Addendum to DSU report

After checking the model, the DSU identified a calculation error and have updated the results (note: assumptions in the model were not changed). The following tables and figures supersede the figures and tables in the DSU report.

Revised Table 5: The cost-effectiveness of Raloxifene: "single-risk" population.

Age (Years)	Model	Marginal Costs (£)	Marginal QALYs	Cost per QALY (£)	90% CI Lower	Upper
50	1	144738	0.58	261865	188462	369212
	2	141751	5.51	26292	21350	34259
	3	138038	5.93	23747	19450	30381
60	1	141810	0.69	217062	156147	306074
	2	137183	6.34	22089	17897	28322
	3	133847	6.75	20212	16530	25702
70	1	128761	1.81	75465	53789	107327
	2	124472	5.09	24906	20301	31741
	3	121167	5.50	22367	18494	27835
80	1	109802	0.90	129135	90392	185801
	2	104582	2.56	41839	32497	55516
	3	101127	2.97	34714	27584	45105

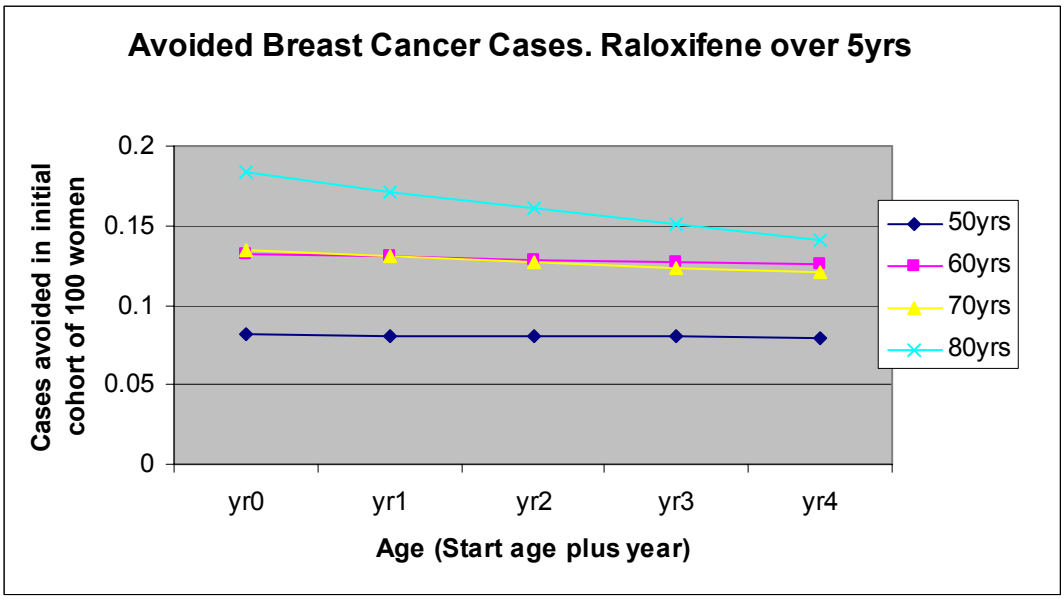
Note: Model 1 = Vertebral fractures only, Model 2 = including breast cancer, model 3 = including breast cancer and CVD.

Revised Table 6: The cost-effectiveness of Raloxifene: "Double-risk" population.

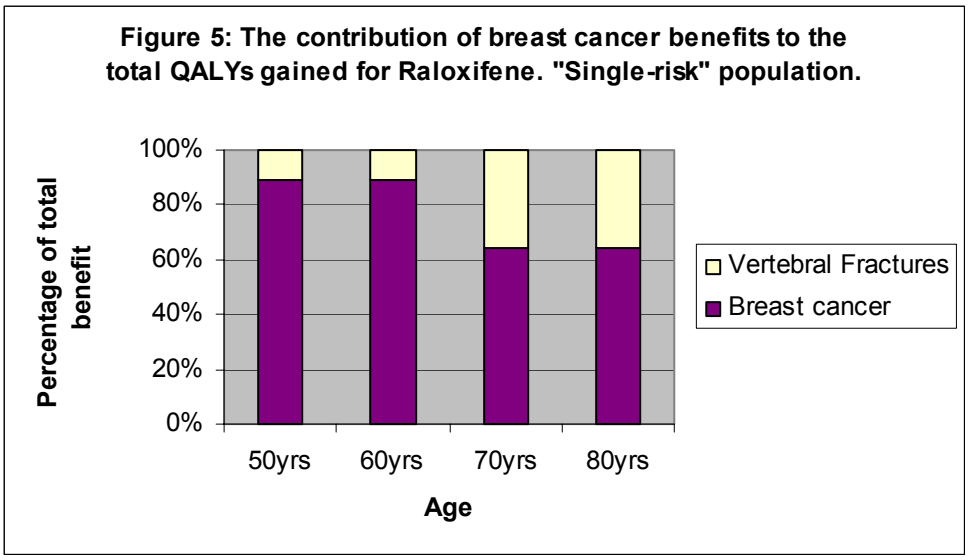
Age (Years)	Model	Marginal Costs (£)	Marginal QALYs	Cost per QALY (£)	90% CI Lower	Upper
50	1	142735	1.41	107422	76922	152033
	2	139770	6.30	22613	18536	29181
	3	136056	6.71	20609	17144	26062
60	1	140113	1.38	107297	76873	151797
	2	135526	6.99	19800	16233	25552
	3	132189	7.39	18218	15079	23214
70	1	120461	3.62	35393	24833	50877
	2	116149	6.92	17146	13717	22111
	3	112844	7.33	15681	12685	19874
80	1	99599	1.81	58893	39668	87012
	2	94388	3.46	27998	21286	37287
	3	90934	3.87	24016	18535	31191

Note: Model 1 = Vertebral fractures only, Model 2 = including breast cancer, model 3 = including breast cancer and CVD.

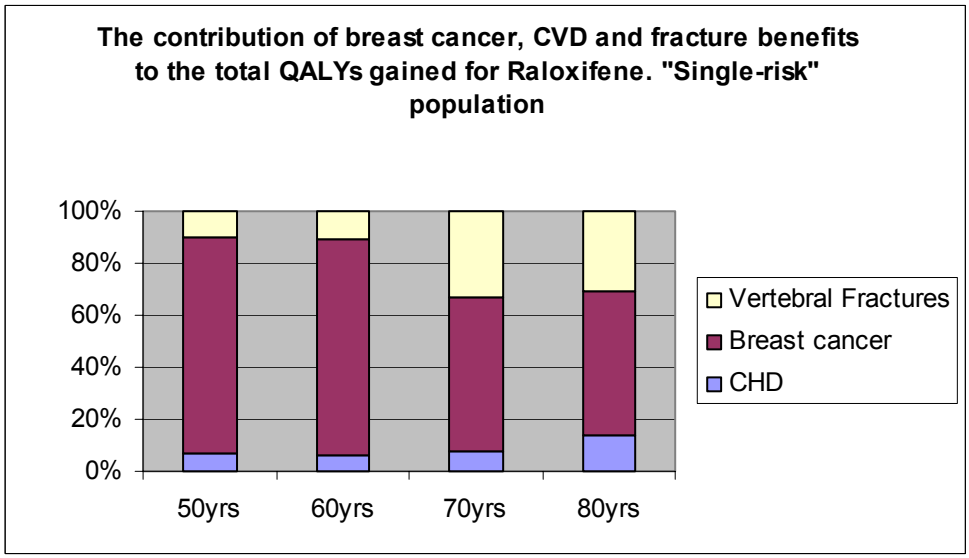
Revised Figure 2: Mean avoided cases of breast cancer with Raloxifene



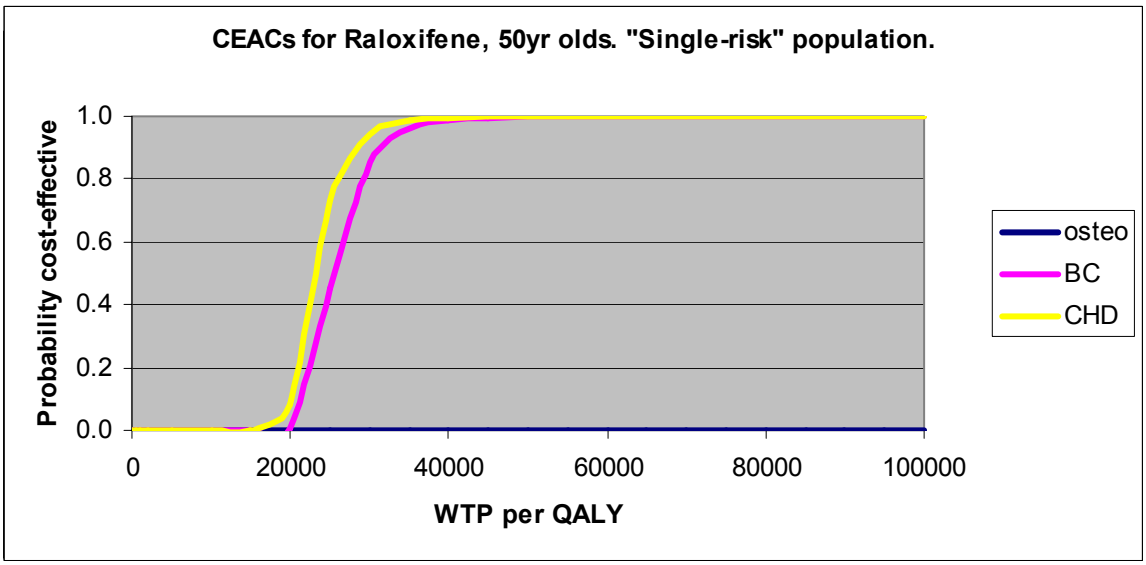
Revised Figure 5:



Revised Figure 6:

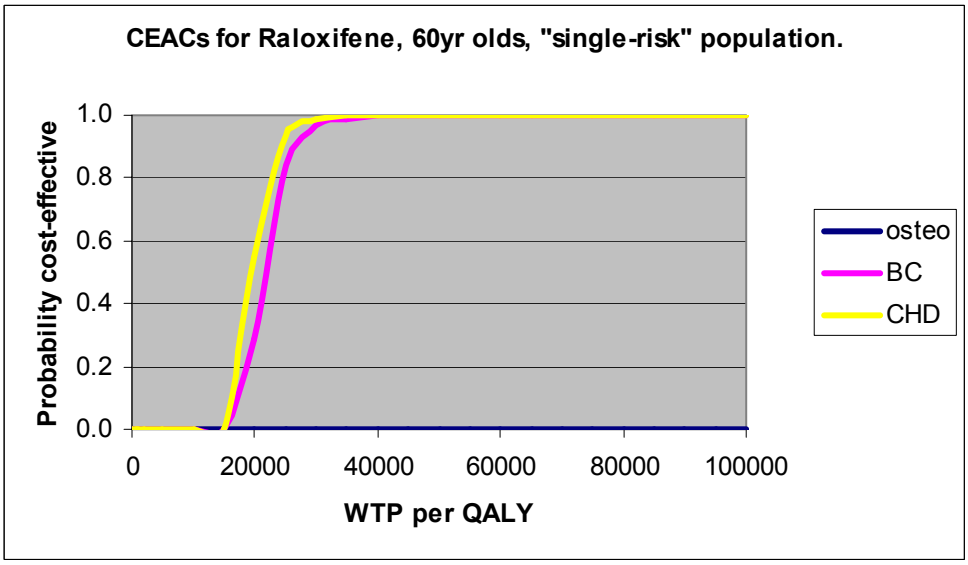


Revised Figure 7: The cost-effectiveness acceptability curves for Raloxifene, women aged 50yrs.

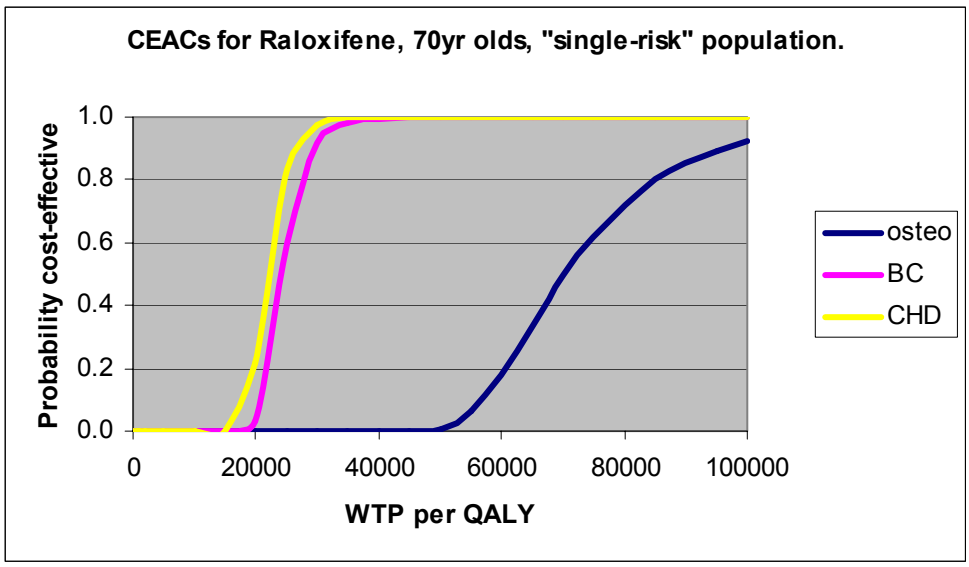


Note: WTP is "willingness to pay"

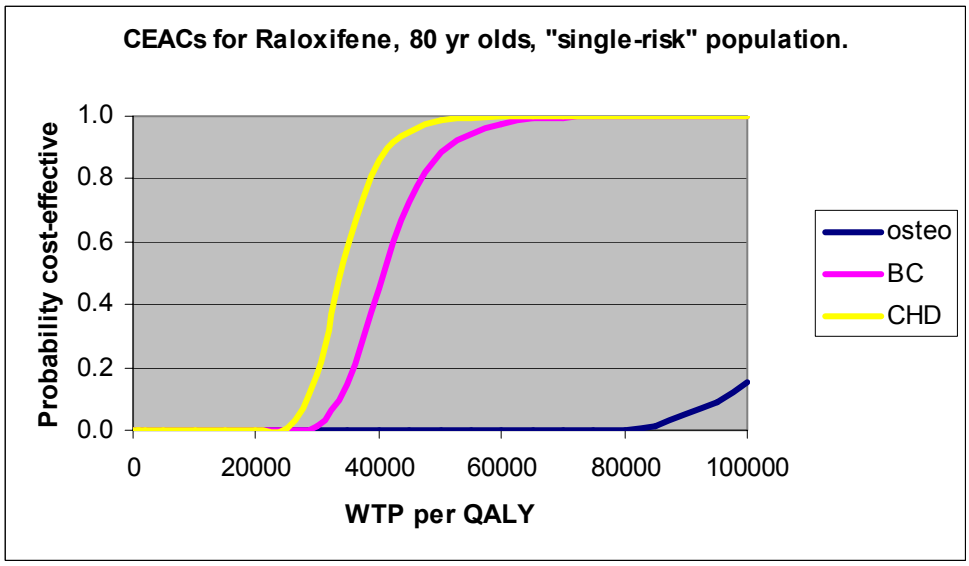
Revised Figure 8: The cost-effectiveness acceptability curves for Raloxifene, women aged 60yrs.



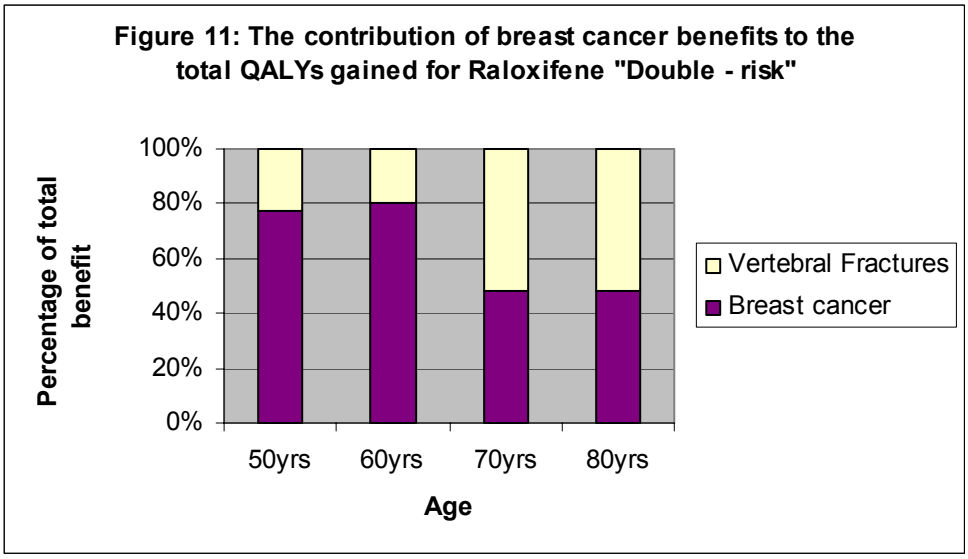
Revised Figure 9: The cost-effectiveness acceptability curves for Raloxifene, women aged 70yrs.



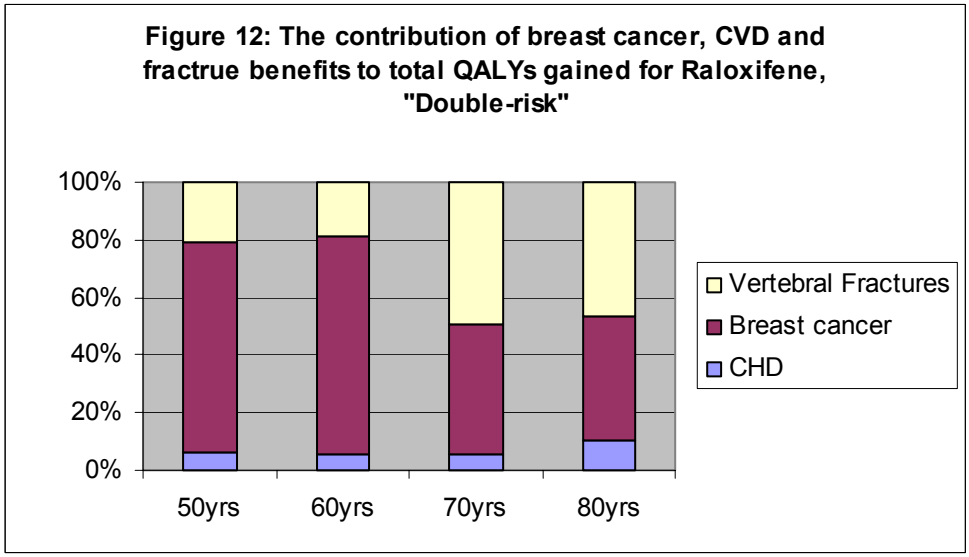
Revised Figure 10: The cost-effectiveness acceptability curves for Raloxifene, women aged 80yrs.



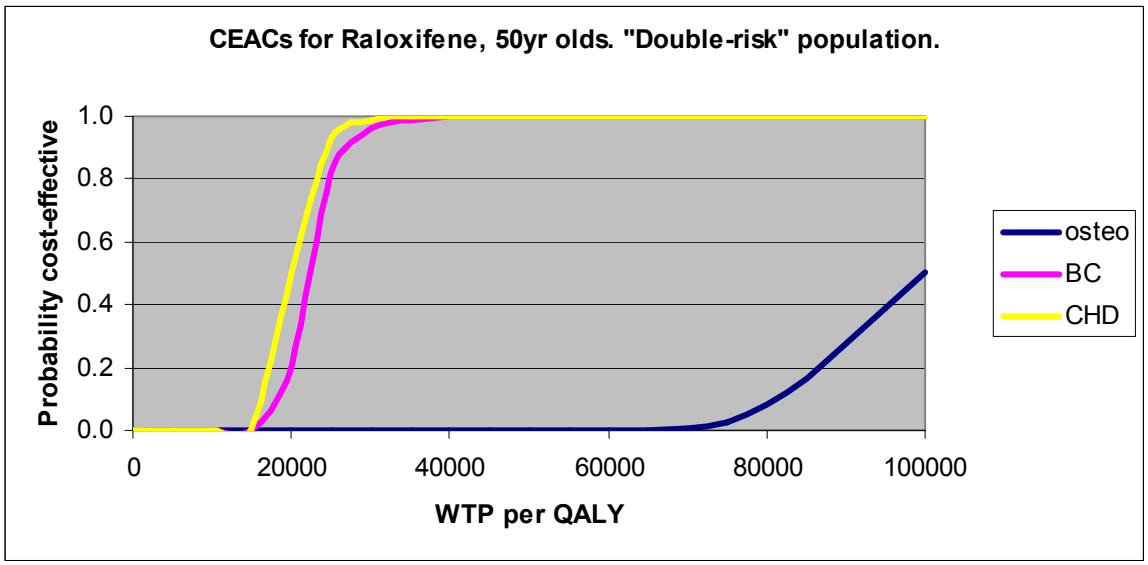
Revised Figure 11:



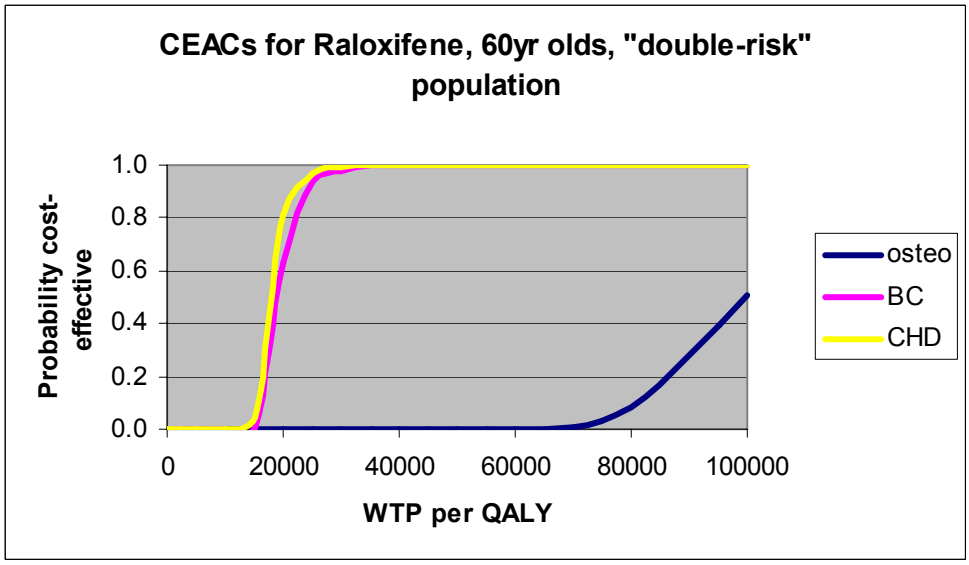
Revised Figure 12:



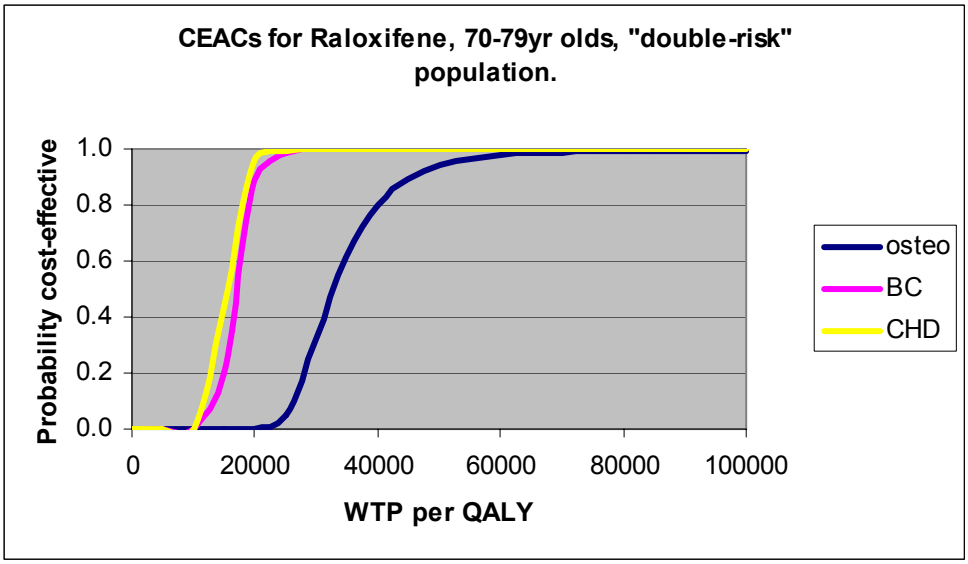
Revised Figure 13: The cost-effectiveness acceptability curves for Raloxifene, women aged 50yrs.



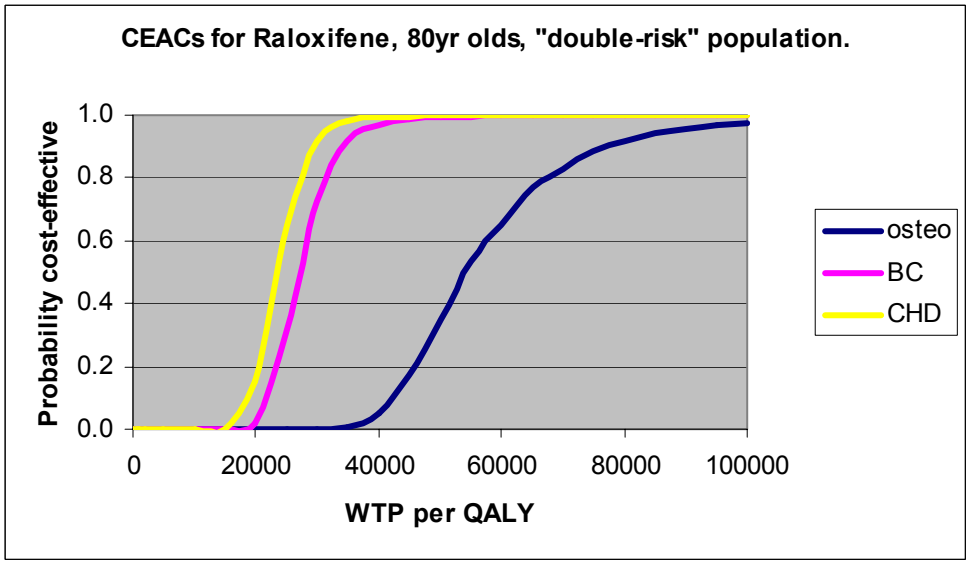
Revised Figure 14: The cost-effectiveness acceptability curves for Raloxifene, women aged 60yrs.



Revised Figure 15: The cost-effectiveness acceptability curves for Raloxifene, women aged 70yrs.



Revised Figure 16: The cost-effectiveness acceptability curves for Raloxifene, women aged 80yrs.



Additionally the DSU carried out a sensitivity analysis on the RR for Breast cancer effect:

Figures 17 and 18 show the sensitivity of the cost per QALY to changes in the relative risk of breast cancer for Raloxifene in the "single" and "double" risk populations respectively. These figures do not include potential benefits associated with CVD events.

In the single risk population, if the relative risk of breast cancer is 0.1 (compared to 0.38 used in the base case analysis), then in the 50,60 and 70 yr old populations, Raloxifene generates a cost per QALY of approximately £20k, that is, there is not a substantial lowering in the cost effectiveness ratio compared to the base case estimates. In the 80yr old population, the same reduction in the relative risk of breast cancer lowers the cost per QALY estimate from approximately £40k in the base case to around £30k.

If the relative risk of breast cancer is higher than in the base case analysis, the cost per QALY estimates rise relatively rapidly. At a relative risk of breast cancer of 0.7 the cost per QALY estimates are £47k, £40k, £37k and £62k for the ages 50, 60, 70 and 80 yrs respectively.

In the double risk population, cost per QALY estimates in the 50, 60 and 70 yr old populations are all in the region of £15k when the relative risk of breast cancer for Raloxifene drops to 0.1. For 80 yr olds the estimate is higher at approximately £22k. At a relative risk of 0.8 the estimates in the 50, 60 and 80 yr old populations are relatively similar (£47k, £43k, and £42k respectively).

Figure 17:

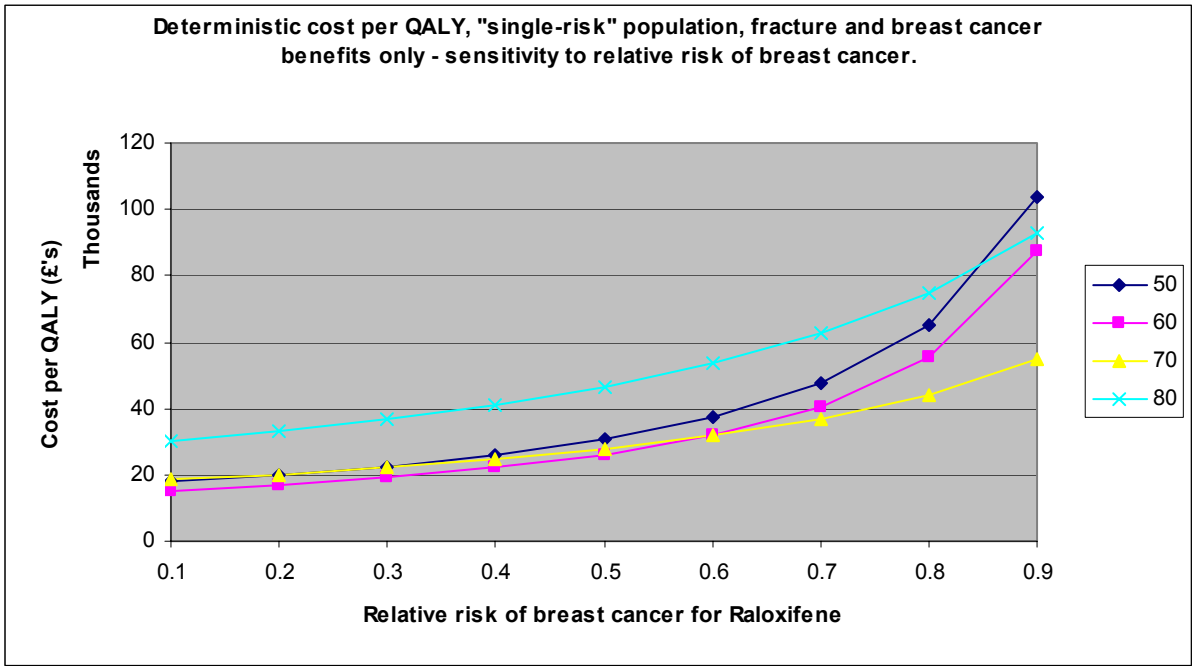
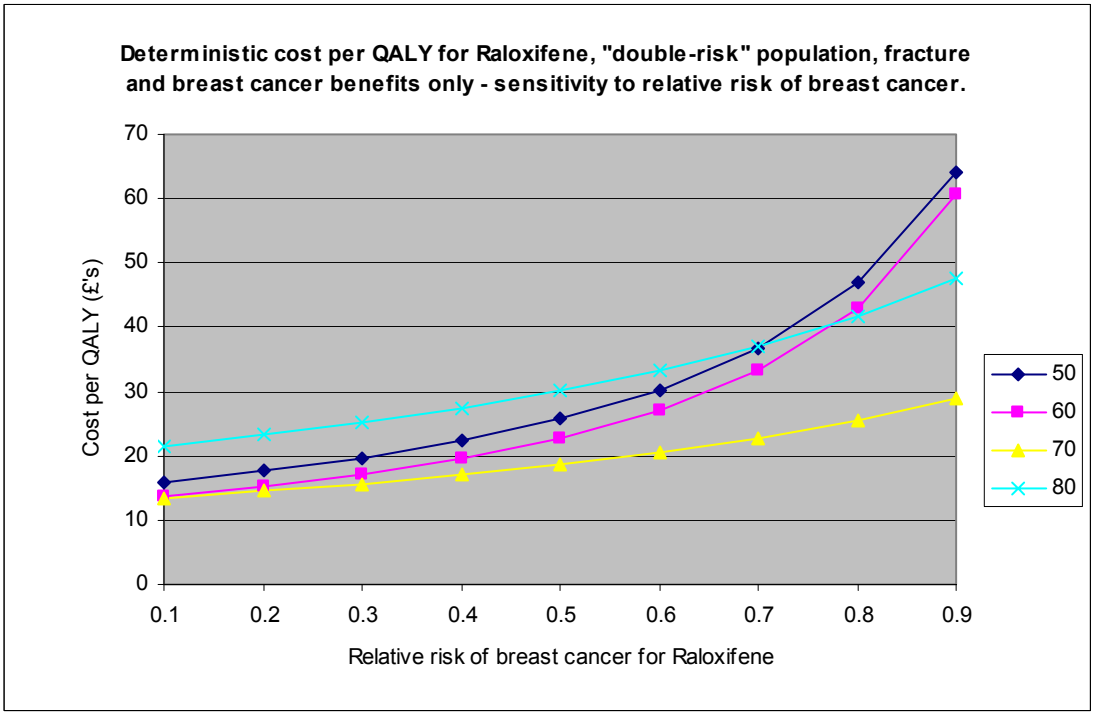


Figure 18:



A further additional analysis has been run in order to estimate the cost effectiveness of Raloxifene in the general population in the absence of any fracture or CVD risk reduction. These estimates are shown in table 7 and are based on the cost of Raloxifene and the costs and benefits of breast cancer risk reduction in the general population. The incidence of breast cancer in the general population is based on the data shown in Table 4 (population with average BMD values). The mean cost per QALY is £14k, £15k, £31k and £72k in populations aged 50, 60, 70 and 80 yrs respectively.

Table 7: The cost-effectiveness of Raloxifene: General population.

Age (Years)	Model	Marginal Costs (£)	Marginal QALYs	Cost per QALY (£)	90% CI Lower	Upper
50	2	129905	9.23	14466	11566	19339
60	2	128367	8.71	15113	11993	20347
70	2	129867	4.31	31073	24300	42564
80	2	129625	1.86	71958	53350	98564