

Reviewing the quality, health benefit, and value for money of chemotherapy and targeted therapy for metastatic breast cancer

Electronic supplementary material

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Journal: Breast Cancer Research and Treatment

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Appendix 1: Full search query PubMed and NHS EED**

P: Patient

((Breast* OR mamma* OR ductal OR intraductal)

AND

(Tumor* OR tumour* OR cancer* OR carcinoma* OR recurrent OR advanced OR metasta* OR invasive OR adenocarcinoma* OR carcinoma OR sarcoma* OR oncolog* OR neoplas* OR malignan* OR lesion* OR growth* OR polyp* OR adenocystic OR “adenoid cystic” OR medullary OR mucinous OR colloid OR papillary OR metaplastic OR micropapillary))

OR

(Breast Neoplasms [MeSH Terms] OR Neoplasm Metastasis [MeSH Terms] OR mbc OR “invasive lobular cancer” OR ilc OR idc OR ibc OR “low-grade adenosquamous carcinoma”))

AND

Intervention and Comparator:

(Antineoplastic Agents [MeSH Terms] OR Radiotherapy [MeSH Terms] OR Molecular targeted therapy [MeSH Terms] OR Cytostatic Agents [MeSH Terms] OR Mastectomy, Segmental [MeSH Terms] OR Chemotherapy OR Chemotherapeutic OR Chemotherapeutic agent* OR “drug therapy” OR Radiotherap* and Chemotherapy OR “treatment combination” OR “radiation therapy” OR radiation OR immunotherapy OR chemoradiotherapy OR chemoradiotherap* OR chemo-radiotherap* OR “systemic therapy” OR “endocrine therapy” OR surgery OR surgical OR mastectomy OR hormone therapy)

AND

Outcome:

((Models, economic [MeSH Terms] OR Chain, markov [MeSH Terms] OR Models, Statistical [MeSH Terms] OR “decision analytic model” OR model* OR markov OR “discrete event simulation*” OR decision-tree*))

AND

(Economics, pharmaceutical [MeSH Terms] OR costs and cost analysis [MeSH Terms] OR cost* [title/abstract]) OR “Pharmacoeconomic*” [title/abstract] OR “Pharmaco economic*” [title/abstract])

**NHS EED search was limited to the following terms: “Breast cancer” OR “Breast neoplasm”, in order to retrieve all relevant studies, since this database only contains economic evaluation. Therefore, the economic evaluation-part of the PubMed search was not necessary.

Appendix 2: Quality assessment of the studies

Studies:	Alba et al. [1]	Athanasakis et al.[2]	Benedict et al. [3]	Brown et al.[4]	Dedes et al. [5]	Dele et al. [6]	Dele et al. [7]	Dele et al. [8]	Elkin et al. [9]	Firas et al. [10]	Lazzaro et al. [11]	Le et al. [12]	Li t al. [13]	Lidgren et al. [14]	Lopes et al. [15]	Machado et al. [16]	Matter-Walstra et al.[17]	Montero et al. [18]	Norum et al. [19]	Reed et al. [20]	Refaat et al. [21]	Takeda et al. [22]	Verma et al. [23]	Verma et al. [24]	
Research question, perspective, and time horizon																									
Does a well-defined objective exist? Is it clear, explicit, and answerable?	1	0	1	1	0	0	1	1	0	1	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1
Are competing alternatives described?	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1
Is a societal perspective used?	0	0	0	0	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Is it justified why the narrower perspective is valid?	0	0	0	0	0	N.A.	1	0	N.A.	0	0	N.A.	0	N.A.	0	1	0	0	0	0	0	0	1	1	
Is a lifetime horizon taken into account?	0	0	1	0	1	0	1	1	1	0	1	1	0	1	0	0	1	0	N.C	1	0	1	N.C.	0	
Are reasons for another time horizon incorporated?	0	0	N.A	0	N.A	0	N.A.	N.A.	N.A.	0	N.A.	N.A.	0	N.A.	0	0	N.A.	0	0	N.A.	0	N.A.	0	1	
Type and description of the model																									
Is the type of model used in the study stated clearly?	1	N.C.	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	0	1	
Are details of	0	0	0	0	1	1	1	1	0	1	1	0	1	0	1	1	0	1	1	1	1	1	1	N.C.	

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the model given?																								
Is the design of the model appropriate and does it include the correct health states?	1	1	1	1	1	1	1	1	1	1	N.C.	1	N.C	1	1	1	1	1	0	0	1	1	1	N.C.
Model data sources																								
Are the sources of all values credible and accurate?	N.C.	0	0	1	N.C.	1	0	1	1	N.C	N.C.	N.C.	N.C	N.C.	1	1	N.C.	1	1	N.C.	1	N.C.	1	1
Are assumptions incorporated into the model clearly stated?	N.C.	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Outcomes and probabilities																								
Are all important and relevant outcomes for each alternative identified (LY or QALYs gained)?	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	1
Are the probabilities that outcomes happen clearly	0	0	0	N.C	1	1	1	1	1	0	0	1	0	1	N.C	1	1	0	0	1	0	1	1	1

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and outcomes of alternatives performed?																									
Is a one-way sensitivity analysis performed?	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Is a probabilistic sensitivity analysis performed?	1	1	1	0	1	1	1	1	0	1	1	1	0	1	1	1	1	0	0	1	0	1	0	1	1
Discussion and conclusions																									
Do the conclusions follow from the data reported?	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Does the study discuss the generalizability of the results to other settings and patients/clients groups?	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	1
Does the article indicate that there is no potential conflict of interest of study	0	0	0	0	1	0	0	0	N.C.	0	0	N.C.	N.C	0	0	0	1	0	N.C	0	1	1	N.C.	0	0

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researcher(s) and funder(s)?																								
Are ethical and distributional issues discussed appropriately?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Legend: 1 = yes/complete details given in text; 0 = no/no details given; N.C. = not clearly stated within text, references given; N.A. = not applicable																								

Appendix 3: HRs sorted by regimens and studies

Studies	Intervention (administration schedule)		Comparator		HR PFS	HR OS	HR from progression to death
[3]	Doc (3wk)	-	Pac (3wk)	-	1.64	1.41	-
[4]	Doc (3wk)	-	Pac (3wk)	-	N.R.	N.R.	-
[13]	Doc (3wk)	-	M (6wk)	V (3wk)	N.R.	N.R.	-
[23]	Cap (14,3wk)	Doc (3wk)	Doc (3wk)	-	0.652	0.777	-
[24]	Cap (14,3wk)	Doc (3wk)	Doc (3wk)	-	N.R.	0.775	-
[15]	Eribulin (N.S.)	-	TPC (N.S.)	-	0.87	0.81	-
[22]	Gem (1,8, 3wk)	Pac (3wk)	Pac (3wk)	-	0.65	0.78	-
[20]	Ixa (14,3wk)	Cap (14,3wk)	Cap (14,3wk)	-	N.R.	N.R.	-
[1]	Nab-Pac (3wk)	-	Pac (3wk)	-	0.721	0.734	-
[3]	Nab-Pac (3wk)	-	Pac (3wk)	-	1.33	1.11	-
[11]	Nab-Pac (3x/week)	-	Pac (3x/week)	-	0.73-0.75 ^a	0.73 ^a	-
[13]	Pac (3wk)	-	M (6wk)	V (3wk)	N.R.	N.R.	-
[3]	Pac (1wk)	-	Pac (3wk)	-	1.09	1.04	-
[10]	Pac (1wk)	-	Doc (3wk)	-	1.64	1.41	-
[13]	Vino (1,8, 3wk)	M (3wk)	M (6wk)	V (3wk)	N.R.	N.R.	-
[5]	Bev (1, and 15)	Pac (3 out of 4)	Pac (3 out of 4)	-	0.6 ^b	0.88 ^b	-
[18]	Bev (N.S.)	Pac (N.S.)	Pac (N.S.)	-	N.R.	N.R.	-
[21]	Bev (N.S.)	Pac (N.S.)	Pac (N.S.)	-	N.R.	N.R.	-
[16]	Lap (14,3wk)	Cap (14,3wk)	Cap (14,3wk)	-	0.55	-	-
[16]	Cap (14,3wk)	-	Lap (14,3wk)	Cap (14,3wk)	-	1.33	-
[12]	Lap (14,3wk)	Cap (14,3wk)	Cap (14,3wk)	-	N.A.	N.A.	-
[8]	Lap (14,3wk)	Cap (14,3wk)	Cap (14,3wk)	-	0.55	-	-
[8]	Cap(14,3wk)	-	Lap (14,3wk)	Cap (14,3wk)	-	1.333	-
[6]	Lap (N.S.)	Let (N.S.)	Let (N.S.)	-	0.65	0.77	-
[7]	Lap (N.S.)	Let (N.S.)	Let (N.S.)	-	0.65	0.77	-
[6]	Trast	Ana	Let (N.S.)	-	0.73	0.90	-
[7]	Trast	Ana	Let (N.S.)	-	0.73	0.90	-
[2]	Trast	Doc	Doc	-	N.R.	N.R.	-
[6]	Ana	-	Let (N.S.)	-	1.22	1.08	-
[7]	Ana	-	Let (N.S.)	-	1.22	1.08	-
[8]	Trast (3wk)	Cap (14,3wk)	Cap (14,3wk)	-	0.685	0.763	-
[16]	Trast (3wk)	Cap (14,3wk)	Cap (14,3wk)	-	0.69	0.94	-
[17]	Trast (3wk)	Cap (14,3wk)	Cap	-	0.69	N.A.	1.035

Studies	Intervention (administration schedule)		Comparator		HR PFS	HR OS	HR from progression to death
			(14,3wk)				
[19]	Trast (1wk)	-	No Trast	-	N.A.	N.A.	-
[9]	HercepTest, trast and chemo for 3+		No test, chemo alone		N.R.	N.R.	-
[9]	HercepTest, confirm 2+ with FISH, chemo and trast for FISH + and HT+		No test, chemo alone		N.R.	N.R.	-
[9]	HercepTest, trast and chemo for 2+ and 3+		No test, chemo alone		N.R.	N.R.	-
[9]	No test: trast, and chemo		No test, chemo alone		N.R.	N.R.	-
[9]	HercepTest, confirm 2+ and 3+ with FISH , chemo and trast for FISH+		No test, chemo alone		N.R.	N.R.	-
[9]	FISH, trast and chemo for positives		No test, chemo alone		N.R.	N.R.	-
[14]	IHC test, trast and chemo for IHC 3+		Chemo alone		N.A.	N.A.	-
[14]	IHC test, trast and chemo for IHC 2+ and 3+		Chemo alone		N.A.	N.A.	-
[14]	IHC test, FISH confirmation for 2+ and 3+, trast and chemo for FISH+		Chemo alone		N.A.	N.A.	-
[14]	FISH test, trast and chemo for FISH+ patients		Chemo alone		N.A.	N.A.	-

^a reported in introduction

^b assuming it is based on ref 4 of the publication (Miller et al., E2100 trial [25])

Legend: ana= anastrozole; bev = bevacizumab; cap = capecitabine; chemo = chemotherapy; trast= trastuzumab; doc = docetaxel; doxil = liposomal doxorubicin; FISH = fluorescent in situ hybridization; gem = gemcintabine; HR = hazard ratio; HT+ = HercepTest positive; IHC= immunohistochemistry; ixa = ixapebilone; lap = lapatinib; let= letrozole; M = mitomicyn; nab-pac = albumin-bound paclitaxel; N.R.=not reported; N.S. = administration schedule not specified; pac= paclitaxel; PD = progressed disease; PFS = progression-free survival; N.A. = not applicable; V = vinblastine; vino = vinorelbine; 1wk= weekly administration; 3wk = administration once each 3 weeks; 6wk = administration once each 6 weeks; 3x/week= 3times weekly; 1,8,3wk = administration on days 1,8,of 3weeks cycle; 3 out of 4 = administration on days 1,8,15 of 4weeks cycle; 14,3wk = daily during 14days every 3weeks; 1 and 15 = administration on day 1 and 15 of 4 weeks cycle.

AEs/Study	[1]	[2] ^a	[3]	[4]	[5]	[6]	[7] ^a	[8]	[9] ^b	[10] ^c	[11]	[12]	[13]	[14]	[15]	[16]	[17]	[18]	[19]	[20]	[21]	[22]	[23] ^a	[24] ^a	
Constipation						1																			
Cough						1																			
Dyspnoea						1																1			
Epistaxis						1																			
Headache						1															1				
Hot flush						1																			
Nasopharyngitis						1																			
Pyrexia						1																			
Thrombocytopenia																						1			
Cardiac events (and congestive heart failure)									1			1		1			1		1						
Fatal infusion related allergic reaction									1!																
Proteinuria																						1			
Leucopenia																							1		
Elevated liver enzymes																							1		
Neutropenic fever/sepsis																									1
Total number of Aes reported	13	0^a	12	7	3	20	0	7	1	13	12	2	3	1	7	2	1	6	1	0^a	4	11	0^a	2	
^a no description of Aes included; in [24] neutropenia just appears in the results ^b inclusion of cardiac events implied in the text, not clear if really taken into account ^c anaemia only described in text, not in table with Aes																									

Appendix 5: Total cost, QALY, LY and NMB for each comparator

Studies	Publication year	Treatment	Total costs ^a	QALY gained	LY gained	NMB ^a
[1]	2013	Nab-pac (3wk)	17,104	0.80	1.44	14,896
[1]	2013	Pac (3wk)	14,049	0.64	1.17	11,551
[1]	2013	Pac (1wk)	17,844	0.80	1.44	14,156
[2]	2012	Doc (3wk)	9,129	1.54	2.70	52,551
[2]	2012	Trast+doc (3wk)	36,505	1.99	3.43	43,175
[3]	2009	Nab-pac (3wk)	19,910	0.96	1.62	18,490
[3]	2009	Pac (3 wk)	18,761	0.85	1.48	15,239
[3]	2009	Pac (1wk)	22,529	0.89	1.54	13,071
[3]	2009	Doc (3 wk)	24,431	1.18	2.01	22,769
[4]	2001	Pac (3 wk)	11,683	0.65	N.R.	14,257
[4]	2001	Doc (3 wk)	11,945	0.73	N.R.	17,443
[5]	2009	Pac (3 out of 4)	28,480	0.69	2.10	-880
[5]	2009	Pac (3 out of 4)+ bev (1 and 15)	68,578	0.90	2.23	-32,578
[6] ^b	2013	Lap+let (N.S.)	69,650	2.30	3.27	22,430
[6] ^b	2013	Let (N.S.)	26,796	1.86	2.72	47,684
[6] ^b	2013	Trast+ana (N.S.)	65,939	2.07	2.94	16,701
[6] ^b	2013	Ana (N.S.)	26,513	1.73	2.57	42,807
[6] ^c	2013	Lap+let (N.S.)	79,632	2.30	3.27	12,448
[6] ^c	2013	Let (N.S.)	40,060	1.86	2.72	34,420
[6] ^c	2013	Trast+ana (N.S.)	78,081	2.07	2.94	4,559
[6] ^c	2013	Ana (N.S.)	40,727	1.73	2.57	28,633
[7]	2013	Lap+let (N.S.)	77,160	2.39	3.40	18,400
[7]	2013	Let (N.S.)	32,942	1.92	2.82	43,978
[7]	2013	Trast+ana (N.S.)	70,142	2.14	2.66	15,338
[7]	2013	Ana (N.S.)	31,341	1.79	3.05	40,179
[8]	2012	Lap+cap (14,3wk)	37,460	0.93	1.65	-380
[8]	2012	Cap (14,3wk)	18,180	0.74	1.36	11,300
[8]	2012	Trast (3wk)+cap (14,3wk)	37,600	0.90	1.63	-1,760
[9]	2004	HercepTest, trast and chemo for 3+	44,428	1.28	2.34	6,772
[9]	2004	HercepTest, confirm 2+ with FISH, chemo and trast for FISH + and HT+	52,549	1.34	2.42	1,051
[9]	2004	HercepTest, trast and chemo for 2+ and 3+	55,084	1.36	2.44	-684
[9]	2004	No test: trast, and chemo	55,447	1.36	2.44	-1,047
[9]	2004	HercepTest, confirm 2+ and 3+ with FISH , chemo and trast for FISH+	58,945	1.36	2.44	-4,545
[9]	2004	FISH, trast and chemo for positives	56,146	1.37	2.45	-1,346
[9]	2004	No test, trast, and chemo	81,218	1.37	2.45	-26,418
[10]	2010	Pac (1wk)	21,853	0.84	1.46	11,747
[10]	2010	Doc (3wk)	21,930	1.08	1.83	21,270
[11]	2013	Nab-pac (3x weekly)	15,229	0.81	N.R.	16,971
[11]	2013	Pac (3x weekly)	12,609	0.64	N.R.	12,991
[12]	2009	Lap+cap (14,3wk)	59,133	N.R.	1.45	-

Studies	Publication year	Treatment	Total costs ^a	QALY gained	LY gained	NMB ^a
[12]	2009	Cap (14,3wk)	41,677	N.R.	1.29	-
[13]	2001	Pac (3wk)	11,507	0.35	0.76	2,493
[13]	2001	Doc (3wk)	18,421	0.34	0.76	-4,821
[13]	2001	Vino (1,8, 3wk) +M (3wk)	8,016	0.43	0.85	9,184
[13]	2001	M (6wk) +V (3wk)	4,397	0.29	0.70	7,203
[14]	2008	No test, chemo alone	33,502	1.28	N.R.	17,698
[14]	2008	IHC test, trast and chemo for IHC 3+	39,939	1.41	N.R.	16,381
[14]	2008	IHC test, trast and chemo for IHC 2+ and 3+	44,286	1.46	N.R.	13,954
[14]	2008	IHC test, FISH confirmation for 2+ and 3+, trast and chemo for FISH+	42,094	1.46	N.R.	16,146
[14]	2008	FISH test, trast and chemo for FISH+ patients	42,947	1.47	N.R.	15,893
[15]	2013	Eribulin (N.S.)	N.R.	N.R.	N.R.	-
[15]	2013	TPC (N.S.)	N.R.	N.R.	N.R.	-
[15]	2013	Cap (N.S.)	N.R.	N.R.	N.R.	-
[15]	2013	Nap-pac (N.S.)	N.R.	N.R.	N.R.	-
[15]	2013	Doxil (N.S.)	N.R.	N.R.	N.R.	-
[15]	2013	Ixa (N.S.)	N.R.	N.R.	N.R.	-
[16]	2012	Lap+cap (14,3wk)	55,251	0.96	1.70	-16,931
[16]	2012	Cap (14,3wk)	23,877	0.77	1.41	6,883
[16]	2012	Trast (3wk)+cap (14,3wk)	65,941	0.83	1.47	-32,861
[17]	2010	Cap (14,3wk)	23,239	1.17	2.06	23,561
[17]	2010	Trast (3wk)+cap (14,3wk)	57,253	1.51	2.64	3,147
[18]	2012	Pac (N.S.)	1,983	0.86	N.R.	32,217
[18]	2012	Pac+bev (N.S.)	86,174	1.02	N.R.	-45,374
[19]	2005	Trast (1wk)	52,277	N.R.	0.3-0.7	-
[20]	2009	Cap (14,3wk)	25,559	0.54	0.84	-4,159
[20]	2009	Ixa+cap (14,3wk)	51,885	0.62	1.01	-26,965
[21]	2014	Bev+chemo	N.R.	N.R.	N.R.	-
[21]	2014	Taxane based chemotherapy	N.R.	N.R.	N.R.	-
[22]	2007	Pac (3wk)	23,968	0.83	1.69	9,232
[22]	2007	Gem (1,8, 3wk) + pac (3wk)	37,711	1.00	2.01	2,289
[23]	2003	Doc (3wk)	10,059	N.R.	N.R.	-
[23]	2003	Cap (14,3wk) + doc (3wk)	10,706	N.R.	N.R.	-
[24]	2005	Doc (3wk)	23,258	0.66	1.16	3,142
[24]	2005	Cap (14,3wk) + doc (3wk)	25,325	0.81	1.38	7,075

^a in € 2013

^b health care perspective

^c societal perspective

Legend: ana= anastrozole; bev = bevacizumab; cap = capecitabine; chemo = chemotherapy; trast= trastuzumab; doc = docetaxel; doxil = liposomal doxorubicin; FISH = fluorescent in situ hybridization; gem = gemcitabine; HR = hazard ratio; HT+ = HercepTest positive; IHC= immunohistochemistry; ixa = ixapebilone; lap = lapatinib; let= letrozole; M = mitomycin; nab-pac = albumin-bound paclitaxel; N.R.=Not reported; N.S. = administration schedule not specified; pac= paclitaxel; PD = progressed disease; PFS = progression-free survival; V = vinblastine; vino = vinorelbine; 1wk= weekly administration; 3wk = administration once each 3 weeks; 6wk = administration once each 6 weeks; 3x/week= 3times weekly; 1,8,3wk = administration on days 1,8,of 3weeks cycle; 3 out of 4 = administration on days 1,8,15 of

Studies	Publication year	Treatment	Total costs ^a	QALY gained	LY gained	NMB ^a
4weeks cycle; 14,3wk = daily during 14days every 3weeks; 1 and 15 = administration on day 1 and 15 of 4 weeks cycle.						

Appendix 6: Details about elicitation method of utilities and population in which utilities were elicited

Studies/Characteristics	Population where it was elicited	Instrument used for elicitation
[1]	N.R.	N.R.
[2]	N.R.	N.R.
[3]	N.R.	N.R.
[4]	Oncology nurses and nurses	SG
[5]	Canadian population	TTO
[6]	MBC patients, general pop (for the vignette based study)	FACT-G & FACT-B, vignette based study
[7]	MBC patients, general pop (for the vignette based study)	FACT-G & FACT-B, vignette based study
[8]	MBC patient (for pre-progression)	EQ-5D, utility decrement based on literature
[9]	US oncology nurses	N.R.
[10]	N.R.	N.R.
[11]	N.R.	N.R. (pooled analysis of MBC utility weights)
[12]	N.R.	N.R.
[13]	N.R.	N.R.
[14]	Swedish breast cancer patients	EQ-5D
[15]	N.R.	N.R.
[16]	MBC	EQ-5D (pre-progression), decrements
[17]	N.R.	N.R.
[18]	N.R.	N.R.
[19]	N.A.	N.A.
[20]	Patients	Health Utilities Index Mark 3 (HUI)
[21]	N.R.	N.R.
[22]	Oncology nurses and clinical specialist	SG (study which is used is a pooled estimate from three studies using this methodology)
[23]	N.A.	N.A.
[24]	Nurses	SG (average of 3 studies)

Legend: EQ-5D = EuroQol - 5 dimension; FACT-B = Functional Assessment of Cancer Therapy - Breast; FACT-G = Functional Assessment of Cancer Therapy - General; MBC= metastatic breast cancer; N.A. = not applicable; N.R. = not reported; SG = standard gamble; TTO = time trade off

Appendix 7: Utilities used in each study

Studies	Health states				Utility decrements for AEs
	Response	Pre-progression	Progression	Terminal disease	
[1]	0.810	0.650	0.450		0.11-0.21 ^a
[2]		0.740	0.440		
[3]	0.790	0.720	0.450		0.06-0.07*
[4]	0.840	0.620	0.330	0.130	b
[5]		0.610	0.260		
[6]		0.860	0.620		0.03-0.15 ^a
[7]		0.860	0.620		N.R.
[8]		0.694	0.472		
[9]	0.840	0.700	0.490		
[10]	0.790	0.720	0.450		0.06-0.07 ^g
[11]	0.810	0.650	0.450		0.11-0.21 ^c
[12]	0.840	0.700	0.500		
[13]	N.R.	N.R.	N.R.		
[14]	N.R.	0.685 ^d	N.R.		
[15]	0.790	0.715 ^e	0.443	0.190	0.103-0.155 ^a
[16]		0.694	0.472		
[17]		0.700	0.500		
[18]	0.790	0.715	0.443		0.103-0.155 ^a
[19]	N.A.	N.A.	N.A.		N.A.
[20]	0.670	0.650	0.610		
[20]	0.770	0.620	0.680		
[21]	1.000		0.500		0.250 ^b
[22]	0.810 (0.670 ^f)	0.650 (0.540 ^f)	0.450 (0.450 ^f)		
[23]	N.A.	N.A.	N.A.		
[24]	N.A.	0.720	0.480		
Minimum	0.670	0.610	0.260	0.130	0.03-0.250
Maximum	1.000	0.860	0.680	0.190	

^a each AE has a different utility decrement
^b each AE is valued separately. Each has its own utility value assigned
^c AE and state-specific
^d called 'Metastatic breast cancer' in paper
^e called 'Baseline' in paper
^f with toxicities
^g treatment-specific
Legend: N.A. = not applicable; N.R. = not reported

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