SUPPLEMENTARY FILE 2: Data extraction pro-forma

Reviewer:				
Date form completed:				
Title:				
Author(s):				
Year Published:				
Citation (incl. doi):				
Type of study:	Trial-based EE ☐	Model-based EE ☐	Non-EE modelling study ☐	

Economic evaluation details (if applicable)	**N/A ☐**			**Location in text** (page/figure/ table/other)
Objective/decision problem:				
Patient population characteristics *(describe)*:				
Location *(country/city)***:**				
Setting *(describe):*				
Economic study design:	CEA ☐	CBA ☐		
	CUA ☐	CMA ☐		
	CCA ☐	Cost(s) only ☐		
	Health outcomes(s) only ☐			
Perspective of analysis:	Societal ☐	Individual clinician ☐		
	Patient and patient family ☐	Insurer/third party payer ☐		
	Healthcare system ☐	Other: ☐		
	Healthcare provider ☐			
Primary costs/consequences/outcome measure(s) *(please list):*				
Strategies/comparators:				
Time horizon of analysis:				
Was discounting used? *(state annual or otherwise)*	Discount rate for costs: ……			
	Discount rate for health outcomes: …….			
	No Discounting ☐			
	N/A (no information/not relevant) ☐			

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Modelling details (if applicable) N/A ☐ [Adapted from Philips 2006 and Vemer 2016 (AdViSHE) checklists]				**Location in text** *(page/figure /table/other)*
Model type	Cohort-based decision tree (DT)	☐		
	Cohort-based State Transition model (MM)	☐		
	Individual patient-level DT	☐		
	Individual patient-level MM	☐		
	Discrete event simulation	☐		
	Agent-based model	☐		
	System dynamics model	☐		
	Other:			
Rationale for model type:	Yes No	☐ ☐	If Yes please specify:	
Model structure *(paste structure):*				
Rationale for model structure:	Yes No	☐ ☐	If Yes please specify:	
Structural assumptions, *incl. cycle length (describe):*				
Have experts been asked to judge the appropriateness of the model?	Yes No	☐ ☐	If Yes please specify: 1. Who: 2. Why they are experts: 3. Level of agreement:	
Has the model been compared with other models found in the literature?	Yes No	☐ ☐	If Yes please provide reference/citation:	
Was patient heterogeneity modelled?	Yes No	☐ ☐	If Yes please specify:	
Source of data for clinical effect sizes, adverse events & complications:	**1** Meta-analysis of RCTs with direct comparison between comparator therapies, measuring final outcomes.	☐		
	2 Single RCT with direct comparison between comparator therapies, measuring final outcomes	☐		
	3 Meta-analysis of RCTs with direct comparison between comparator therapies, measuring surrogate outcomes	☐		
	Meta-analysis of placebo-controlled RCTs with similar trial populations, measuring final outcomes for each individual therapy	☐		
	4 Single RCT with direct comparison between comparator therapies, measuring surrogate outcomes	☐		

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Modelling details (if applicable) N/A ☐ [Adapted from Philips 2006 and Vemer 2016 (AdViSHE) checklists]			**Location in text** *(page/figure /table/other)*
	Single placebo-controlled RCTs with similar trial populations, measuring final outcomes for each individual therapy	☐	
	5 Meta-analysis of placebo-controlled RCTs with similar trial populations, measuring surrogate outcomes	☐	
	6 Single placebo-controlled RCTs with similar trial populations, measuring surrogate outcomes for each individual therapy	☐	
	7 Case-control or cohort studies	☐	
	8 Non-analytic studies, for example, case reports, case series	☐	
	9 Expert opinion	☐	
	0 Not stated	☐	
	Other: Specify relevant data sources: More than 1 data source per parameter? Reasons for excluding data sources? Evidence synthesis performed? Calibration?	☐	
Source of baseline clinical data:	**1** Case series or analysis of reliable administrative databases specifically conducted for the study covering patients solely from the jurisdiction of interest.	☐	
	2 Recent case series or analysis of reliable administrative databases covering patients solely from the jurisdiction of interest.	☐	
	3 Recent case series or analysis of reliable administrative databases covering patients solely from another jurisdiction.	☐	
	4 Old case series or analysis of reliable administrative databases. Estimates from RCTs	☐	
	5 Estimates from previously published economic analyses: unsourced	☐	
	6 Expert opinion	☐	
	0 Not stated	☐	
	Other: Specify relevant data sources: More than 1 data source per parameter?	☐	

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Modelling details (if applicable) N/A ☐ [Adapted from Philips 2006 and Vemer 2016 (AdViSHE) checklists]		**Location in text** *(page/figure /table/other)*
	Reasons for excluding data sources? Evidence synthesis performed? Calibration?	
Source of data for duration of primary effect (i.e. after end of follow-up of source of primary effect size)	**1** Analysis of reliable administrative databases specifically conducted for the study covering patients solely from the jurisdiction of interest ☐ **2** Recent analysis of reliable administrative databases covering patients solely from the jurisdiction of interest ☐ **3** Recent analysis of reliable administrative databases covering patients solely from another jurisdiction ☐ **4** Old analysis of reliable administrative databases. ☐ **5** Estimates from previously published economic analyses: unsourced ☐ **6** Expert opinion ☐ **0** Not stated ☐ Other: ☐ Specify relevant data sources: More than 1 data source per parameter? Reasons for excluding data sources? Evidence synthesis performed? Calibration?	
Source of data for resource use:	**1** Prospective data collection or analysis of reliable administrative data from same jurisdiction for specific study ☐ **2** Recently published results of prospective data collection or recent analysis of reliable administrative data – same jurisdiction ☐ **3** Unsourced data from previous economic evaluations – same jurisdiction ☐ **4** Recently published results of prospective data collection or recent analysis of reliable administrative data – different jurisdiction ☐ **5** Unsourced data from previous economic evaluation – different jurisdiction ☐ **6** Expert opinion ☐ **0** Not stated ☐ Other: ☐ Specify relevant data sources:	

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Modelling details (if applicable) N/A ☐ [Adapted from Philips 2006 and Vemer 2016 (AdViSHE) checklists]		**Location in text** *(page/figure /table/other)*
	More than 1 data source per parameter? Reasons for excluding data sources? Evidence synthesis performed? Calibration?	
Are methods for identifying and synthesising input data reported?	Yes ☐ No ☐ If Yes please specify:	
Were all data sources described and reported?	Yes ☐ No ☐	
Were mutually inconsistent data reported in the model?	Yes ☐ If Yes were the choices justified? No ☐	
Model uncertainty	Methodological uncertainty ☐ If yes, describe: Structural uncertainty ☐ If yes, describe: Heterogeneity ☐ If yes, list subgroups: Parameter uncertainty ☐ If yes, list method:	
Have experts been asked to judge the appropriateness of the input data?	Yes ☐ If Yes please specify: No ☐ 1. Who: 2. Why they are experts: 3. Level of agreement:	
When input parameters are based on regression models, have statistical tests been performed?	Yes ☐ If Yes please specify tests: No ☐	
Model internal validation (mathematical logic and accuracy of coding)	Computerised model examined by modelling experts ☐ Model run for specific, extreme sets of parameter values to detect coding errors ☐ Patients tracked through model to determine if its logic is correct ☐ Tested individual sub-modules of the computerised model ☐ Internal validation not reported ☐	
Model external validation	Model outcomes assessed by experts ☐ Model outcomes compared with the outcomes of other models that address similar problems ☐ Model outcomes compared with the outcomes obtained when using alternative input data ☐ Model outcomes compared with empirical data ☐ Model calibrated against independent data with differences explained and justified ☐ Counterintuitive results from model explained and justified ☐ External validation not reported ☐	
Other model validation *(describe)***:**		

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Data details (all analyses) [Adapted from Coyle & Lee 2002, and with additional items]							**Location in text** *(page/figure /table/other)*
Costs included:	Direct medical	☐	Direct non-medical	☐	Productivity losses	☐	
	Direct treatment	☐	Social care	☐	Income forgone due to illness	☐	
	In-patient	☐	Social benefits	☐			
	Out-patient	☐	Travel costs	☐	Income forgone due to death	☐	
	Day care	☐	Caregiver out-of-pocket	☐			
	Community healthcare	☐	Criminal Justice	☐	Income forgone due to death	☐	
	Medication	☐	Training of staff	☐			
	Side effect costs	☐					
	or						
	Staff	☐					
	Medication	☐					
	Labs/diagnostic	☐					
	Overhead	☐					
	Capital equipment	☐					
	Real estate	☐					
	Other:	☐					
Source of data for costs:	**1** Cost calculations based on reliable databases or data sources conducted for specific study – same jurisdiction					☐	
	2 Recently published cost calculations based on reliable databases or data sources – same jurisdiction					☐	
	3 Unsourced data from previous economic evaluation – same jurisdiction					☐	
	4 Recently published cost calculations based on reliable databases or data sources – different jurisdiction					☐	
	5 Unsourced data from previous economic evaluation – different jurisdiction					☐	
	6 Expert opinion					☐	
	0 Not stated					☐	
	Other: Specify relevant data sources: More than 1 data source per parameter? Reasons for excluding data sources? Evidence synthesis performed?					☐	

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	Calibration?	
Source of data for utilities:	**1** Direct utility assessment for the specific study from a sample either: (a) of the general population, or (b) with knowledge of the disease(s) of interest, or (c) of patients with the disease(s) of interest	☐
	Indirect utility assessment for the specific study from patient sample with disease(s) of interest, using a tool validated for the patient population	☐
	2 Direct utility assessment from a previous study from a sample either: (a) of the general population, or (b) with knowledge of the disease(s) of interest, or (c) of patients with the disease(s) of interest	☐
	Indirect utility assessment from a previous study from patient sample with disease(s) of interest, using a tool validated for the patient population	☐
	3 Indirect utility assessment from a patient sample with disease(s) of interest, using a tool **not** validated for the patient population	☐
	Patient preference values obtained from a visual analogue scale	☐
	4 Delphi panels, expert opinion	☐
	0 Not clearly stated	☐
	Other: Specify relevant data sources: More than 1 data source per parameter? Reasons for excluding data sources? Evidence synthesis performed? Calibration?	☐
Were QOL estimates derived:	Yes ☐ No ☐	
If validated tools were used, which instrument(s):	Rosser Index ☐ Health Utilities Index (HUI) ☐ EQ-5D ☐ Quality of Well Being (QWB) ☐ 15D ☐ SF-36 ☐ SF-12 ☐ SF-6 ☐	
Converted into utilities?	Yes ☐ No ☐ If Yes report value set:	
If direct elicitation was used, which approach(s):	Standard Gamble ☐ VAS/rating scale ☐ Time trade-off ☐ Person trade-off ☐	

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Utility values combined with survival to form QALYs?	Yes No	☐ ☐

Study results		**Location in text** (page/figure/ table/other)
Currency and cost year		
Cost-effectiveness results (e.g. ICER)	Point estimate: Probabilistic results (probability of being cost-effective):	
Value of Information	Give details: Not reported: ☐	
Study conclusions		

Quality and risk of bias for economic evaluations (if applicable)				**N/A ☐**
Checklists completed:	CHEC (all EE) ☐	ISPOR (models only) ☐		
Risk of bias [CHEC, ISPOR]:	High ☐	Medium ☐	Low ☐	Unknown ☐
Comments on study quality and limitations:				