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Economic evaluation alongside a multinational trial: The GALA study

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- Objectives
- The GALA trial
- Methods
- Results
- Discussion



- Estimation of costs associated with carotid surgery
- Analysis of patient-level cost-effectiveness data
- Investigate LA vs GA is cost-effective



- *Multinational and multicentre trial*
- *Investigate LA vs GA for Carotid Endarterectomy*
- *Main outcome: 30-days event-free survival*



- *Correlation between costs and effects*
- *Skewed data*
- *Clustering*
- *Covariate adjustment*
- *Censored and missing data*



- *Cost estimation*
 - *UK NHS perspective*
 - *Used 2003/2004 price levels*

- *Cost-effectiveness analysis*
 - *Intention-to-treat basis*
 - *Time horizon: 30 days*
 - *Costs and effects not discounted*



Unit costs

Resource	Unit	Unit cost (£)	Source	
	Ward	Day	170	CIPFA
Hospital 'hotel' costs	Intensive therapy Unit	hour	1328/24	Dept Health
	High dependency Unit	hour	584/24	Dept Health
Theatre & recovery room	Trainee	minute	0.7	PSSRU
	Consultant	minute	4.5	PSSRU
	Nurse Sister	minute	.68	PSSRU
	Theatre Nurse	minute	.88	PSSRU
	Overheads	minute	2.39	Sculpher et al.
Consumables & drugs	LA anaesthetics	Surgery	6.5	BNF
	GA anaesthetics	Surgery	22.5	BNF
	Shunts	Unit	65	Manufacturer
	Patches	Unit	40	Manufacturer



Resource		GA Endarterectomy (n=1753)	LA Endarterectomy (n=1773)
Hospital stay (days)		(n=1737)	(n=1754)
Mean (SD)		5.7 (5.4)	5.5 (5.5)
Time of surgery (minutes)		(n=1711)	(n=1717)
Mean (SD)		93 (33.6)	93.2 (36)
Post-surgery stay		(n=1572)	(n=1567)
Recovery room (hours)		(n=1096)	(n=1081)
Mean (SD)		6.4 (17.6)	5.5 (12.1)
ITU (hours)		(n=377)	(n=340)
Mean (SD)		27.8 (71.4)	23.9 (20.9)
HDU (hours)		(n=529)	(n=542)
Mean (SD)		24.9 (19.6)	23.7 (15.4)
Staff			
Consultant surgeon	n (%)	1476 (85.9%)	1515 (87.8%)
Consultant anaesthetist	n (%)	1325 (84.3%)	1356 (86.4%)
Consumables			
Shunts	n (%)	738 (42.9%)	248 (14.3%)
Patches	n (%)	861 (50.1%)	728 (42.1%)



- ***System of seemingly unrelated regression equations***
(Willan et al. 2004)

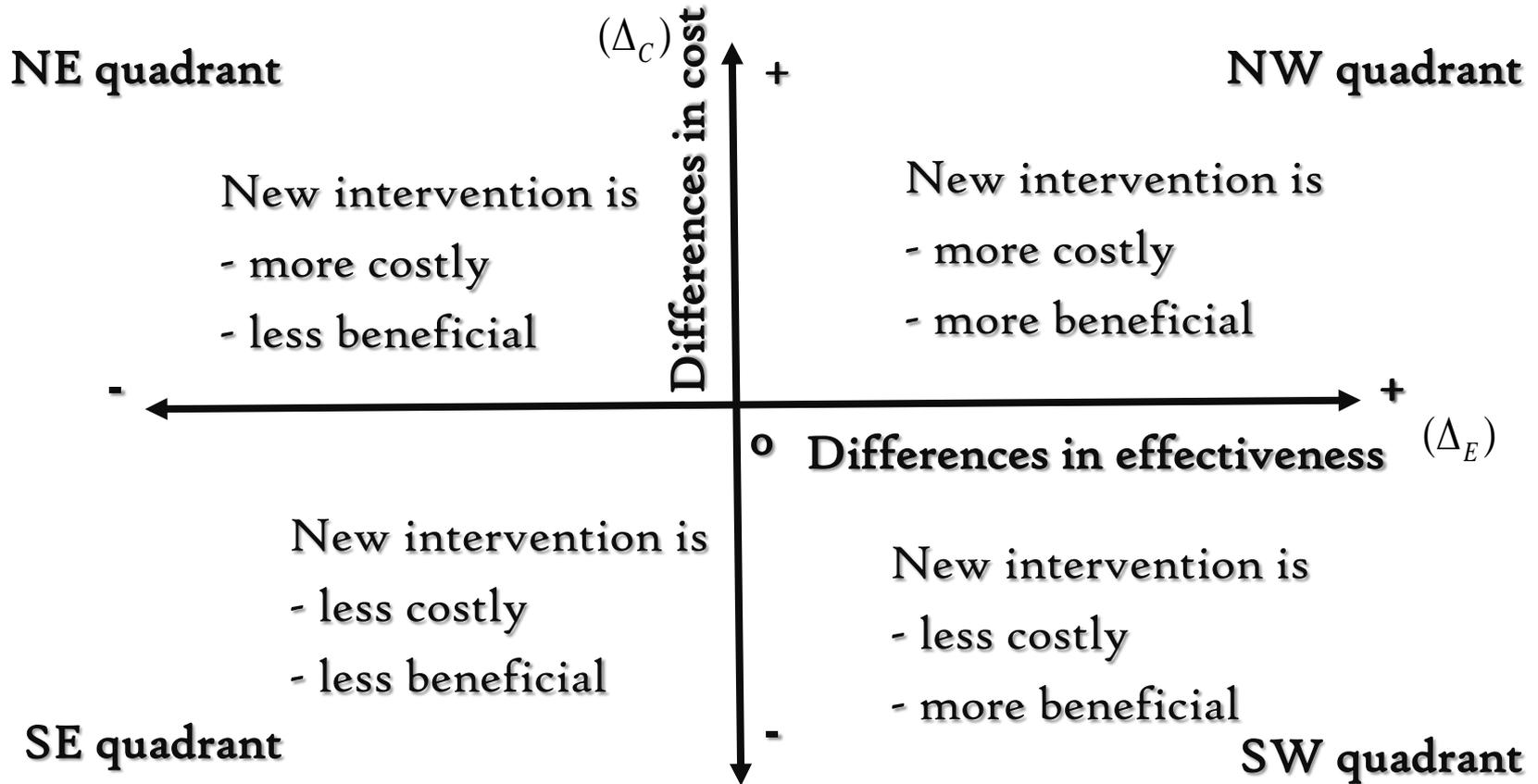
$$\begin{aligned}
 C_{ik} &= \beta_0^c + \beta_1^c t_k + \varepsilon_{ik}^c \\
 E_{ik} &= \beta_0^e + \beta_1^e t_k + \varepsilon_{ik}^e
 \end{aligned}
 \quad \left(\begin{array}{c} \varepsilon_{ik}^c \\ \varepsilon_{ik}^e \end{array} \right) \sim BVN \left(\left(\begin{array}{c} 0 \\ 0 \end{array} \right), \left(\begin{array}{cc} \sigma_c^2 & \sigma_c \sigma_e \\ & \sigma_e^2 \end{array} \right) \right)$$

- ***Applied inverse probability weighting to SUR***
(Willan et al. 2005)

- ***Incremental cost-effectiveness ratio:*** $ICER = \frac{\bar{C}_t - \bar{C}_c}{\bar{E}_t - \bar{E}_c}$



Cost-effectiveness plan

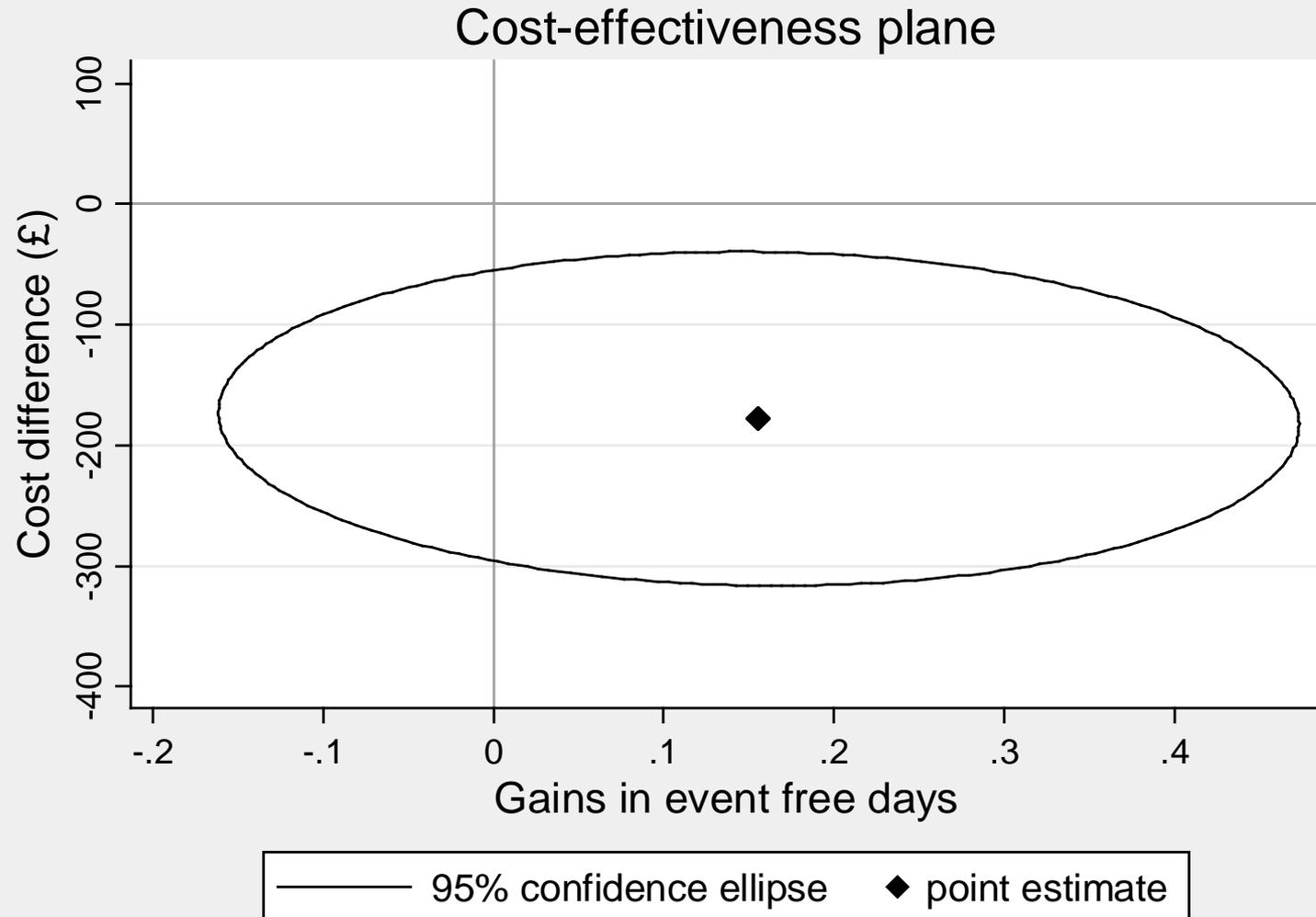


Results: SUR estimates

Expected costs and effects differences of LA vs GA	Costs (£) [95% CI]	Effects (days) [95% CI]
Anaesthesia (LA)	-178 [-289, -67]	0.156 [-0.1, 0.4]
Age (>75years)	-224 [-437, -10]	0.42 [-0.07, 0.9]
Country (UK)	-152 [-309, 4]	0.351 [-0.02, 0.72]
Baseline surgical risk		
High	-149 [-531, 233]	-0.01 [-0.89, 0.87]
<i>Medium</i>	-215 [-388, -41]	0.22 [-0.18, 0.6]
Contralateral carotid occlusion	-161 [-536, 215]	1.4 [0.54, 1.4]
Trainee surgeon	-170 [-475, 135]	-0.12 [-0.82, 0.58]
<i>Trainee anaesthetist</i>	-93 [-402, 206]	-0.1 [-0.78, 0.59]
Symptomatic	-201 [-342, -60]	0.21 [-0.12, 0.53]

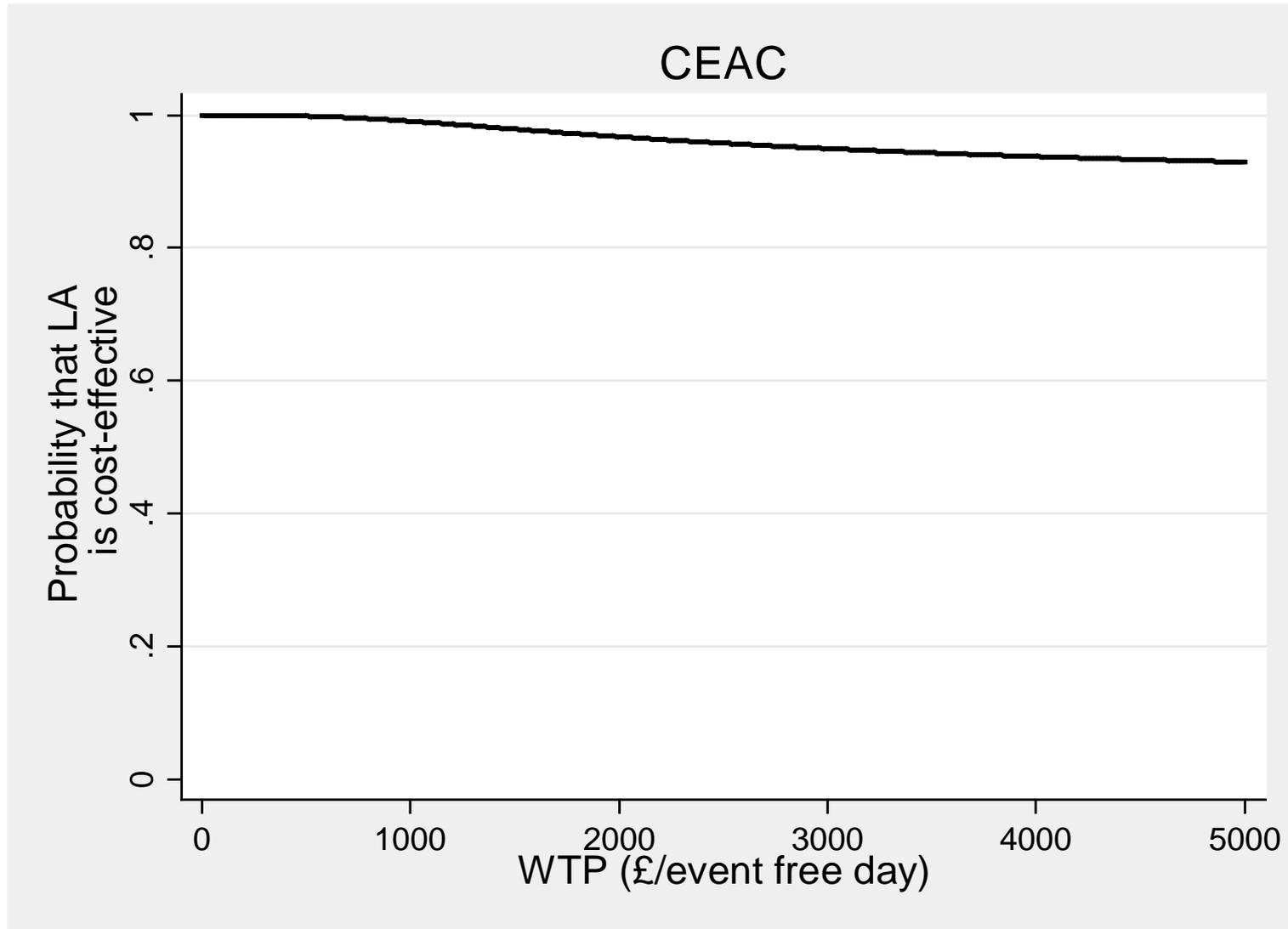


Confidence ellipse curve





Cost-effectiveness acceptability curve





- **LA vs GA is cost-effective** (ICER=£1113/event-free day)
- **Unadjusted analysis** (ICER almost tripled)
- **LA likely to be more cost-effective**
 - UK
 - Over 75 years old
 - Symptomatic stenosis



- **Extrapolation for long-term CEA of LA vs GA**
- **Cost-utility analysis (one year)**
- **Normality (Alternative: GLMM or WinBUGS)**
- **Country-specific estimates (Multilevel analysis)**



- **Co-authors**
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 - David Torgerson
 - Steff Lewis
 - GALA collaborative group

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