	Klarenbach et al., 2010 (611)
Erythropoiesis-stimulating agent (ESA) dose: 37069U/week, VERSUS Supportive transfusions IN Canadian cancer patients with anemia with target Hemoglobin <=12g/dL, initial Hemoglobin<=10g/dL. Chemotherapy-induced anemia only	131891	150000	Klarenbach et al., 2010 (611)
Erythropoiesis-stimulating agent (ESA) VERSUS Supportive transfusions IN Canadian cancer patients with anemia. Target Hemoglobin <= 12g/dL	272012	300000	Klarenbach et al., 2010 (611)

Trabectedin (TRA), followed by end stage treatment VERSUS End-stage treatment IN Adult patients with mSTS who were previously treated with Anthracycline and/or ifosfamide (first line treatment)	62780	69000	Soini et al., 2010 (612)
Start screening for Lynch syndrome at aged 25 years and implement genetic testing at 5% risk threshold VERSUS Current practice (genetic testing for lynch syndrome was offered to those with appropriate clinical risk factors after a malignacy was detected) IN US general population	27571	30000	Dinh et al., 2011 (613)
Start screening for Lynch syndrome at aged 35 years and implement genetic testing at 5% risk threshold VERSUS Current practice (genetic testing for lynch syndrome was offered to those with appropriate clinical risk factors after a malignacy was detected) IN US general population	24585	27000	Dinh et al., 2011 (613)
Start screening for Lynch syndrome at aged 30 years and implement genetic testing at 5% risk threshold VERSUS Current practice (genetic testing for lynch syndrome was offered to those with appropriate clinical risk factors after a malignacy was detected) IN US general population	26299	29000	Dinh et al., 2011 (613)
Gemcitabine + cisplatin VERSUS Gemcitabine monotherapy for a maximum of 24 weeks IN 63 year-old patients with locally advanced or metastatic cholangiocarcinoma, gallbladder cancer, or ampullary cancer and ECOG performance status of 0-2.	59480	66000	Roth et al., 2011 (614)
Intranasal fentanyl spray (infs) VERSUS Fentanyl buccal tablet (fbt) IN Swedish patients with breakthrough cancer pain and advaned stage cancer	17005	19000	Vissers et al., 2011 (615)
Intranasal fentanyl spray (infs) VERSUS Oral transmucosal fentanyl citrate (OTFC) IN Swedish patients with breakthrough cancer pain and advaned stage cancer	5271	5800	Vissers et al., 2011 (615)
Clodronate administered daily orally VERSUS Zoledronate administered intravenously every 4 weeks IN Patients with metastatic bone disease (MBD) in Brazil: healthcare perspective	-22653	Cost-Saving	Cunio Machado Fonseca et al., 2011 (616)
Clodronate administered daily orally VERSUS Zoledronate administered intravenously every 4 weeks IN Patients with metastatic bone disease	-22281	Cost-Saving	Cunio Machado

(MBD) in Brazil: societal perspective			Fonseca et al., 2011 (616)
Cisplatin plus raltitrexed for first-line treatment chemotherapy VERSUS Active symptom control IN Patients with malignant pleural mesothelioma	39615	44000	Woods et al., 2012 (617)
Cisplatin plus pemetrexed for first-line treatment chemotherapy VERSUS Cisplatin plus raltitrexed for first-line treatment chemotherapy IN Patients with malignant pleural mesothelioma	-715566	Increases Costs, Decreases Health	Woods et al., 2012 (617)
Cisplatin for first-line treatment chemotherapy VERSUS Active symptom control IN Patients with malignant pleural mesothelioma		Increases Costs, Decreases Health	Woods et al., 2012 (617)
Biennial anal cytology VERSUS None IN US HIV+ women with CD4 count <200 on antiretrovirals	34763	38000	Lazenby et al., 2012 (618)
Annual anal cytology VERSUS None IN US HIV+ women with CD4 count <200 on antiretrovirals	112026	120000	Lazenby et al., 2012 (618)
Denosumab VERSUS Zoledronic acid IN US patients with breast cancer	78915	83000	Stopeck et al., 2012 (619)
Denosumab VERSUS Zoledronic acid IN US patients with non-small-cell lung cancer (NSCLC)	67931	71000	Stopeck et al., 2012 (619)
Denosumab VERSUS Zoledronic acid IN US patients with castration-resistant prostate cancer (CRPC)	49405	52000	Stopeck et al., 2012 (619)
Direct decompressive surgery with postoperative radiotherapy (S+ RT) VERSUS Standard of care (corticosteroids and radiotherapy) IN Patients with neoplastic metastatic epidural spinal cord compression in Canada	250307	270000	Furlan et al., 2012 (620)
Tunneled pleural catheter (TPC) VERSUS Bedside pleurodesis (BP) IN Patients with malignant pleural effusion	-167000	Increases Costs, Decreases Health	Puri et al., 2012 (621)
Thorascoscopic pleurodesis (TP) VERSUS Bedside pleurodesis (BP) IN Patients with malignant pleural effusion	3008500	3300000	Puri et al., 2012 (621)

Repeated thoracentesis (RT) VERSUS Bedside pleurodesis (BP) IN Patients with malignant pleural effusion	-59429	Increases Costs, Decreases Health	Puri et al., 2012 (621)
Prophylactic short-term enoxaparin (LMWH) (40 mg subcutaneously once daily for 4 months) VERSUS Standard of care (no low molecular weight heparin (LMWH)) IN US patients with recent diagnosis of advanced cancer with no indication for prophylactic or therapeutic anticoagulation	90893	96000	Pishko et al., 2012 (622)
Varenicline VERSUS Unaided cessation IN Adults who smoke cigarettes in Greece	-8032	Cost-Saving	Athanasakis et al., 2012 (623)
Varenicline VERSUS Bupropion IN Adults who smoke cigarettes in Greece	-85353	Cost-Saving	Athanasakis et al., 2012 (623)
Varenicline VERSUS Nicotine replacement therapy IN Adults who smoke cigarettes in Greece	-11306	Cost-Saving	Athanasakis et al., 2012 (623)
Complex rehabilitation intervention delivered by a hospice-based multidisciplinary team VERSUS Usual care IN UK patients with advanced recurrent cancer	29936	33000	Jones et al., 2012 (624)
Gene-expression profiling (GEP) on the tissue of origin (GEPTOOtesting) VERSUS Standard/Usual care IN Specific disease- metastatic and poorly differentiated cancer; Age- Adult; Gender- Both; Country- United States.	46858	49000	Hornberger et al., 2013 (625)
High resolution anoscopy (HRA) at 6 months and 12 months VERSUS High resolution anoscopy (HRA) at 6 months and anal cytology at 12 months IN Specific disease- HIV infection; Age- 19 to 40 years; Gender- Male; Country- United States; Other- men having sex with men after treatment with high-grade intraepithelial neoplasia (HGAIN) and CD4 count greater than 500 cells/cubic mm.	4446	4700	Assoumou et al., 2013 (626)

Combined high resolution anoscopy (HRA) and anal cytology at 6 months and HRA at 12 months VERSUS HRA at 6 months and 12 months IN Specific disease- HIV infection; Age- 19 to 40 years; Gender- Male; Country- United States; Other- men having sex with men after treatment with high-grade intraepithelial neoplasia (HGAIN) and CD4 count greater than 500 cells/cubic mm.	-27148	Increases Costs, Decreases Health	Assoumou et al., 2013 (626)
Combined high resolution anoscopy (HRA) and anal cytology at 6 months and anal cytology at 12 months VERSUS HRA at 6 months and 12 months IN Specific disease- HIV infection; Age- 19 to 40 years; Gender- Male; Country- United States; Other- men having sex with men after treatment with high-grade intraepithelial neoplasia (HGAIN) and CD4 count greater than 500 cells/cubic mm.	-32664	Increases Costs, Decreases Health	Assoumou et al., 2013 (626)
Combined high resolution anoscopy (HRA) anal cytology at 6 months and 12 months VERSUS HRA at 6 months and 12 months IN Specific disease- HIV infection; Age- 19 to 40 years; Gender- Male; Country- United States; Other- men having sex with men after treatment with high-grade intraepithelial neoplasia (HGAIN) and CD4 count greater than 500 cells/cubic mm.	17373	18000	Assoumou et al., 2013 (626)
HPV vaccination, including cross-protection VERSUS None IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Netherlands.	7696	8400	Luttjeboer et al., 2013 (627)
HPV vaccination VERSUS None IN Healthy; Age- 0 to 18 years; Gender- Female; Country- Netherlands.	9452	10000	Luttjeboer et al., 2013 (627)
Delivery of cancer treatment in general practice (GP) surgery VERSUS Delivery of cancer treatment in hospital IN Specific disease- cancer; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Both; Country- United Kingdom.	25197	27000	Corrie et al., 2013 (628)

Doxorubicin/ ifosfamide VERSUS trabectedin monotherapy IN Specific disease- advanced soft tissue sarcoma; Age- >=65 years; Gender- Both; Country- Italy.	-33994	Cost-Saving	Guest et al., 2013 (629)
Doxorubicin/ ifosfamide VERSUS trabectedin monotherapy IN Specific disease- advanced soft tissue sarcoma; Age- >=65 years; Gender- Both; Country- Spain.	-121659	Cost-Saving	Guest et al., 2013 (629)
Doxorubicin/ ifosfamide VERSUS trabectedin monotherapy IN Specific disease- advanced soft tissue sarcoma; Age- >=65 years; Gender- Both; Country- Sweden.	-227801	Cost-Saving	Guest et al., 2013 (629)
Mifamurtide VERSUS None IN Specific disease- forHigh-Grade,Resectable, NonmetastaticOsteosarcoma; Age- Adult; Gender- Both; Country- United Kingdom.	77764	86000	Johal et al., 2013 (630)

Ovarian Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Amifostine pretreatment VERSUS No amifostine pretreatment IN Patients with advanced ovarian cancer who are receiving combination therapy with cisplatin and cyclophosphamide	36161	55000	Bennett et al., 1998 (631)
High dose chemotherapy with autologous hematopoetic rescue VERSUS Cisplatin-based chemotherapy at conventional doses IN Patients with newly diagnosed advanced ovarian cancer	31915	48000	Messori et al., 1998 (632)
Paclitaxel plus cisplatin VERSUS Cyclophosphamide plus cisplatin IN Patients advanced ovarian cancer defined as International Federation of Gynaecology and Obstetrics' (FIGO) stage IIc, III, or IV	13827	19000	Limat et al., 2004 (633)

Referral to expert center VERSUS Referral to less experienced center IN Patients with advanced stage ovarian cancer patients in the US	5029	5900	Bristow et al., 2007 (634)
Inpatient intravenous paclitaxel (24 h) and intraperitoneal cisplatin plus outpatient intraperitoneal paclitaxel chemotherapy (IP/IV) VERSUS Outpatient intravenous paclitaxel (3 h) and carboplatin chemotherapy (IV/IV) IN Patients with optimal residual disease Stage III ovarian cancer	37454	44000	Bristow et al., 2007 (635)
Prophylactic surgery (hysterectomy and bilateral salpingo-oophorectomy) at age 40 years VERSUS Prophylactic surgery (hysterectomy and bilateral salpingo-oophorectomy) at age 30 years IN Women with Lynch syndrome in US	5025	5900	Kwon et al., 2008 (636)
Combined strategy: annual screening from age 30 years with endometrial biopsy, CA 125, and transvaginal ultrasound (TVUS) VERSUS Prophylactic surgery (hysterectomy and bilateral salpingo-oophorectomy) at age 40 years IN Women with Lynch syndrome in US	194650	230000	Kwon et al., 2008 (636)
Annual screening with endometrial biopsy, transvaginal ultrasound, and CA 125 from age 30 years VERSUS Annual screening from age 30 years until prophylactic surgery at age 40 years (combined strategy) IN Women with Lynch syndrome in US	-16521	Increases Costs, Decreases Health	Kwon et al., 2008 (636)
Prophylactic surgery (hysterectomy and bilateral salpingo-oophorectomy) at age 30 years VERSUS No prevention IN Women with Lynch syndrome in US, 30 years old	13877	16000	Kwon et al., 2008 (636)
Intravenous chemotherapy VERSUS Intraperitoneal therapy IN Patients with optimally resected stage 111 ovarian cancer, 11.5 year time horizon	71835	84000	Havrilesky et al., 2008 (637)
Intravenus chemotherapy VERSUS Intraperitoneal therapy IN Patients with optimally resected stage 111 ovarian cancer, lifetime horizon	32053	38000	Havrilesky et al., 2008 (637)
Treatment in semi-specialized hospital VERSUS Treatment in a general hospitals IN Ovarian cancer patients	8964	11000	Greving et al., 2009 (638)
Treatment in tertiary care centers VERSUS Treatment in semi-specialized	128948	150000	Greving et

hospital IN Ovarian cancer patients			al., 2009 (638)
Population-based BRCA 1/2 testing measuring cancer incidence, life expectancy and costs VERSUS No intervention IN Ashkenazi Jewish women living in the United States ages 35-55 years	8300	9500	Rubinstein et al., 2009 (639)
Annual gynecologic surveillance VERSUS Annual exams IN US women aged 30 years with lynch syndrome (hereditary nonpolyposis colorectal cancer)	-56302	Cost-Saving	Yang et al., 2011 (640)
Prophylactic Surgery VERSUS Annual gynecologic surveillance IN US women aged 30 years with lynch syndrome (hereditary nonpolyposis colorectal cancer)	-83644	Cost-Saving	Yang et al., 2011 (640)
Docetaxel and carboplatin (cDC) weekly VERSUS Ssequential single-agent docataxel followed by carboplatin (sDC) IN US women with recurrent, platinum-sensitive ovarian cancer	25239	27000	Havrilesky et al., 2011 (641)
Carrboplatin, paclitaxel, bevacizumab, and bevacizumab maintenance VERSUS Carboplatin, paclitaxel and paclitaxel maintenance IN Older adult patients aged 58 years diagnosed with epithelial ovarian cancer	-1980240	Increases Costs, Decreases Health	Lesnock et al., 2011 (642)
Carboplatin, paclitaxel and paclitaxel maintenance VERSUS Carboplatin and paclitaxel IN Older adult patients aged 58 years diagnosed with epithelial ovarian cancer	13402	15000	Lesnock et al., 2011 (642)
Prolonged Prophylaxis (PP) for venous thromboembolism: Enoxaparin (40mg) subcutaneously once daily for 4 weeks post-surgery VERSUS No additional therapy after discharge IN US patients aged 65 years with stage IIIC ovarian cancer having cytoreductive surgery followed by six cycles of chemotherapy with carboplatin and paclitaxel	-1413	Cost-Saving	Uppal et al., 2012 (643)
Prophylactic salpingectomy at age 40 years with prophylactic oophorectomy at age 50 years VERSUS Prophylactic (bilateral) salpingectomy at age 40 years IN Specific disease- Ovarian Cancer; Age- 19 to 40 years; Gender- Female; Country- Canada; Other- BRCA2 mutation carriers.	89746	93000	Kwon et al., 2013 (644)

Prophylactic salpingectomy at age 40 years with prophylactic oophorectomy at age 50 years VERSUS Prophylactic (bilateral) salpingectomy at age 40 years IN Specific disease- Ovarian Cancer; Age- 19 to 40 years; Gender- Female; Country- Canada; Other- BRCA1 mutation carriers.	37833	39000	Kwon et al., 2013 (644)
Prophylactic (bilateral) salpingectomy at age 40 years VERSUS Bilateral salpingo-oophorectomy at age 40 years IN Specific disease- Ovarian Cancer; Age- 19 to 40 years; Gender- Female; Country- Canada; Other- BRCA2 mutation carriers.	25677	26000	Kwon et al., 2013 (644)
Prophylactic (bilateral) salpingectomy at age 40 years VERSUS Bilateral salpingo-oophorectomy at age 40 years IN Specific disease- Ovarian Cancer; Age- 19 to 40 years; Gender- Female; Country- Canada; Other- BRCA1 mutation carriers.	20065	21000	Kwon et al., 2013 (644)
Total laproscopic hysterectomy VERSUS total adominal hysterectomy IN Specific disease- early stage endometrial cancer; Age- Adult; Gender- Female; Country- Australia.	-96763	Cost-Saving	Graves et al., 2013 (645)
Early Palliative Care VERSUS None IN Specific disease- Ovarian Cancer; Age- Unknown; Gender- Female; Country- United States.	37440	Cost-Saving	Lowery et al., 2013 (646)
Trabectedin plus pegylated liposomal doxorubicin VERSUS Liposomal doxorubicin IN Specific disease- Ovarian Cancer; Age- Adult; Gender- Female; Country- United Kingdom.	61005	64000	Fisher et al., 2013 (647)
Lymph node dissection VERSUS No LND; hysterectomy IN Specific disease- Grade 3 endometrial cancer; Age- Adult; Gender- Female; Country- United States; Other- pre-surgical early stage population.	40183	42000	Havrilesky et al., 2013 (648)
Lymph node dissection VERSUS No LND; hysterectomy IN Specific disease- Grades 2-3 endometrial cancer; Age- Adult; Gender- Female; Country- United States; Other- pre-surgical early stage population.	-243100	Increases Costs, Decreases Health	Havrilesky et al., 2013 (648)

Polyethylene glycolated liposomal doxorubicin (PLD)/carboplatin VERSUS Paclitaxel/carboplatin IN Specific disease- platinum-sensitive recurrent ovarian cancer; Age- Adult; Gender- Female; Country- South Korea.	21658	23000	Lee et al., 2013 (649)
Bevacizumab (7.5mg/m2) administered with primary chemotherapy (carboplatin and paclitaxel) VERSUS Carboplatin and paclitaxel chrmotherapy IN Specific disease- Ovarian Cancer; Age- Adult; Gender- Female; Country- United States; Other- High risk (Suboptimally debulked stage IIIC or stage IV) disease.	168610	180000	Barnett et al., 2013 (650)
Bevacizumab (7.5mg/m2) administered with primary chemotherapy (carboplatin and paclitaxel) for patients testing positive for single nucleotide polymorphismbiomarker predictive test VERSUS Carboplatin and paclitaxel chemotherapy IN Specific disease- Ovarian Cancer; Age- Adult; Gender- Female; Country- United States.	128928	140000	Barnett et al., 2013 (650)

Pancreatic Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Initial endocopic placement of a metal billiary stent VERSUS Initial endocopic placement of a plastic billiary stent IN Patients with unresectable pancreatic carcinoma and obstructive jaundice	-154643	Cost-Saving	Arguedas et al., 2002 (651)
Radiation plus concurrent fluorouracil-based chemotherapy VERSUS No treatment IN 65- year old patients with locally advanced pancreatic cancer and no major co-morbidity	68724	83000	Krzyzanowska et al., 2007 (652)
Annual surveillance endoscopic ultrasound with fine needle aspiration VERSUS Do nothing IN 45 year old male, first degree relative of pancreatic adenocarcinoma patients with EUS findings of chronic pancreatitis	-62759	Increases Costs, Decreases Health	Rubenstein et al., 2007 (653)

Annual surveillance endoscopic ultrasound VERSUS Do nothing IN 45 year old male, first degree relative of pancreatic adenocarcinoma patients with EUS findings of chronic pancreatitis	-45436	Increases Costs, Decreases Health	Rubenstein et al., 2007 (653)
Prophylactic total pancreatectomy VERSUS Do nothing IN 45 year old male, first degree relative of pancreatic adenocarcinoma patients with EUS findings of chronic pancreatitis	-45904	Increases Costs, Decreases Health	Rubenstein et al., 2007 (653)
Surveillance VERSUS No surveillance IN United States 60 year old patients with branch duct intraductal papillary mucinous neoplasm	20096	22000	Huang et al., 2009 (654)
Surgery VERSUS Surveillance IN United States 60 year old patients with branch duct intraductal papillary mucinous neoplasm	132436	150000	Huang et al., 2009 (654)
Surgical resection aimed at cure VERSUS Standard care IN Swedish patients with exocrine or ampullary pancreatic adenocarcinoma	48267	53000	Ljungman et al., 2010 (655)
Gemcitabine with radiotherapy VERSUS Gemcitabine with stereotactic body radiotherapy (SBRT) IN Patients with locally advanced pancreatic cancer receiving chemotherapy or chemotherapy and radiation	-50000	Increases Costs, Decreases Health	Murphy et al., 2011 (656)
Gemcitabine with intensity-modulated radiotherapy (IMRT) VERSUS Gemcitabine with stereotactic body radiotherapy (SBRT) IN Patients with locally advanced pancreatic cancer receiving chemotherapy or chemotherapy and radiation	-224561	Increases Costs, Decreases Health	Murphy et al., 2011 (656)
Gemcitabine with conventional radiotherapy VERSUS Gemcitabine IN Patients with locally advanced pancreatic cancer receiving chemotherapy or chemotherapy and radiation	126800	140000	Murphy et al., 2011 (656)

Gemcitabine with intensity-modulated radiotherapy (IMRT) VERSUS Gemcitabine with conventional radiotherapy IN Patients with locally advanced pancreatic cancer receiving chemotherapy or chemotherapy and radiation	1371429	1500000	Murphy et al., 2011 (656)
Gemcitabine plus stereotactic body radiotherapy (SBRT) VERSUS Gemcitabine alone IN Patients with locally advanced pancreatic cancer receiving chemotherapy or chemotherapy and radiation	69500	77000	Murphy et al., 2011 (656)
Everolimus (10mg daily) VERSUS Sunitinib (37.5mg daily) IN Patients with advanced progressive pancreatic neuroendocrine tumors	34816	37000	Casciano et al., 2012 (657)
Chemotherapy alone (gemcitabine 600mg per m.sq. concurrent with cisplatin 30 mg per m.sq. both 3 times per month for 4 months) VERSUS None IN Patients with radiographically resectable pancreatic head adenocarcinoma	36264	38000	Abbott et al., 2012 (658)
Surgery plus adjuvant chemotherapy (gemcitabine 1000 mg per m.sq, 3 infusions per month for 6 months) VERSUS None IN Patients with radiographically resectable pancreatic head adenocarcinoma	91956	97000	Abbott et al., 2012 (658)
Surgery plus adjuvant chemotherapy VERSUS Chemotherapy alone (gemcitabine 600mg per m.sq. concurrent with cisplatin 30 mg per m.sq. both 3 times per month for 4 months) IN Patients with radiographically resectable pancreatic head adenocarcinoma	133404	140000	Abbott et al., 2012 (658)
VERSUS IN Specific disease- resectable pancreatic head adenocarcinoma; Age- Adult; Gender- Both; Country- United States.	-12184	Cost-Saving	Abbott et al., 2013 (659)
Personalized palliative care- providing individual palliative care by accounting for individual's clinical characteristics and standard palliative care (conventional treatment based on suficient pain management) VERSUS None IN Specific disease- malignancy of the exocrine pancreas or ampulla; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Not Specified; Country- Sweden; Other- unresectable tumors.	143399	150000	Ljungman et al., 2013 (660)

Resection VERSUS None IN Specific disease- malignancy of the exocrine pancreas or ampulla; Age- 19 to 40 years, 41 to 64 years, >=65 years; Gender- Not Specified; Country- Sweden; Other- resectable tumors.	62743	66000	Ljungman et al., 2013 (660)
Capecitabine + gemcitabine (GEM) (Gem-CAP) VERSUS Standard/Usual care- Gemcitabine (GEM) alone IN Specific disease- Metastatic pancreatic cancer; Age- Unknown; Gender- Both; Country- Canada.	81888	89000	Tam et al., 2013 (661)
Erlotinib combination (gem-e) consisting of erlotinib + gemcitabine (GEM) VERSUS Standard/Usual care- Gemcitabine (GEM) alone IN Specific disease- Metastatic pancreatic cancer; Age- Unknown; Gender- Both; Country- Canada.	149237	160000	Tam et al., 2013 (661)
Combination of 5-fluorouracil, folinic acid, irinotecan, and oxaliplatin (folfirinox) with gemcitabine (GEM) VERSUS Standard/Usual care- Gemcitabine (GEM) alone IN Specific disease- Metastatic pancreatic cancer; Age- Unknown; Gender- Both; Country- Canada.	129375	140000	Tam et al., 2013 (661)
Screening for pancreatic cancer VERSUS Standard/Usual Care IN Specific disease- diabetes; Age- Adult; Gender- Both; Country- Sweden.	18739	20000	Ghatnekar et al., 2013 (662)

Prostate Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Preoperative autologous donation, overall VERSUS No preoperative autologous donation IN Patients with clinical Stage A or B prostate cancer undergoing radical retropubic prostatectomy	1813000	3000000	Goodnough et al., 1994 (663)
Flutamide plus orchiectomy VERSUS Orchiectomy alone IN 70-yo men with newly diagnosed, untreated minimal metastatic prostate carcinoma with good performance status	27000	43000	Bennett et al., 1996 (664)

Flutamide plus orchiectomy VERSUS Orchiectomy alone IN 70-yo men with newly diagnosed, untreated severe metastatic prostate carcinoma with good performance status	18840	30000	Bennett et al., 1996 (664)
biopsy VERSUS no biopsy IN 50 yo men with excess PSA levels and probability of clinically significant cancer given positive biopsy = 0.2		Cost-Saving	Gottlieb et al., 1996 (665)
biopsy VERSUS no biopsy IN 60 yo men with excess PSA levels (>0ng/mL) and probability of clinically significant cancer given positive biopsy = 0.2	13558	22000	Gottlieb et al., 1996 (665)
biopsy VERSUS no biopsy IN 70 yo men with excess PSA levels (>0ng/mL) and probability of clinically significant cancer given positive biopsy = 0.2		Increases Costs, Decreases Health	Gottlieb et al., 1996 (665)
Endorectal surface coil for MR imaging VERSUS Conventional magnetic resonance imaging IN Otherwise healthy men with biopsy-proved prostate cancer	1158	1800	Langlotz et al., 1996 (666)
High specificity Endorectal surface coil for MR imaging VERSUS Endorectal surface coil for MR imaging IN Otherwise healthy men with biopsy-proved prostate cancer	10525	17000	Langlotz et al., 1996 (666)
Mitoxantrone & prednisone VERSUS Prednisone alone IN Patients with symptomatic (pain) hormone-refractory prostate cancer	-4873	Cost-Saving	Bloomfield et al., 1998 (667)
Magnetic Resonance Imaging VERSUS Radical prostatectomy performed on the basis of clinical staging IN 65 year old male candidates for surgery on prostate cancer		Cost-Saving	Jager et al., 2000 (668)
Bilateral orchiectomy VERSUS Diethylstilbestrol IN 65 year old male with previous history of prostate cancer	7500	11000	Bayoumi et al., 2000 (669)
Nonsteroidal antiandrogen (NSAA) VERSUS Bilateral orchiectomy IN 65 year old male with previous history of prostate cancer	-75833	Increases Costs, Decreases Health	Bayoumi et al., 2000 (669)

Nonsteroidal antiandrogen (NSAA) + bilateral orchiectomy VERSUS Bilateral orchiectomy IN 65 year old male with previous history of prostate cancer	-274000	Increases Costs, Decreases Health	Bayoumi et al., 2000 (669)
Luteinizing hormone-releasing hormone agonist (LHRH) VERSUS Bilateral orchiectomy IN 65 year old male with previous history of prostate cancer	-1000000	Increases Costs, Decreases Health	Bayoumi et al., 2000 (669)
Nonsteroidal antiandrogen (NSAA) + luteinizing hormone-releasing hormone agonist VERSUS Bilateral orchiectomy IN 65 year old male with previous history of prostate cancer	-475714	Increases Costs, Decreases Health	Bayoumi et al., 2000 (669)
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	17374	23000	Calvert et al., 2003 (670)
Selection-based management policy using DNA-ploidy as an experimental marker (prostatectomy for nondiploid result; monitoring for diploid result) VERSUS Radical prostatectomy for all patients IN Male patients diagnosed with moderately differentiated (Gleason sum score 5-7) prostate cancer - age 60	24804	33000	Calvert et al., 2003 (670)
Zoledronic acid VERSUS Placebo IN Multi-national men with advanced stage prostate cancer	159200	220000	Reed et al., 2004 (671)
Bicalutamide and standard care VERSUS Standard care only IN Patients with early prostate cancer enrolled in a large clinical trial in Belgium	25581	34000	Moeremans et al., 2004 (672)
Single fraction radiotherapy VERSUS Pain medication IN Patient with hormone-refractory prostate cancer who had developed a painful solitary bone metastasis	6857	9000	Konski et al., 2004 (673)
Multifraction radiotherapy VERSUS Pain medication IN Patient with hormone-refractory prostate cancer who had developed a painful solitary bone metastasis	36000	47000	Konski et al., 2004 (673)

Chemotherapy VERSUS Pain medication IN Patient with hormone-refractory prostate cancer who had developed a painful solitary bone metastasis	-52709	Increases Costs, Decreases Health	Konski et al., 2004 (673)
Androgen blockade therapy (CAB) with bicalutamide plus monthly luteinizing hormone releasing hormone agonist (LH-Rha) VERSUS LH-RHa therapy alone IN Men with documented metastatic prostate cancer (stage D2)	20053	26000	Penson et al., 2005 (674)
Finasteride prevention therapy VERSUS No prevention therapy IN Men in the US without prostate cancer - age 55	226087	290000	Zeliadt et al., 2005 (675)
Hormone therapy with radiation VERSUS Radiation alone IN Patients with locally advanced prostate cancer	2153	2800	Konski et al., 2005 (676)
Bicalutamide with a luteinizing hormone-releasing hormone (LHRH) (5 years) VERSUS Flutamide with a LHRH (5 years) IN Men with documented metastatic prostate cancer (stage D2)	22000	28000	Ramsey et al., 2005 (677)
Bicalutamide with a luteinizing hormone-releasing hormone (LHRH) (10 years) VERSUS Flutamide with a LHRH (10 years) IN Men with documented metastatic prostate cancer (stage D2)	16000	21000	Ramsey et al., 2005 (677)
Intensity-modulated radiation therapy (IMRT) VERSUS 3D conformal radiation therapy (3DCRT) IN Males aged 70 year with good risk for prostate cancer	17448	22000	Konski et al., 2005 (678)
Intensity-modulated radiation therapy (IMRT) VERSUS 3D conformal radiation therapy (3DCRT) IN Males aged 70 year with intermediate risk for prostate cancer	16182	20000	Konski et al., 2005 (678)
Long-term androgen-deprivation with radiation therapy (RT) VERSUS Short-term androgen-deprivation with RT IN Men with histologically confirmed adenocarcinoma of the prostate	1122	1400	Konski et al., 2006 (679)
VERSUS IN 70-year old patients with intermediate-risk prostate cancer	40101	50000	Konski et al., 2006 (680)
Annual screening regardless of PSA level VERSUS Biennial screening if PSA<=3 IN Japanese Men screened for prostate cancer	80857	98000	Kobayashi et al., 2007

			(681)
Biennial screening if PSA<=1.0 VERSUS Biennial screening if PSA<=3.0 IN Japanese Men screened for prostate cancer	34231	41000	Kobayashi et al., 2007 (681)
Biennial screening if PSA<=2.0 VERSUS Biennial screening if PSA<=3.0 IN Japanese Men screened for prostate cancer	9250	11000	Kobayashi et al., 2007 (681)
Biennial screening if PSA<=2.0 VERSUS Biennial screening if PSA<=3.0 IN Japanese Men screened for prostate cancer	-7727	Increases Costs, Decreases Health	Kobayashi et al., 2007 (681)
Proton beam therapy VERSUS Intensity modulated radiation therapy (IMRT) IN 70 year old man with prostate cancer	63578	77000	Konski et al., 2007 (682)
Proton beam therapy VERSUS Intensity modulated radiation therapy (IMRT) IN 60 year old man with prostate cancer	55726	68000	Konski et al., 2007 (682)
Cyproterone acetate (mono hormone therapy) VERSUS Bicalutamine (complete androgenic blocade) IN Prostate cancer patients	-55636	Cost-Saving	Lazzaro et al., 2007 (683)
Cyproterone acetate (mono hormone therapy) VERSUS LHRH-a (complete androgenic blocade) IN Prostate cancer patients	-7538	Cost-Saving	Lazzaro et al., 2007 (683)
Finasteride treatment as a prophylactic against the development of prostrate cancer VERSUS No preventive treatment IN 50 year old men in the United States with a Prostate Specific Antigen of <3.0mg per ml and a normal Digital Rectal Examination	122747	140000	Svatek et al., 2008 (684)
inasteride treatment as a prophylactic against the development of prostrate cancer VERSUS No preventive treatment IN 50 year old men in the United States with a Prostate Specific Antigen of <3.0mg per ml and a normal Digital Rectal Examination	112062	130000	Svatek et al., 2008 (684)

Finasteride treatment as a prophylactic against the development of prostrate cancer VERSUS No preventive treatment IN 50 year old men in the United States with a Prostate Specific Antigen of <3.0mg per ml and a normal Digital Rectal Examination	3405932	3900000	Svatek et al., 2008 (684)
Computerized tomography for initial patient positioning for radiotherapy localization to treat prostate cancer VERSUS Ultrasound initial patient positioning for radiotherapy localization to treat prostate cancer IN United States Prostate Cancer patients aged 46-79 (average age=66; SD=9)	-18639	Increases Costs, Decreases Health	Quigley et al., 2008 (685)
Electromagnetic (Calypso 4D) VERSUS Ultrasound initial patient positioning for radiotherapy localization to treat prostate cancer IN United States Prostate Cancer patients aged 46-79 (average age=66; SD=9)	14053	17000	Quigley et al., 2008 (685)
Ultrasound initial patient positioning for radiotherapy to treat prostate cancer VERSUS Electronic portal imaging devices for initial patient position for radiotherapy to treat prostate cancer IN United States Prostate Cancer patients aged 46-79 (average age=66; SD=9)	5959	7000	Quigley et al., 2008 (685)
Prostate Px test VERSUS Current post-prostatectomy practice IN Post-prostatectomy prostate cancer patients in the United States	2100	2400	Zubek et al., 2009 (686)
Nomogram VERSUS Current post-prostatectomy practice IN Post-prostatectomy prostate cancer patients in the United States	35	40	Zubek et al., 2009 (686)
Prostate Px test VERSUS Nonogram IN Post-prostatectomy prostate cancer patients in the United States	4704	5400	Zubek et al., 2009 (686)
Original IMPACT program VERSUS Baseline, no program. (reliance on the county health care safety net) IN Men with prostate cancer, mean age of diagnosis 60 years. (worst case scenario)	27189	34000	Bergman et al., 2009 (687)
Modified IMPACT program ($10 million budget) VERSUS Baseline, no program. (reliance on the county health care safety net) IN Men with prostate cancer, mean age of diagnosis 60 years. (worst case scenario)	84236	110000	Bergman et al., 2009 (687)
Medicaid prostate cancer program VERSUS Baseline, no program. (reliance on the county health care safety net) IN Men with prostate cancer, mean age of diagnosis 60 years. (worst case scenario)	10714	13000	Bergman et al., 2009 (687)

hemoprevention 5-alpha reductase inhibitors (5ARIs) to avert prostate cancer. Finesterase 5mg daily. Dutasteride 0.5mg daily. VERSUS No chemoprevention to avert prostate cancer. Standard care. IN US men aged 75+ y.o. who have been previously examined for prostate cancer and men considered to be at greater risk for prostate cancer.	37900	42000	Earnshaw et al., 2010 (688)
No bone mineral density (BMD) test and universal alendronate therapy VERSUS Bone mineral density (BMD) test and selective alendronate therapy for patients with osteoporosis IN United States men aged 70 years with locally advanced or high-risk localized prostate cancer starting a 2-year course of androgen deprivation therapy after radiation therapy.	178700	200000	Ito et al., 2010 (689)
Bone mineral density test (BMD) and selective alendronate therapy for patients with osteoporosis VERSUS No bone mineral density test (BMD) and no alendronate therapy IN United States men aged 70 years with locally advanced or high-risk localized prostate cancer starting a 2-year course of androgen deprivation therapy after radiation therapy.	66800	73000	Ito et al., 2010 (689)
Dustasteride chemoprevention VERSUS Placebo IN Men with a PSA of 2.5-10.0 mg/mL, a normal biopsy, absence of severe lower urinary tract symptoms and a prostate volume of =80ml	140240	150000	Svatek et al., 2010 (690)
Chemoprevention with finasteride for 25 years VERSUS No chemoprevention IN 50 year-old US male patients with negative family history of prostate cancer	101025	110000	Reed et al., 2011 (691)
Chemoprevention with finasteride for 25 years VERSUS No chemoprevention IN 50 year-old US male patients with positive family history of prostate cancer	64193	71000	Reed et al., 2011 (691)
Chemoprevention with finasteride for 25 years VERSUS No chemoprevention IN 50 year-old US male patients	89300	99000	Reed et al., 2011 (691)
Zoledronic acid (4mg) administered via IV infusion every 3 weeks for 15 months VERSUS Placebo IN Patients with hormone-refractory prostate cancer (HRPC) with a documented history of bone metastases in Portgual	12745	14000	Carter et al., 2011 (692)

Zoledronic acid (4mg) administered via IV infusion every 3 weeks for 15 months VERSUS Placebo IN Patients with hormone-refractory prostate cancer (HRPC) with a documented history of bone metastases in Germany	35123	39000	Carter et al., 2011 (692)
Zoledronic acid (4mg) administered via IV infusion every 3 weeks for 15 months VERSUS Placebo IN Patients with hormone-refractory prostate cancer (HRPC) with a documented history of bone metastases in Netherlands	3578	3900	Carter et al., 2011 (692)
Zoledronic acid (4mg) administered via IV infusion every 3 weeks for 15 months VERSUS Placebo IN Patients with hormone-refractory prostate cancer (HRPC) with a documented history of bone metastases in France	53022	58000	Carter et al., 2011 (692)
Robot-assisted laparoscopic prostatectomy (RALP) VERSUS Retropubic radical prostatectomy (RRP) IN Patients aged 50 - 69 years with clinically localised prostate cancer undergoing radical prostatectomy (RP)	-1071571	Increases Costs, Decreases Health	Hohw? et al., 2011 (693)
Formal one-to-one pelvic-floor muscle training with therapist VERSUS Standard of care & lifestyle advice IN UK men with urinary incontinence post transurethral resection of the prostate (TURP)	-10087229	Increases Costs, Decreases Health	Glazener et al., 2011 (694)
Formal one-to-one pelvic-floor muscle training with therapist VERSUS Standard of care & lifestyle advice IN UK men with urinary incontinence post radical prostatectomy	131052	140000	Glazener et al., 2011 (694)
Usual care plus chemoprevention with dutasteride (0.5 mg/day) VERSUS Usual care plus placebo IN US healthy men aged 50-75 years at increased risk for prostate cancer	21781	24000	Kattan et al., 2011 (695)
Monthly injection of degarelix VERSUS 3-monthly luteinizing hormone-releasing hormone analogue (triptorelin) plus short-term antiandrogen treatment IN UK patients aged 70 years with asymptomatic metastatic prostate cancer	85445	94000	Lu et al., 2011 (696)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score between 0-4 and prostate specific antigen score <=10 in Sweden	34449	39000	Lyth et al., 2012 (697)

Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 0-4 and prostate specific antigen score <=10 in Sweden	12984	15000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 0-4 and prostate specific antigen score between 11-20 in Sweden	5169	5900	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score between 0-4 and prostate specific antigen score between 11-20 in Sweden	19240	22000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 0-4 and prostate specific antigen score between 11-20 in Sweden	63377	72000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 0-4 and prostate specific antigen score >20 in Sweden	3117	3600	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score between 0-4 and prostate specific antigen score >20 in Sweden	12700	15000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 0-4 and prostate specific antigen score >20 in Sweden	38790	44000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 5-6 and a prostate specific antigen score <=10 in Sweden	8604	9800	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score between 5-6 and a prostate specific antigen score <=10 in Sweden	22275	25000	Lyth et al., 2012 (697)

Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 5-6 and a prostate specific antigen score <=10 in Sweden	70011	80000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 5-6 and a prostate specific antigen score between 11-20	5995	6800	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score between 5-6 and prostate specific antigen score between 11-20 in Sweden	15113	17000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 5-6 and prostate specific antigen score between 11-20 in Sweden	42237	48000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 5-6 and prostate specific antigen score >20 in Sweden	4819	5500	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 5-6 and prostate specific antigen score >20 in Sweden	11573	13000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score between 5-6 and prostate specific antigen score >20 in Sweden	29026	33000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score of 7 and prostate specific antigen score <10 in Sweden	6201	7100	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score of 7 and prostate specific antigen score <10 in Sweden	14787	17000	Lyth et al., 2012 (697)

Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score of 7 and prostate specific antigen score <10 in Sweden	36282	41000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score of 7 and prostate specific antigen score 11-20 in Sweden	5543	6300	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score of 7 and prostate specific antigen score 11-20 in Sweden	12216	14000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score of 7 and prostate specific antigen score 11-20 in Sweden	26723	31000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score of 7 and prostate specific antigen score >20 in Sweden	5722	6500	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score of 7 and prostate specific antigen score >20 in Sweden	10359	12000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score of 7 and prostate specific antigen score >20 in Sweden	20814	24000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score bewteen 8-9 and prostate specific antigen score <=10 in Sweden	7038	8000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score bewteen 8-9 and prostate specific antigen score <=10 in Sweden	13228	15000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score bewteen 8-9 and prostate specific antigen score <=10 in Sweden	26973	31000	Lyth et al., 2012 (697)

Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score bewteen 8-9 and prostate specific antigen between 11-20 in Sweden	6897	7900	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score bewteen 8-9 and prostate specific antigen between 11-20 in Sweden	11787	13000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score bewteen 8-9 and prostate specific antigen between 11-20 in Sweden	22278	25000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score bewteen 8-9 and prostate specific antigen >20 in Sweden	7358	8400	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 70 years with Gleason score bewteen 8-9 and prostate specific antigen >20 in Sweden	11162	13000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 75 years with Gleason score bewteen 8-9 and prostate specific antigen >20 in Sweden	18903	22000	Lyth et al., 2012 (697)
Radical prostatectomy for localized prostate cancer VERSUS Watchful waiting IN Men aged 65 years with Gleason score between 0-4 and prostate specific antigen score <=10 in Sweden	10489	12000	Lyth et al., 2012 (697)
Monotherayp (AB: tamsuloosin) VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway	5943	6600	Bjerklund Johansen et al., 2012 (698)
Fixed Dose Combination (FDC)- dutasteride and tamsulosin VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway	8489	9400	Bjerklund Johansen et al., 2012 (698)
Fixed Dose Combination (FDC)- dutasteride and tamsulosin VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway (lifetime time horizon)	7058	7800	Bjerklund Johansen et al., 2012

			(698)
Monotherapy (AB:tamsulosin) VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway (lifetime time horizon)	5831	6400	Bjerklund Johansen et al., 2012 (698)
Monotherapy (5-ARI:dutasteride) VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway (lifetime time horizon)	10137	11000	Bjerklund Johansen et al., 2012 (698)
Monotherapy (5-ARI: dutasteride) VERSUS Watchful waiting (WW) IN Men aged 50 years or older with benign prostatic hyperplasia (BPH) in Norway	12952	14000	Bjerklund Johansen et al., 2012 (698)
Prostate specific antigen (PSA) at 2ng/mL threshold value plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test at 2ng/mL threshold value IN Adult men aged 50-64 years	-26900	Cost-Saving	Nichol et al., 2012 (699)
Prostate specific antigen (PSA) at 2ng/mL threshold value plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test at 2ng/mL threshold value IN Adult men aged 65-75 years	-41600	Cost-Saving	Nichol et al., 2012 (699)
Prostate specific antigen (PSA) at 4ng/mL threshold value plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test at 4ng/mL threshold value IN Adult men aged 50-75 years	-14767	Cost-Saving	Nichol et al., 2012 (699)
Prostate specific antigen (PSA) at 4ng/mL threshold value plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test at 4ng/mL threshold value IN Adult men aged 50-64 years	-20100	Cost-Saving	Nichol et al., 2012 (699)

Prostate specific antigen (PSA) at 4ng/mL threshold value plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test at 4ng/mL threshold value IN Adult men aged 65-75 years	-34300	Cost-Saving	Nichol et al., 2012 (699)
Prostate specific antigen (PSA) plus Beckman Coulter Prostate Health Index (phi) screening test VERSUS Annual prostate cancer screening using PSA test IN Adult men aged 50-75 years	-14988	Cost-Saving	Nichol et al., 2012 (699)
Stereotactic beam radiation therapy (SBRT) VERSUS Intensity-modulated radiation therapy (IMRT) IN Men aged 70 years with low or intermediate-risk limited organ-confined prostate cancer		Cost-Saving	Hodges et al., 2012 (700)
Chemoprevention with finasteride beginning at age 50 until age 75 with a constant risk reduction across all tumor grades VERSUS No chemoprevention with finasteride IN US men aged 50 years	88805	98000	Stewart et al., 2012 (701)
Chemoprevention with finasteride beginning at age 50 until age 75 with tumor-grade specific treatment effects (risk of low-grade tumors decreased by 38.2% and the risk of intermediate- and high-grade tumors increased by 23% and 67%) VERSUS No chemoprevention with finasteride IN US men aged 50 years	142300	160000	Stewart et al., 2012 (701)
Intensity-modulated radiation therapy (IMRT) VERSUS Stereotactic body radiation therapy (SBRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: healthcare perspective	-136583	Increases Costs, Decreases Health	Parthan et al., 2012 (702)
Proton bean therapy (PT) VERSUS Intensity-modulated radiation therapy (IMRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: healthcare perspective	3634400	3800000	Parthan et al., 2012 (702)

Intensity-modulated radiation therapy (IMRT) VERSUS Stereotactic body radiation therapy (SBRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: societal perspective	-166517	Increases Costs, Decreases Health	Parthan et al., 2012 (702)
Proton beam therapy (PT) VERSUS Stereotactic body radiation therapy (SBRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: societal perspective	-931200	Increases Costs, Decreases Health	Parthan et al., 2012 (702)
Proton beam therapy (PT) VERSUS Intensity-modulated radiation therapy (IMRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: societal perspective	3656900	3800000	Parthan et al., 2012 (702)
Proton beam therapy (PT) VERSUS stereotactic body radiation therapy (SBRT) IN Males aged 65 years with localized prostate cancer who declined or were ineligible for surgery: healthcare perspective	-890780	Increases Costs, Decreases Health	Parthan et al., 2012 (702)
Intensity-modulated radiation therapy VERSUS Stereotactic body radiation therapy IN US patients aged 70 years-old with prostate cancer		Increases Costs, Decreases Health	Hodges et al., 2012 (703)
Short-tandem repeat-based provenance testing of transrectal prostate biopsy specimens to rule out the presence of adenocarcinoma of the prostate VERSUS None IN Patients with prostate cancer	65570	72000	Pfeifer et al., 2012 (704)
Abiraterone + prednisolone VERSUS Prednisolone IN Patients with castration-resistant metastatic prostate cancer previously treated with docetaxel-containing regimen	81591	89000	Dyer et al., 2012 (705)

Abiraterone + prednisolone VERSUS Prednisolone IN Patients with castration-resistant metastatic prostate cancer previously treated with docetaxel-containing regimen and who received a previous course of chemotherapy	72249	78000	Dyer et al., 2012 (705)
Intensity-modulated radiotherapy (IMRT) VERSUS 3-dimensional conformal radiotherapy (3DCRT) IN UK men aged 70 years with localised prostate cancer (equal doses of radiotherapy to both IMRT and 3DCRT patients and same PSA progression rates for both cohorts)	150680	170000	Hummel et al., 2012 (706)
Intensity-modulated radiotherapy (IMRT) VERSUS 3-dimensional conformal radiotherapy (3DCRT) IN UK men aged 70 years with localised prostate cancer (same survival rates for both cohorts with difference of 15% in late gastrointestinal toxicity)	45120	50000	Hummel et al., 2012 (706)
Intensity-modulated radiotherapy (IMRT) VERSUS 3-dimensional conformal radiotherapy (3DCRT) IN UK men aged 70 years with localised prostate cancer (smaller difference between IMRT and 3DCRT in mean survival to PSA failure of 3.8 years)	7667	8500	Hummel et al., 2012 (706)
Intensity-modulated radiotherapy (IMRT) VERSUS 3-dimensional conformal radiotherapy (3DCRT) IN UK men aged 70 years with localised prostate cancer (difference between IMRT and 3DCRT in mean survival is 6.6 years)	-4256	Cost-Saving	Hummel et al., 2012 (706)
Intensity-modulated radiation therapy (IMRT) VERSUS Non-Robotic Stereotactic body radiotherapy (NR-SBRT) IN Patients aged over 65 years with low-risk prostate cancer (LRPCA)	591100	610000	Sher et al., 2012 (707)
Intensity-modulated radiation therapy (IMRT) VERSUS Robotic Stereotactic body radiotherapy (R-SBRT) IN Patients aged over 65 years with low-risk prostate cancer (LRPCA)	285000	290000	Sher et al., 2012 (707)
Denosumab (120mg monthly) VERSUS Zoledronic acid (4mg monthly) IN Specific disease- Bone-metastatic prostate cancer; Age- Adult; Gender- Male; Country- United States.	1058741	1100000	Snedecor et al., 2013 (708)

External-beam radiation therpay (EBRT) + brachytherapy (BT) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- United States.	4313	4800	Cooperberg et al., 2013 (709)
Brachytherapy (BT) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- .	3391	3700	Cooperberg et al., 2013 (709)
Three-dimensional conformal RT (3DCRT) VERSUS Active surveillance IN Specific disease- prostate cance; Age- Adult; Gender- Male; Country- United States.	3179	3500	Cooperberg et al., 2013 (709)
Intensity-modulated radiation therpay (IMRT) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- United States.	6469	7100	Cooperberg et al., 2013 (709)
Open radical prostatectomy (ORP) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- United States.	2749	3000	Cooperberg et al., 2013 (709)
Robot-assisted radical prostatectomy (RARP) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- United States.	2668	2900	Cooperberg et al., 2013 (709)
Laprascopic assisted radical prostatectomy (LRP) VERSUS Active surveillance IN Specific disease- prostate cancer; Age- Adult; Gender- Male; Country- United States.	2792	3100	Cooperberg et al., 2013 (709)
Single-dose tamsulosin and dutasteride combination therapy VERSUS Tamsulosin monotherapy IN Specific disease- Benign prostatic hyperplasia; Age- 41 to 64 years, >=65 years; Gender- Male; Country- United Kingdom; Other- moderate to severe symptoms.	19603	21000	Walker et al., 2013 (710)
Robot-assisted prostatectomy VERSUS Laproscopic prostatectomy IN Specific disease- Localized prostate cancer; Age- 19 to 40 years, 41 to 64 years, Adult; Gender- Male; Country- United Kingdom.	26539	29000	Close et al., 2013 (711)

Degarelix 240/80 mg VERSUS Leuprolide 22.5 mg every 3 months IN Specific disease- Locally advanced prostate cancer; Age- Adult; Gender- Male; Country- United States.	245	260	Hatoum et al., 2013 (712)
Cabazitaxel VERSUS abiraterone IN Specific disease- Prostate Cancer; Age- Adult; Gender- Male; Country- United States.	955863	1000000	Zhong et al., 2013 (713)
Abiraterone VERSUS mitoxantrone IN Specific disease- Prostate Cancer; Age- Adult; Gender- Male; Country- United States.	91118	99000	Zhong et al., 2013 (713)
Mitoxantrone VERSUS Placebo IN Specific disease- Prostate Cancer; Age- Adult; Gender- Male; Country- United States.	100675	110000	Zhong et al., 2013 (713)
Prostate-specific antigen screening VERSUS None IN Healthy; Age- 41 to 64 years; Gender- Male; Country- Australia; Other- Average risk for prostate cancer.	302282	310000	Martin et al., 2013 (714)
Prostate-specific antigen screening VERSUS None IN Healthy; Age- 41 to 64 years; Gender- Male; Country- Australia; Other- High risk for prostate cancer.	114700	120000	Martin et al., 2013 (714)
Prostate-specific antigen screening VERSUS None IN Healthy; Age- 41 to 64 years; Gender- Male; Country- Australia; Other- Very high risk for prostate cancer.	31668	33000	Martin et al., 2013 (714)
Brachytherapy VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-12334	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
Radical prostatectomy VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-12766	Increases Costs, Decreases Health	Hayes et al., 2013 (715)

Active surveillance VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-90435	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
VERSUS watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-26282	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
Intensity-modulated radiation therapy VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-38684	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-18117	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
Active surveillance for prostate cancer VERSUS Watchful waiting IN Specific disease- prostate cancer; Age-; Gender- Male; Country- United States; Other- localized, low-risk prostate cancer.	-73413	Increases Costs, Decreases Health	Hayes et al., 2013 (715)
Dutasteride-tamsulosin combination VERSUS Tamsulosin IN Specific disease- Benign prostatic hyperplasia; Age- Adult; Gender- Male; Country- Canada.	25745	27000	Ismaila et al., 2013 (716)
Abiraterone VERSUS Placebo IN Specific disease- metastatic castration-resistant prostate cancer; Age- Adult; Gender- Male; Country- United States.	123430	130000	Wilson et al., 2013 (717)
Enzalutamide VERSUS Abiraterone IN Specific disease- metastatic castration-resistant prostate cancer; Age- Adult; Gender- Male; Country- United States.	437623	450000	Wilson et al., 2013 (717)

Cabazitaxel VERSUS Abiraterone IN Specific disease- metastatic castration-resistant prostate cancer; Age- Adult; Gender- Male; Country- United States.	351865	360000	Wilson et al., 2013 (717)
Magnetic resonance imaging VERSUS transrectal ultrasound–guided biopsy IN Healthy; Age- Adult; Gender- Male; Country- Netherlands.	449	470	de Rooij et al., 2013 (718)

Stomach Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
VERSUS IN Singapore chinese men between 50-70 years	27000	35000	Dan YY et al., 2006 (719)

Uterine Cancer

Description	Original US$/QALY	2014US$/QALY	Reference
Surgical staging (HBSO and pelvic +/- para-aortic lymphadenectomy); Adjuvant radiotherapy (RT) administered according to final grade and stage; After staging, pelvic RT was indicated for Grades 1 and 2 if Stage IIB and for Grade 3 if Stage IC, IIA with >50% MI, or IIB VERSUS Hyterectomy and bilateral slapingo-oophorectomy (HBSO); Adjuvant radiotherapy (RT) administered according to final grade and stage; After HBSO, pelvic RT indicated fro Grades 1 and 2 if Stage IC, IIA with >50% myometrial invasion (MI) or IIB, and for Grade 3 if Stage IB, IC, IIA, or IIB IN Stage I, II endometrioid-type cancer; Grade 1	Dominated	Dominated	Kwon JS et al., 2007 (720)
Surgical staging (HBSO and pelvic +/- para-aortic lymphadenectomy); Adjuvant radiotherapy (RT) administered according to final grade and stage; After staging, pelvic RT was indicated for Grades 1 and 2 if Stage IIB and for Grade 3 if Stage IC, IIA with >50% MI, or IIB VERSUS Hyterectomy and	4000	5000	Kwon JS et al., 2007 (720)

bilateral slapingo-oophorectomy (HBSO); Adjuvant radiotherapy (RT) administered according to final grade and stage; After HBSO, pelvic RT indicated fro Grades 1 and 2 if Stage IC, IIA with >50% myometrial invasion (MI) or IIB, and for Grade 3 if Stage IB, IC, IIA, or IIB IN Stage I, II endometrioid-type cancer; Grade 2			
Surgical staging (HBSO and pelvic +/- para-aortic lymphadenectomy); Adjuvant radiotherapy (RT) administered according to final grade and stage; After staging, pelvic RT was indicated for Grades 1 and 2 if Stage IIB and for Grade 3 if Stage IC, IIA with >50% MI, or IIB VERSUS Hyterectomy and bilateral slapingo-oophorectomy (HBSO); Adjuvant radiotherapy (RT) administered according to final grade and stage; After HBSO, pelvic RT indicated fro Grades 1 and 2 if Stage IC, IIA with >50% myometrial invasion (MI) or IIB, and for Grade 3 if Stage IB, IC, IIA, or IIB IN Stage I, II endometrioid-type cancer; Grade 3	Dominated	Dominated	Kwon JS et al., 2007 (720)

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