Parameter	Retel et al (2010) <sup>133</sup>	Chen et al (2010) <sup>132</sup>
Country	Netherlands	USA
Perspective (costs)	Health care	Payer perspective
Comparators (NPI, Adjuvant! Online)	Adjuvant! Online vs. MammaPrint	Adjuvant! Online vs. MammaPrint
	St Gallen vs. MammaPrint	
Starting age in the model	50 years	Unclear
Population	Early operable breast cancer, LN-, ER+, HER2+/-	≤60 years, ER+/-, LN-
Model structure (type, health states)	Markov model with four mutually exclusive health states (disease free, relapse, distant metastasis and death)	Markov model with three mutually exclusive health states (no recurrence, death from cancer, death from other causes)
Definition of relapse	Includes local, regional recurrence, secondary primary and contralateral breast cancer	Relapse included in terms of cost only (local, regional, contralateral, distant)
Time horizon	20 years	Lifetime (99% of patients dead)
Endocrine therapy regime	All patients are assumed to receive 2.5 years of tamoxifen followed by 2.5 years of aromatase inhibitor	Endocrine therapy only given to ER+ patients; tamoxifen for patients receiving endocrine therapy
Chemotherapy regime	80% receive 6 cycles of FEC; 10% receive 6 cycles of docetaxel, doxorubicin and cyclophosphamide (TAC); 10% receive AC + paclitaxel (4 + 12 cycles) in combination with trastuzumab	Cost based on the following chemotherapy regimens: alkylating agents (58%), anthracyclines (51%), taxanes (25%) and antimetabolites (18%)
Benefit of chemotherapy	HR for trastuzumab: 0.64 (95% CI 0.54 to 0.76)	Relative risk: 26% in ER+; 32% in ER-
Adverse events	CHF was included	Implicitly included in the cost of chemotherapy and QALYs
Quality of life	EQ-5D; utilities extracted from Lidgren et al.148	Chemotherapy: 0.70 (6 months)
	No adjuvant systemic treatment (first year): 0.935	Recurrence free: 0.98
	DFS (years 2-20): 0.935	
	Chemotherapy (year 1): 0.620	
	Endocrine therapy (years 1–5): 0.744	
	Trastuzumab (year 1): 0.620	
	CHF: 0.700	
	Relapse: 0.779	
	Distant recurrence: 0.685	

Parameter	Retel et al (2010) <sup>133</sup>	Chen et al (2010) <sup>132</sup>
Costs and resources used	Cost expressed in 2005 euros; costs of health states extracted from Lidgren <i>et al.</i> <sup>144</sup>	Cost expressed in 2007 US dollars
		Chemotherapy: \$35,964
	Chemotherapy: €8596	Cost no recurrence (per year): \$5928 Recurrence: \$57,424 Terminal (cancer): \$76,557 Terminal (other): \$65,016 MammaPrint: \$4200 Endocrine therapy (per year): \$1383
	Endocrine therapy: €822	
	Trastuzumab: €36,298	
	CHF: €3453	
	Relapse (year 1): €12,181	
	Relapse (after): €2359	
	Distant metastasis (year 1): €14,303	
	Distant metastasis (after): €6813	
	MammaPrint: €2675	
Discounting	Costs: 4%; benefits: 1.5%	Costs: 3%; benefits: unclear
% of HER2+	10%	HER2+ excluded as assumed to receive trastuzumab anyway

Results for St Gallen or NCCN<sup>129</sup> are not presented in this table.