

CONFIDENTIAL



Health Economics Research Centre

**A RANDOMISED CONTROLLED TRIAL OF ALTERNATIVE
TREATMENTS TO INHIBIT VEGF IN AGE-RELATED
CHORIODAL NEOVASCULARISATION (IVAN)**

Treatment Set-Up Cost Questionnaire

Date on which questionnaire was completed:

Main respondent's contact details

Contact Name:

Job Title:

Centre:

Telephone Number:

Email Address:

Additional staff providing information:

Contact Name:

Job Title:

Email Address:

Question(s) completed:

Contact Name:

Job Title:

Email Address:

Question(s) completed:

Contact Name:

Job Title:

Email Address:

Question(s) completed:

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SET UP COST QUESTIONNAIRE

Thank you for taking time to complete this questionnaire. Your answers will be kept confidential and will only be used for the IVAN study.

The aim of this research is to collect information on the predicted resource use and costs associated with setting up clinics to perform intra-vitreous injections of bevacizumab and ranibizumab for the treatment of neovascular age-related macular degeneration (nAMD) and monitor outcomes in **routine NHS clinical practice** (i.e. outside of clinical trials). Any facilities or equipment that were set up/obtained specifically for IVAN or other clinical trials and are not used in routine clinical practice should **not** be mentioned in this questionnaire.

We are interested in identifying all of the equipment and resources that are required to offer bevacizumab/ranibizumab in routine clinical practice and calculating the total cost required to modify your facilities so that you could offer these treatments and associated monitoring. We would like to capture all of the equipment or resources that you needed (or will need) to offer bevacizumab/ranibizumab from the point at which your centre decided to offer bevacizumab/ranibizumab to the point at which your clinic is entirely set up and running at full capacity.

In a few months time, we will send you (or someone who you nominate) a second questionnaire on the resources required to run the clinics in which bevacizumab/ranibizumab are administered or in which patients are monitored.

If you don't know the answer to any given question, please complete all questions that you can answer and forward the questionnaire to others at your centre so that they can complete additional sections. Duplicate questionnaires may be obtained from the address below.

If nobody at your centre has the information required to answer a particular question, please leave it blank and complete and return the remainder of the questionnaire. In particular, we would be extremely grateful if you could give details of the quantities of resources purchased even if you do not know their cost. Where we ask for estimated or approximate values, we would be grateful for your best guess at the value in question.

We have assumed that all costs given in the questionnaire **include** VAT. If you prefer to give some/all costs excluding VAT, please state clearly which costs exclude VAT.

SECTION A: SET UP/CAPITAL COSTS

1. Summary of your facilities

a) When did your clinic first start offering bevacizumab/ranibizumab outside clinical trials?

b) Please complete the below table to summarise the facilities you have that can be used for patients who have received bevacizumab/ranibizumab.

If any of these functions uses a room mentioned higher up in the table (e.g. if FFA is conducted in the OCT room), please record this in the second column.

Room	No. rooms at your clinic that were used by pts with nAMD <u>before</u> you decided to offer bevacizumab/ranibizumab	No. new rooms set up in order to offer bevacizumab/ranibizumab	No. existing rooms modified in order to offer bevacizumab/ranibizumab	No. rooms set up at your clinic today that are used by pts who have had bevacizumab/ranibizumab in the past 2 years	No. rooms that you plan to set up in the foreseeable future to cope with demand for bevacizumab/ranibizumab
Waiting rooms					
Sterile rooms suitable for intra-vitreous injections					
Visual testing lanes					
OCT room					
FFA room					
Consultation rooms					
Optometric assessment rooms					

Recovery rooms					
Other (please specify)					

Abbreviations: FFA, fundus fluorescein angiography; OCT, optical coherence tomography.

c) Do you plan to expand your service or increase the number of patients receiving bevacizumab/ranibizumab in the future?

YES/NO (please circle or underline the appropriate response to this and all subsequent yes/no questions)

d) If **YES**, when do you expect the number of patients receiving bevacizumab/ranibizumab to have levelled out?

2. Sterile room in which intra-vitreous injections are performed

a) Did/would you need to set up or modify 1 or more sterile treatment room(s) to administer bevacizumab/ranibizumab?

YES/NO

b) If **NO**, where do you administer bevacizumab/ranibizumab? (Go to Q3)

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c) Approximately when was your newest sterile room set up?

d) List equipment/resources used to set up or modify an existing room into a sterile room and their cost. Please only include equipment/resources that are used in the sterile room.

Costs should include VAT

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per treatment room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost if known (inc VAT & service contracts)‡	Estimated likely life span (in years)
Furniture (please specify)					
Tonometer for measuring IOP					
Computer					
Networking					
Software (please specify)					
Printer					
Lighting					
Refrigerator					
Cupboards					

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per treatment room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost if known (inc VAT & service contracts)‡	Estimated likely life span (in years)
Replacement of flooring					
Replacement of ceiling					
Air conditioning					
Other (please specify)					

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

e) What monitoring/tests/investigations (e.g. infection control visits or microbiological monitoring) were/would be conducted to ensure that the treatment room was sterile and suitable to be used to perform intra-vitreous injections? Please provide as many details as possible, including how many visits were conducted, roughly how long each visit lasted, how many staff of each grade were involved and what tests were conducted.

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f) Will the infection control/microbiology assessment of the sterile room need to be repeated periodically?

YES/NO (if **NO**, go to **Q3**)

g) If **YES**, how many times per year must the infection control/microbiological assessment be repeated?

h) Will the routine microbiological checks of the sterile room be the same as the microbiological assessment that was required when the room was set up?

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i) If not, how will the routine assessments differ from the initial assessment?

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3. Optical coherence tomography (OCT) room

a) Before you decided to offer bevacizumab/ranibizumab, what facilities did you have that could be used to perform OCT?

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b) Would/did you need to set up 1 or more new OCT room(s) or purchase additional OCT equipment to offer bevacizumab/ranibizumab?

YES/NO (if NO, go to Q4)

c) Approximately when was your newest OCT room or OCT equipment set up?

d) List equipment/resources used and their cost to set up an OCT room or modify an existing room to use as an OCT room.

Costs should include VAT.

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per OCT room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
OCT machine					
Computer†					
Printer†					
Networking		N/A			
Software (please specify)*					
Furniture (please specify)					
Other (please specify)					

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per OCT room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

† If the stand, computer and/or printer were supplied free with the OCT machine, please record the equipment purchase cost of the stand/computer/printer as “N/A”.

* Please record software and software licences used in other rooms in the appropriate section; for example, if OCT software licences are required on each consulting room computer, please record these licences in Question 5 and record only the software licence that is on the OCT room computer in this section.

4. Fundus fluorescein angiography (FFA) room

a) Before you decided to offer bevacizumab/ranibizumab, what facilities did you have that could be used to perform FFA?

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b) Is FFA conducted in one of the rooms that have already been mentioned?

YES/NO

c) If **YES**, what room is FFA conducted in?

d) Did/would you need to set up 1 or more additional FFA room(s) or purchase any additional equipment for FFA in order to offer bevacizumab/ranibizumab?

YES/NO (if **NO**, go to **Q5**)

e) Approximately when was your newest FFA room/equipment set up?

f) List equipment/resources used to set up or modify an existing room into an FFA room or enable FFA to be conducted in another room.

Costs should include VAT

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per FFA room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
Camera					
Camera stand‡					
Computert‡					
Networking					
Printer‡					
Storage space					
Software* (please specify)					

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per FFA room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
Blood pressure monitor					
Furniture (please specify)					
Other (please specify)					

‡ If you lease any piece of equipment listed in this table, please write “leased” in the equipment purchase cost column and record the annual leasing fee in the annual maintenance column.

† If the stand, computer and/or printer were supplied free with FFA equipment, please record the equipment purchase cost of the stand/computer/printer as “N/A”.

* Please record software and software licences used in other rooms in the appropriate section; for example, if FFA software licences are required on each consulting room computer, please record these licences in Question 5 and include only the software licence that is on the FFA room computer in this section.

5. Consulting room

a) Are consultations with clinicians conducted in any of the rooms mentioned previously?

YES/NO

b) If **YES**, what room are consultations conducted in?

c) Did/would you need to set up 1 or more new consulting room(s) or purchase additional consulting room equipment in order to offer bevacizumab/ranibizumab?

YES/NO (if **NO**, go to **Q6**)

d) Approximately when was your newest consulting room set up?

e) List equipment/resources used to set up a consulting room for patients who have received bevacizumab/ranibizumab in the last 2 years or enable clinician consultations for patients who have received bevacizumab/ranibizumab to be conducted in another room.

Costs should include VAT. Please include any licences for FFA or OCT software that are used in the consulting room(s) in this table, instead of in Q3 or Q4.

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per consulting room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
Slit lamp					
Lenses					
Computer					
Printing					
Networking					
Software - including FFA/OCT licenses (please specify)					

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per consulting room	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
Furniture (please specify)					
Other (please specify)					

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

6. Visual assessment facilities

- a) Before your centre decided to offer bevacizumab/ranibizumab, what facilities did you have that could be used to assess visual function and/or perform optometric assessments on patients with nAMD? (Excluding the facilities described in Questions 2-5)

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- b) Did/would you need to set up 1 or more new optometric assessment room(s) or additional facilities for assessing visual function in order to offer bevacizumab/ranibizumab?

YES/NO (if **NO**, go to **Q7**)

- c) If **YES**, what visual/optometric assessment facilities did/would you need to set up to offer bevacizumab/ranibizumab?

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- d) Please provide details on the equipment that was/would be required to set up your facilities for optometric assessment of patients who have received bevacizumab/ranibizumab in the past 2 years. Please only include those pieces of equipment that are not listed elsewhere in the questionnaire and which are required in **routine clinical practice** for monitoring of patients who have had bevacizumab/ranibizumab in the last 2 years. Please exclude any equipment required for IVAN or other trials that is not used in routine clinical practice.

Costs should include VAT

Equipment	Equipment purchase cost if known (inc VAT)	Total quantity required across the clinic	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
ETDRS					

Equipment	Equipment purchase cost if known (inc VAT)	Total quantity required across the clinic	Quantity purchased to offer bevacizumab/ ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
LogMAR visual acuity charts					
Retro-illuminated light box					
Lens frame					
Lens set					
Bailey Lovie Near Word visual acuity charts					
Light meter to measure luminance. e.g. SPER Scientific					
Testing lanes					
Belfast reading speed charts					
Table top light box					
Timer					
Measuring stick					
Pelli-Robson contrast sensitivity charts					
Slit-lamp					
LogMAR chart					
Snellen chart					
TV screen					

Equipment	Equipment purchase cost if known (inc VAT)	Total quantity required across the clinic	Quantity purchased to offer bevacizumab/ ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)
Tonometer					
Computer					
Networking					
Software (please specify)					
Printer					
Blood pressure monitor					
Lighting					
Furniture (please specify)					
Other (please specify)					

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

e) Approximately when was your newest assessment room set up?

7. Waiting area

a) Did/would you need to set up additional waiting or reception area(s) or waiting room equipment for patients who have received bevacizumab/ranibizumab or purchase additional waiting room equipment?

YES/NO (if **NO**, go to **Q8**)

b) If **YES**, list equipment used and their cost to set up a waiting room or modify an existing room into a waiting area.

Costs should include VAT.

Equipment/ Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required per waiting room	Quantity purchased to offer bevacizumab/ ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)
Chairs				
Tables				
Computer				
Monitor				
Networking				
Printer				
Cupboards/ cabinets				
Other (please specify)				

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

c) Approximately when was your newest waiting room set up?

8. Miscellaneous

- a) Before your centre decided to offer bevacizumab/ranibizumab, what other facilities did you have that could be used by patients with nAMD?

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- b) Did you set up or modify any other room(s) in order to offer bevacizumab/ranibizumab?

YES/NO (if NO, go to Q8f)

- c) If YES, how many rooms did you set up?

- d) Please give details of what the room(s) was/were set up for and approximately when.

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- e) List equipment/resources used to set up or modify existing room(s) into the room(s) mentioned in 8d and their cost.

Costs should include VAT.

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required (across all rooms)	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)

Equipment/Resource	Equipment purchase cost if known (inc VAT)‡	Total quantity required (across all rooms)	Quantity purchased to offer bevacizumab/ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

f) If you needed to purchase any other equipment or incurred any other equipment costs in order to offer bevacizumab/ranibizumab that you have not mentioned previously, please record these resources here.

<i>Equipment/Resource</i>	Equipment purchase cost if known (inc VAT)‡	Total quantity required (across all rooms)	Total quantity purchased to offer bevacizumab/ ranibizumab	Annual maintenance cost‡ if known (inc VAT & service contracts)	Estimated likely life span (in years)

‡ If any piece of equipment listed in this table is leased, please write “leased” in the equipment purchase cost column and record the annual lease in the maintenance cost column.

SECTION B: STAFF TRAINING COSTS

9. Please list all the staff employed at your clinic who regularly work at clinics in which bevacizumab/ranibizumab is administered and/or where outcomes of these treatments are monitored and give details of the training that these staff require(d) to be able to perform their role in these clinics.

- Please include both formal training courses (whether internal or external) and on-the-job training (e.g. shadowing more experienced members of staff) that were/would be required in order to offer bevacizumab/ranibizumab.
- Please *exclude* any training that would have been required even if neither bevacizumab nor ranibizumab were available at your clinic.
- Please give as many details about the training as possible (e.g. cost of training course [where known]; grade of in-house personnel providing the training; and the number of hours or days spent on training, being trained, observing other staff or working under supervision).
- If the same member of staff is involved in both treatment and monitoring, please include him/her in this table only once; conversely, if 2 members of staff job share, please include them separately in the table.
- Please give further details below the table if necessary or attach any documents or links to websites that give further details of the training required by these staff.

Staff	Post	Grade	Number of staff (e.g. total no. nurses employed at your centre who are involved in	Description of the training required to offer bevacizumab/ranibizumab
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Staff	Post	Grade	Number of staff (e.g. total no. nurses employed at your centre who are involved in VEGF/nAMD clinics)	Description of the training required to offer bevacizumab/ranibizumab
Nurses				
Optometrists				
Ophthalmic photographers/ technicians				
Healthcare assistants				
Administrative staff				

Staff	Post	Grade	Number of staff (e.g. total no. nurses employed at your centre who are involved in VEGF/nAMD clinics)	Description of the training required to offer bevacizumab/ranibizumab
Data collection and management support staff				
Eye clinic liaison officers				
Other (please specify)				

SECTION D: OVERHEAD COSTS

10. What percentage (%) of 'On Costs' or 'overheads' does your trust charge?

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a) Are overheads applied only to staff costs? YES/NO

b) If **NO**, what other resources are overheads applied to?

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SECTION E: QUESTIONNAIRE FEEDBACK

11. Are there any other costs or resources that were incurred in order to offer bevacizumab/ranibizumab that are not mentioned in the questionnaire?

YES/NO

12. If **YES**, provide details below

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13. If you have any comments on the questionnaire (such as difficulties that you encountered interpreting or finding the information for any specific sections, or any suggestions you may have for improving this questionnaire), please record them here.

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.