Title of Systematic Review on Economic Evaluations
[should clearly represent the study question]

Presentation to [WG/ NACI] on [Date]

Author Names and Affiliations

Can include logos, as desired, to identify affiliation of authors.

Conflicts of Interest and Funding

- List any potential conflicts of interest for each author (including financial and intellectual). If there are no potential conflicts of interest, a statement to that effect must be included.
  - ex. *Author A: No conflicts of interest.*
- Describe how the study was funded and the role of the funder in the identification, design, conduct, and reporting of the analysis. Describe other non-monetary sources.

Research Question

- Defined in terms of PICO(TS).

Background *[optional]*

Methods *[Please keep to 1-2 slides.]*

Search Strategy:

• State time frame searched & rationale (if applicable).

Inclusion and Exclusion Criteria:

• Please list.

Reporting:

• Outcomes are reported in CAD [index year].

If any methods diverged from the NACI Guidelines, please briefly describe here (in terms of the search strategy, appraisal tools used, etc.)

PRISMA Flow Diagram

- This slide marks the beginning of the "Results" section.
- Please provide diagram.

Overview of Included Studies (N =)

Study Characteristics

- Countries/ jurisdictions (n =)
- Model-based (n =) versus non-model-based (n =)
- Studies funded by industry (n =)
- Years of publication
- Etc.

Population Characteristics

- Relevance to PICO of interest (i.e., age, health condition, comparator, etc.)

I. Overview of Non-Model Studies (N =)
[such as trial-based studies, studies based on admin data, etc.]

- Comparators
- Perspective
- Types of sensitivity analysis
- Sample size(s)
- Time horizon(s)
- Choice of effectiveness outcomes/intermediate outcomes
- Analysis: comment on protocol driven care vs. clinical practice; how missing/censored/skewed data were handled
- Etc.

II. Overview of Model-based studies (N =)

- Types of models (i.e., Markov, agent-based, etc.)
  - Comment on model structure, if possible (i.e., what were the health states).

- Perspective(s) used

- Time horizon(s) used

- Types of sensitivity analyses conducted

- Assessment of study quality

- Etc.

II. Models: Key Model Parameters

- Provide the average and range of some key model parameters.
    - Mandatory variables to report: vaccine cost, vaccine efficacy/ effectiveness, epidemiology (i.e., incidence)
    - Influential parameters
    - Etc.
- For face validity.

Summary of Results

- Report clinical outcomes, cost outcomes, and ICER outcomes in graphical or tabular form.
  - Consider disaggregating outcomes
  - Specify if the ICERs are sequential or against a reference case (specify comparator)
- Consider presenting key parameters (i.e., vaccine price, vaccine effectiveness, epidemiology) alongside results.
- Consider presenting sensitivity analyses (i.e., deterministic, probabilistic).
- See guidelines for example tables.

Example Results Table #1

	Health Conditions		
	A	B	C
Healthcare payer perspective:			
Number of ICERs [References]	N [Ref 1, 2]		
ICER (Minimum)	(e.g., dominant)		
ICER (Maximum)			
Proportion of estimates CE at $50,000/QALY			
Proportion of estimates CE at $100,000/QALY			
Societal perspective:			
Number of ICERs [References]			
ICER (Minimum)			
ICER (Maximum)			
Proportion of estimates CE at $50,000/QALY			
Proportion of estimates CE at $100,000/QALY			

Example Results Table #2

Intervention vs. Comparator			Cost	Health Benefit	Implication for Decision Makers
A vs. B	A vs. C	B vs. C			
			Higher	Lower	Reject intervention
N [Ref 1, 2]			Same	Lower	Reject intervention
			Higher	Same	Reject intervention
			Lower	Lower	ICER trade-off depends on WTP
			Same	Same	ICER trade-off depends on WTP
			Higher	Higher	ICER trade-off depends on WTP
			Lower	Same	Favor intervention
			Same	Higher	Favor intervention
			Lower	Higher	Favor intervention

Stratified Results [or Subgroup Analyses]

- Present results by industry vs. public health agency vs. recognized funding agency.

- May consider presenting by study perspective (i.e., healthcare vs. societal).

- May consider presenting by poor quality vs. not.

- May provide range of results or brief description.

Canadian Studies (N =)

- State key findings.
- Compare results to non-Canadian studies.
- Industry funding (n =).
- Discuss study quality and applicability to PICO of interest.

Key Findings and Discussion

- What is the take-home message for decision-makers?
  - Consider reporting on results of studies most relevant to decision-makers (i.e., highest quality studies, high quality Canadian studies)
  - Avoid stating policy implications and any references to explicit or implicit cost-effectiveness thresholds. Policy implications are the responsibility of NACI.
    - For example, reviewers may not say "Based on the SR, the intervention appears to be cost-effective". Reviewers may say "Most included studies (N = 9) concluded that the intervention is cost-effective based on their respective regional thresholds used"
- Was there a consensus among studies? Were the studies too heterogeneous?
- Recap: List the most **influential parameters** reported by included studies.
- Recap: Comment on study quality.

Strengths and Limitations

- Of the included studies (i.e., Were disease dynamics appropriately captured? Were the data sources appropriate?).

- Of the systematic review itself.

Applicability

- Comment on applicability *(e.g., populations and comparators assessed, regional differences in terms of disease epidemiology, population characteristics, clinical practice patterns, resource-use patterns, unit costs, and other factors of relevance). Where differences exist, discuss the impact on the results (expected direction and magnitude), and the conclusions.*
  - *Key parameters to discuss are vaccine price, vaccine effectiveness, and epidemiology.*
- Consider using the Applicability Tools to guide your discussion.

References

Supplementary Material