

TABLE 53 Within-trial cost-effectiveness analysis: health-related quality-of-life and cost-effectiveness results

Study	Grant <i>et al.</i> 2008 ¹	Goeree <i>et al.</i> 2011 ⁴⁶
Trial	REFLUX (multicentre UK)	Anvari (single centre in Canada)
Follow-up	Within-trial cost-effectiveness analysis over 1 year	Within-trial cost-effectiveness analysis over 3 years
Number of patients	318 ^a	104
Perspective	UK NHS	Societal perspective
Price year	2006 UK pounds	2009 Canadian dollars (2010 tested in sensitivity analysis)
HRQoL instrument	EQ-5D	HUI (primary instrument); SF-6D and EQ-5D (tested in sensitivity analysis) QoL improved over time across all utility instruments; however, the QALYs gained estimated with EQ-5D were less than half of those estimated with HUI3 and SF-6D
Difference in mean QALYs	0.066 (95% CI 0.026 to 0.107)	0.109 (SD 0.784)
Difference in mean costs	£1280 (£1054 to £1468)	C\$3205 (SD C\$16,828)
ICER	£19,000 per QALY gained	C\$29,400 per QALY gained (utilities from HUI3); C\$76,310 per QALY gained (utilities from EQ-5D)
Probability of surgery being cost-effective	When $k = £20,000$, probability = 46%; when $k = £30,000$, probability = 86%	Laparoscopic Nissen fundoplication has the highest probability of being the most cost-effective treatment when k is >C\$30,000

^a The REFLUX economic analysis included both ITT and PP analysis. Results presented in this table are based on the ITT analysis.