

Clinical Investigation

Evaluation of Health Economics in Radiation Oncology: A Systematic Review



Timothy K. Nguyen, MD,* Chris D. Goodman, BMSc,*
R. Gabriel Boldt, MEd, MLIS,[†] Andrew Warner, MSc,*
David A. Palma, MD, PhD, FRCPC,*
George B. Rodrigues, MD, PhD, FRCPC,*[‡] Michael I. Lock, MD, FRCPC,*
Mark V. Mishra, MD,[§] Gregory S. Zaric, PhD,^{‡,||}
and Alexander V. Louie, MD, MSc, FRCPC*[‡]

*Department of Radiation Oncology, London Regional Cancer Program, London, Ontario, Canada;
[†]London Health Sciences Centre, London, Ontario, Canada; [‡]Department of Epidemiology and
Biostatistics, Western University, London, Ontario, Canada; [§]Department of Radiation Oncology,
University of Maryland, Baltimore, Maryland; and ^{||}Ivey Business School, Western University,
London, Ontario, Canada

Received Sep 16, 2015, and in revised form Dec 14, 2015. Accepted for publication Dec 15, 2015.

Summary

Despite the increasing popularity of economic evaluations of radiation oncology, there is a lack of reports examining the quality of these studies. Through a systematic review of cost-utility and cost-effectiveness analyses involving radiation therapy, we found improvement in the reporting of key metrics with time, but overall reporting rates remain sub-optimal. Although methodological approaches in this

Purpose: Despite the rising costs in radiation oncology, the impact of health economics research on radiation therapy practice analysis patterns is unclear. We performed a systematic review of cost-effectiveness analyses (CEAs) and cost-utility analyses (CUAs) to identify trends in reporting quality in the radiation oncology literature over time.

Methods and Materials: A systematic review of radiation oncology economic evaluations up to 2014 was performed, using MEDLINE and EMBASE databases. The Consolidated Health Economic Evaluation Reporting Standards guideline informed data abstraction variables including study demographics, economic parameters, and methodological details. Tufts Medical Center CEA registry quality scores provided a basis for qualitative assessment of included studies. Studies were stratified by 3 time periods (1995-2004, 2005-2009, and 2010-2014). The Cochran-Armitage trend test and linear trend test were used to identify trends over time.

Results: In total, 102 articles were selected for final review. Most studies were in the context of a model (61%) or clinical trial (28%). Many studies lacked a conflict of interest (COI) statement (67%), a sponsorship statement (48%), a reported study time horizon (35%), and the use of discounting (29%). There was a significant increase over

Reprint requests to: Dr Alexander V. Louie, MD, MSc, FRCPC, Department of Radiation Oncology, London Regional Cancer Program, 790 Commissioners Rd E, Rm A3-807, London, ON N6A 4L6, Canada. Tel: (519) 685-8500 ext. 53025; E-mail: Dr.alexlouie@gmail.com

This study was supported by an American Society for Radiation Oncology/Radiation Oncology Institute Comparative Effectiveness

Research Award (M.V.M.) and by a Western University Schulich Clinician-Scientist award (A.V.L.).

Supplementary material for this article can be found at www.redjournal.org.