Cost-effectiveness of liver transplantation
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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Liver transplantation.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Setting
The study was carried out in the USA.

Dates to which data relate
Price related to 1986.

Source of effectiveness data
Single study.

Measure of benefits used in the economic analysis
Life-years gained.

Direct costs
Direct costs were to the health service and the patient and included: anaesthesia, pre-transplant hospitalisation and work-up, post-transplant follow-up, tests, therapeutic procedures, travel, lodging and rehabilitation. Price information related to 1986.

Currency
US dollars ($). In the DH Register of Cost-effectiveness Studies, the original results were converted to UK pounds sterling (£) using GDP purchasing power parities and reflated to 1991 using the NHS pay and prices index.

Sensitivity analysis
No sensitivity analysis was carried out.

Synthesis of costs and benefits
Outcome duration was life long. Cost duration was <1 year. Incremental cost per life-year gained (costs and benefits not discounted) for: liver transplantation for chronic active hepatitis was 177000; liver transplantation for primary biliary cirrhosis was 89500; liver transplantation for hepato (biliary) malignancy was 122000 and; liver transplantation for other unspecified conditions was 126000.

**CRD Commentary**
(This commentary was not written by CRD, but by the authors of the DH Register.) 1) Survival is truncated in an unknown proportion of patients, thus underestimating benefits. However, the analysis assumes that patients not receiving transplant are assumed to die immediately (in the author's opinion patients selected, but without transplant, die within a year). 2) Costs of immunosuppressant following transplant are not included. However neither are the costs of treating non-transplant patients. 3) The sample is very small and the findings only suggestive. 4) The author calculates cost-effectiveness for all patients surviving <1 and more than 1 year ($240K and $51K). This is unhelpful unless such patients can be accurately identified pre-operatively. 5) The summary values presented here are calculated directly from table 2 in the paper reflecting the survival of the 32 transplant patients reported, stratified by clinical indication.

**Bibliographic details**

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**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
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