References

4. TreeAge Pro. Williamstown, MA: TreeAge Software.


[1] Please note that, although not explicit on this diagram, the health needs of the family or whānau of the person receiving the treatment, and of wider society will be taken into consideration during our decision making process. This Factor is detailed in the Supporting Information that can be found on the PHARMAC website at www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/supporting-information/.
effects in a trial with no overall treatment effect are said to be usually superfluous subgroup salvages of otherwise differences. (13)

Interaction are preferred to individual tests within each subgroup – individual tests often overestimate the extent of true pooled result, and the I² statistic with its 95% uncertainty interval.

tests of interaction include the chi-square test using the Q statistic in an individual trial or the Cochran Q statistic across the to be made. Some situations will require many subgroups, others just the overall group.

Factors affecting treatment effectiveness. The degree of breakdown depends upon the complexity of the targeting decisions may have different responses to treatment or magnitudes of benefit. These subgroups may be defined by age, gender, in regulatory approval processes, this section applies mainly to medical devices.

In observational studies, outcomes should be measured appropriately, with the use of a blinded endpoints committee, a core laboratory, or both (21). Component non-fatal endpoints should be measured appropriately, with the use of a blinded endpoints committee, a core laboratory, or both (21), and analysis of non-fatal events should take into account competing risks. For information on the assessment of composite outcomes, please refer to the PBAC Guidelines for preparing a major submission (22).

Due to the differences in regulatory approval processes, this section applies mainly to medical devices.

Patient subgroups may have different responses to treatment or magnitudes of benefit. These subgroups may be defined by age, gender, other demographic factors, disease-related factors (symptom complexes, severities), comorbidities, or intractability and factors affecting treatment effectiveness. The degree of breakdown depends upon the complexity of the targeting decisions to be made. Some situations will require many subgroups, others just the overall group.

Relevant statistical tests of interaction include the chi-square test using the Q statistic in an individual trial or the Cochran Q statistic across the pooled result, and the I² statistic with its 95% uncertainty interval.

Statistical tests of interaction are preferred to individual tests within each subgroup – individual tests often overestimate the extent of true differences. (32) Subgroup treatment effects in a trial with no overall treatment effect are said to be usually superfluous subgroup salvages of otherwise
indeterminate (negative) trials (33).

DALYs are expressed in terms of years of life lost due to premature death and years lived with a disability of specific severity and duration.

HYEs incorporate individual preference structures over a complete path of health states (rather than discrete health states).

This included negative values for health states considered to be worse than death (47). Survey results indicated that respondents can and do evaluate some health states as worse than death, and the study authors recommended the systematic inclusion of these states to describe a more complete range of preference values (48).

Logical inconsistency was defined as “when a state that ‘in logical terms’ is unambiguously less severe than another is assigned a lower value” (46).

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