



# Cost-Effectiveness Analysis Report

Quick Analysis

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Organization: Demo Model Type: Markov 3-State

## Executive Summary

ICER

€1,412,285

per QALY gained

ΔQALYS

1.287

Quality-adjusted life years

ΔCOSTS

€1,817,470

Incremental costs

CONCLUSION

Not Cost-Effective

at €30,000/QALY

### Clinical and Economic Interpretation

The new treatment (Drug A) is **not cost-effective** compared to the standard treatment (Drug B) at the willingness-to-pay threshold of €30,000 per QALY gained. The incremental cost-effectiveness ratio (ICER) of €1,412,285/QALY exceeds the established threshold. While the treatment provides an additional 1.287 QALYs, the incremental cost of €1,817,470 is not justified at the current WTP threshold.

## Model Parameters

### Cost Parameters

Drug A Cost (€/cycle):	<b>€3,500</b>	Drug B Cost (€/cycle):	<b>€2,800</b>
Healthcare Cost - Stable (€):	<b>€200</b>	Healthcare Cost - Progression (€):	<b>€4,500</b>

## Clinical Parameters

Progression Risk - Drug A:	<b>10.0%</b>	Progression Risk - Drug B:	<b>25.0%</b>
Utility - Stable:	<b>0.85</b>	Utility - Progression:	<b>0.50</b>

## Model Settings

Time Horizon:	<b>10 years</b>	Discount Rate:	<b>3.0%</b>
WTP Threshold:	<b>€30,000/QALY</b>	Cycle Length:	<b>1 year</b>

# Detailed Results

## Comparative Effectiveness and Costs

Metric	Drug A (New)	Drug B (Standard)	Difference ( $\Delta$ )
Total Costs (€)	€32,889,110	€31,071,640	€1,817,470
Total QALYs	4.933	3.646	1.287
Life Years	7.62	6.43	1.19
ICER (€/QALY)	€1,412,285		

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Disclaimer: This analysis is based on the parameters and assumptions provided. Results should be interpreted in the context of clinical evidence and local healthcare settings. This report does not constitute medical advice or reimbursement recommendations.