Table 13.2 Elements recommended for inclusion in a structured abstract for reporting cost-effectiveness analyses

Element	*Suggested content*
Objective	Succinctly state the research question specific to the analysis.
Interventions	List all interventions included in the analysis, including the comparator(s). Identify the time frame of the interventions.
Target population	Identify the age range(s), clinical characteristics, and other characteristics for all subgroups evaluated in the analysis.
Perspectives	Identify whether the analysis uses the Reference Case perspectives and any alternative perspectives presented.
Time horizon	Specify the time horizon for the analysis. This may differ from the time frame(s) of the intervention(s) and comparator(s).
Discount rate	Specify the discount rate used in the analysis.
Costing year	Specify the costing year used in the analysis.
Study design	Describe whether this is a trial-based or model-based analysis. If model-based, briefly describe the model type (e.g., decision tree, state-transition, microsimulation, discrete event) and the size and characteristics of the simulated population. Indicate whether the analysis meets Reference Case requirements.
Data sources	Describe the types of data used to derive inputs for the analysis (e.g., primary data, secondary data from the published literature, administrative data, unpublished trial data).
Outcome measures	List primary and secondary outcome measures (e.g., ICER in $ per QALY, $ per LY, or $ per clinical endpoint; total costs; total QALYs for a specified cohort; or population-level outcomes).
Results of base-case analysis	Briefly describe results for the primary outcome measure(s), as well as notable results for intermediate outcomes and disaggregated result (e.g., deaths averted, hospitalizations averted, specific subcategories of costs). Identify any substantial changes in non-healthcare-sector consequences.
Results of uncertainty analysis	Briefly describe whether the results are robust to changes explored in the uncertainty analyses.
Limitations	Describe important limitations of the analysis, such as controversial assumptions.
Conclusions	Summarize the key clinical or policy conclusions.

Abbreviations: ICER = incremental cost-effectiveness ratios; LY = life year; QALY = quality-adjusted life year.