

A new end-of-life care was approved based on the clinical trial result that it can reduce the excess mortality due to progressive disease by 50%. It costs \$500.

Decision makers (e.g. clinicians) requested information on whether they should provide this end-of-life care in addition to the original treatment to reduce the disease progression.

Using the same health state transition model, conduct a cost-effectiveness analysis considering three strategies: 1) without treatment 2) with treatment but no end-of-life care, 3) with both treatment and end-of-life care Provide a table of cost and QALY of three strategies and report ICER. It is optional to generate an ICER graph.

Intervention	Total cost	Total QALYs	Incremental costs	Incremental QALYs	ICER
Without drug	\$9,331,448	7756	–	–	–
With drug	\$16,210,620	8625	\$6,879,171	869	7,918
With drug and end of life care (eolc)	\$18,548,626	8994	\$9,217,178	1,238	7,446

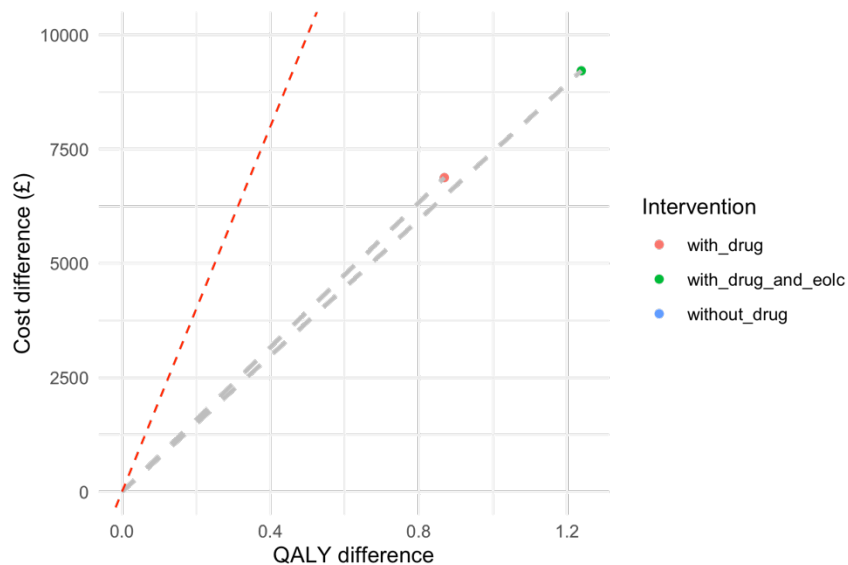


Figure 1. Cost-Effectiveness plane

## Sensitivity analysis

Average values obtained from probabilistic sensitivity analysis.

Intervention	Total cost	Total QALYs	Incremental costs	Incremental QALYs	ICER
Without drug	9,400,905 (1,275,817)	7758 (262)			
With drug	16,338,078 (1,593,393)	8588 (249)	6937173 (2036341)	830 (367)	10,716 (104644)
With drug and end of life care (eolc)	18,393,196 (1,643,671)	8975 (262)	8992291 (2083665)	1216 (365)	8580 (6247)

\*Standard Deviation in parenthesis

