

# Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

Cancer of the upper aerodigestive tract: assessment and management of upper aerodigestive tract mucosal cancers

## 2 List of modelling questions

<b>Review questions by scope area</b>	<b>The most effective treatment for carcinoma of the larynx</b> <b>What is the most effective treatment for newly diagnosed T1 or T2 carcinoma of the larynx?</b>
Population	People with newly diagnosed T1 or T2 carcinoma of the larynx
Interventions and comparators considered for inclusion	Transoral laser microsurgery (TLM) Radiotherapy
Perspective	NHS and personal social services (PSS)
Outcomes	Total costs Total life years Total QALYs Cost per QALY
Type of analysis	Cost-utility analysis (CUA)
Issues to note	Limited clinical evidence available in T1b-T2 carcinoma of the larynx.
<b>Review questions by scope area</b>	<b>What is the most effective management strategy for the clinically and radiologically N0 neck in patients with early squamous cell carcinoma of the oral cavity?</b>
Population	People with clinically and radiologically N0 neck
Interventions and comparators considered for inclusion	Watchful waiting (with therapeutic neck dissection as necessary) Elective neck dissection Sentinel lymph node biopsy (SLNB)
Perspective	NHS and personal social services (PSS)
Outcomes	Total costs Total life years Total QALYs Cost per QALY
Type of analysis	Cost-utility analysis (CUA)
Issues to note	No clinical evidence available that directly compares SLNB to other strategies.

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<p><b>Review questions by scope area</b></p>	<p><b>The most effective investigative pathways for staging newly diagnosed and recurrent upper airways tract cancer:</b></p> <p><b>Which patients with cancer of the upper aerodigestive tract require systemic staging?</b></p> <p><b>What is the most effective systemic imaging strategy for investigating cancer of the upper aerodigestive tract?</b></p>
<p>Population</p>	<p>People with newly diagnosed or recurrent upper airways tract cancer.</p> <p>Population subgroups were used as a means of selecting people that may benefit from systemic staging. Subgroups were defined by T stage, N stage and disease site.</p>
<p>Interventions and comparators considered for inclusion</p>	<p>Conventional imaging (consisting of chest and abdominal CT for non-nasopharyngeal carcinoma and chest radiography, abdominal ultrasound and bone scan for nasopharyngeal cancer),          PET or PET/CT          No imaging</p>
<p>Perspective</p>	<p>NHS and personal social services (PSS)</p>
<p>Outcomes</p>	<p>Investigation costs          Cost offsets          QALY loss avoided          Cost per QALY</p>
<p>Type of analysis</p>	<p>Cost-utility analysis (CUA)</p>
<p>Issues to note</p>	<p>Not all imaging modalities specified in PICO were included in economic analysis due to lack of evidence on diagnostic accuracy.</p>