Cost effectiveness analysis applied to the treatment of chronic renal disease
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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
Kidney transplantation, home dialysis and hospital dialysis.

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 1968.

Modelling
Epidemiological cohort model (model of survival and disease).

Measure of benefits used in the economic analysis
Life-years gained and QALYs. No classification was used for the health state description. Arbitrary adjustment was used as a basic method of valuation of health states. Author values were used to assess the health states.

Direct costs
Direct costs were to the health service and included: transplant, dialysis, and maintenance drugs. Price information related to 1968.

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 and cost duration was life long and treatment side-effects were included. Incremental cost per life-year gained (costs discounted at 6% and benefits not discounted) for: kidney transplantation was 7460; home dialysis was 12100 and; hospital dialysis was 33300.

**CRD Commentary**
(This commentary was not written by CRD, but by the authors of the DH Register.)

1) An arbitrary addition to life-expectancy is made to reflect QoL gains. 2) Survival is extrapolated from observational data of six years duration. 3) The quality of the survival data is uncertain. 4) Costs of complications of dialysis have not been addressed. 5) Ludbrook (1981) comments that survival rates for transplantation are over estimated. 6) There were no health omissions.

**Bibliographic details**

**Indexing Status**
Subject indexing assigned by CRD

**MeSH**
Cost-Benefit Analysis; Hemodialysis Units, Hospital /economics; Hemodialysis, Home /economics; Hospitalization /economics; Kidney Failure, Chronic /therapy; Kidney Transplantation /economics; Treatment Outcome

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