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| X:\BMJ Echo AF Manuscript\S8\scatter_W_65_F.jpeg | X:\BMJ Echo AF Manuscript\S8\ceaf_W_65_F.jpeg |
| 1. warfarin, scatterplot | 1. warfarin, CEAF |
| X:\EchoAF\R\Figures\R_65_0_F__PSA.jpeg | X:\EchoAF\R\Figures\R_65_0_F__CEAF.jpeg |
| 1. rivaroxaban, scatterplot | 1. rivaroxaban, CEAF |
| X:\EchoAF\R\Figures\D_65_0_F__PSA.jpeg | X:\EchoAF\R\Figures\D_65_0_F__CEAF.jpeg |
| 1. dabigatran, scatterplot | 1. dabigatran, CEAF |

Figure 1 Probabilistic sensitivity analysis (PSA) scatterplots and cost effectiveness acceptability frontiers (CEAFs) of the incremental costs and incremental quality adjusted lifeyears (QALYs) of using transthoracic echocardiography to inform the decision whether to prescribe either warfarin, rivaroxaban, or dabigatran to 65 year old females with atrial fibrillation and an CHADS2 score of zero.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | ***Cause of Death (%)*** | | | ***Average Number of Events*** | | | | | ***Strategy*** | **Life Years** | **Stroke** | **Bleed** | **Other** | **Dependent Strokes** | **Independent Strokes** | **ICH** | **NICH** | | **Without TTE** | 17.132 | 9.0 | 0.9 | 90.2 | 0.087 | 0.192 | 0.007 | 0.052 | | **With TTE** | 17.204 | 8.0 | 1.3 | 90.7 | 0.078 | 0.172 | 0.010 | 0.079 | |
| 1. warfarin |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | ***Cause of Death (%)*** | | | ***Average Number of Events*** | | | | | ***Strategy*** | **Life Years** | **Stroke** | **Bleed** | **Other** | **Dependent Strokes** | **Independent Strokes** | **ICH** | **NICH** | | **Without TTE** | 19.460 | 10.5 | 1.1 | 88.4 | 0.103 | 0.223 | 0.009 | 0.066 | | **With TTE** | 19.554 | 9.4 | 1.6 | 89.0 | 0.093 | 0.201 | 0.012 | 0.096 | |
| 1. rivaroxaban |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | ***Cause of Death (%)*** | | | ***Average Number of Events*** | | | | | ***Strategy*** | **Life Years** | **Stroke** | **Bleed** | **Other** | **Dependent Strokes** | **Independent Strokes** | **ICH** | **NICH** | | **Without TTE** | 19.485 | 10.2 | 1.1 | 88.7 | 0.099 | 0.220 | 0.009 | 0.066 | | **With TTE** | 19.598 | 9.0 | 1.6 | 89.4 | 0.089 | 0.195 | 0.012 | 0.097 | |
| 1. dabigatran |

Table 1 Mean simulated clinical experiences of cohorts of 65 year old females with an initial CHADS2 score of zero, when TTE is either used or not used to inform the decision whether to prescribe either a) warfarin, b) rivaroxaban, or c) dabigatran.

TTE: transthoracic echocardiography; LA ABN- Left atrial abnormality; ICH = intracranial haemorrhage; NICH = non-intracranial haemorrhage

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| |  |  |  | | --- | --- | --- | |  | **Mean Cost (£)** | **Mean QALY** | | **Without TTE** | 1 974 | 9.94 | | **With TTE** | 3 106 | 9.97 | | ICER (95% CrIs) | 39 569 (39 374 to 39 839) £/QALY | | |
| 1. warfarin |
| |  |  |  | | --- | --- | --- | |  | **Mean Cost (£)** | **Mean QALY** | | **Without TTE** | 1 955 | 9.95 | | **With TTE** | 3 039 | 9.99 | | ***ICER (95% CrIs)*** | 22 751 (22 681 to 22 844) £/QALY | | |
| 1. rivaroxaban |
| |  |  |  | | --- | --- | --- | |  | **Mean Cost (£)** | **Mean QALY** | | **Without TTE** | 1 942 | 9.95 | | **With TTE** | 2 946 | 10.01 | | ***ICER (95% CrIs)*** | 12 314 (12 290 to 12 348) £/QALY | | |
| 1. dabigatran |

Table 2 Estimated mean costs and mean QALYs of using or not using TTE to make the decision to prescribe either a) warfarin, b) rivaroxaban, or c) dabigatran for 65 year old females with an initial CHADS2 score of zero. ICER: incremental cost effectiveness ratio. CrIs: Credible intervals; calculated using a jacknifing procedure.