Diagnostic Assessment Report commissioned by the NIHR HTA Programme on behalf of the National Institute for Health and Care Excellence – Table of errata

Title of project:

Clinical and cost-effectiveness of use of therapeutic monitoring of TNF α inhibitors (LISA-TRACKER ELISA kits, TNF α -Blocker ELISA kits, and Promonitor ELISA kits) versus standard care in people with Crohn's disease: systematic reviews and economic modelling

Name of External Assessment Group (EAG) and project lead:

Produced by: Warwick Evidence
Lead author: Karoline Freeman
Co-authors: Martin Connock

Peter Auguste

Sian Taylor-Phillips

Hema Mistry

Deepson Shyangdan

Rachel Court

Ramesh Arasaradnam

Paul Sutcliffe Aileen Clarke

Correspondence to: Dr Paul Sutcliffe

Associate Professor

Deputy Director for Warwick Evidence

Populations, Evidence and Technologies

Division of Health Sciences Warwick Medical School University of Warwick

Coventry CV4 7AL

Tel: 02476 150189 Fax: 02476 528375

Email: p.a.sutcliffe@warwick.ac.uk

Corrections to the main document are underlined.

DAR	Page	DAR text	Corrected text			
section	number					
4.3.1.2	147	'administration costs were also	'administration costs were also			
		included for adalimumab'	included for infliximab'			
4.3.4.2.2	173	'for people switching to	'for people switching to			
		adalimumab, we derived a cost of	adalimumab, we derived a cost			
		£1408.28 (2x £704.28, assuming	of £704.28 (2 x £352.14;			
		40mg of adalimumab is required	assuming 40mg of adalimumab			
		every two weeks) per four-week	is required every two weeks) per			
		cycle'	four-week cycle			
4.3.4.2.2	173	Base case value maintenance	Base case value maintenance			
Table 35		adalimumb: 704.28'	adalimumb: <u>352.14</u>			
8.18	376	unit cost for adalimumab 40mg	unit cost for adalimumab 40mg			
Table 56		every other week: 704.28	every other week: 352.14			

Addendum Table 5 Model results using time to event versus exponential transition probabilities

Time to event					Exponential						
Testing strategy	Mean cost per strategy	Difference in costs	Effectiveness (QALYs)	Incremental QALYs	Incremental cost- effectiveness ratio (£) (ICER)	Testing strategy	Mean cost per strategy	Difference in costs	Effectiveness (QALYs)	Incremental QALYs	Incremental cost- effectiveness ratio (£) (ICER)
No regain response following best supportive care (responders)					No regain response following best supportive care (responders)						
Concurrent	86,900	-	5.7472	=	-	No testing	150,550	-	6.5084	-	-
testing											
Reflex	87,700	800	5.7760	0.0288	27,800	Reflex	158,300	7750	6.4813	-0.02710	Dominated
testing						testing					
No testing	137,600	49,900	6.5143	0.7383	67,600	Concurrent	160,800	10,250	6.4813	-0.00001	Dominated
						testing					

Errata for Addendum Table 5 Model results using time to event versus exponential transition probabilities

Time to event						Exponential					
Testing	Mean	Difference	Effectiveness	Incremental	Incremental	Testing	Mean	Difference	Effectiveness	Incremental	Incremental
strategy	cost per	in costs	(QALYs)	QALYs	cost-	strategy	cost per	in costs	(QALYs)	QALYs	cost-
	strategy				effectiveness		strategy				effectiveness
					ratio (£)						ratio (£)
					(ICER)						(ICER)
No regain response following best supportive care (responders)					No regain response following best supportive care (responders)						
Concurrent	86,900	-	5.7472	-	-	Reflex	87,900	Ξ.	5.7853	Ξ.	Ξ
testing						testing					
Reflex	87,700	800	5.7760	0.0288	27,800	Concurrent	89,900	2000	5.7838	-0.0015	Dominated
testing						testing					
No testing	137,600	49,900	6.5143	0.7383	67,600	No testing	150,500	62,600	6.5084	0.7231	86,600