Record Status
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Citation

Authors' conclusions
The argument that FASTS screening options should focus on the number of cases detected, and that high ICER associated with detecting additional cases may be justified when compared with the lifetime burden associated with T21, is not supported by the literature because of the potential for misleading conclusions.1,2,3 Identifying the FASTS option that provides the best balance between costs and improvements in the precision of information for women undergoing screening requires not only careful consideration of the test characteristics and precision of the specific options, but considers these characteristics within the context of baseline risk (that is, incidence) and the resulting impact on the health system in terms of what additional value is achieved for the additional resources invested. The disproportionate increase in the ICER with each successive option reflects the fact that the resources needed to detect the next case increase for every case detected. Therefore, the most cost-effective option is the one that is the most efficient at identifying cases that are suitable for confirmatory testing and non-cases that do not require further testing, particularly at lower rates of incidence. Arguments of efficiency therefore favour a definition of effectiveness that better captures the total value of a screening option, and the focus should therefore be on overall accuracy. If the testing characteristics used to populate the economic model are valid and reflect what would be observed in an actual screening population (refer to caveat #1 above), when effectiveness is defined as the number of correctly diagnosed pregnancies, SIPS+NIPT is the option that provides the best value for money. If the analysis focuses on the options that provide information in the first and second trimester prenatal screening update 61 trimester, 1TQuad0.85+NIPT is the most cost-effective FASTS option in areas with or without NT services. If NT services are available to the clinical management of pregnant women beyond that of detecting T21 that justify its use, then the most cost-effective option in areas where NT services are available would be 1TQuad_NT+NIPT. Establishing a systematic, province-wide screening program with increased coverage of pregnancies will have net budget increases to physician, outpatient, and laboratory services.

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