



Cost-effectiveness estimates: the need for complete reporting

I read with interest Jie-Bin Lew and colleagues' study published in *The Lancet Public Health*.¹ This study is an accomplished simulation analysis of the costs and effects of cervical screening for which Lew and colleagues should be commended for. I do, however, want to call attention to specific observations regarding the completeness of reporting within the study.

Lew and colleagues describe their analysis as assessing the cost-effectiveness of new screening options for Australia. Although they identify new candidate strategies that are less costly and more effective than current practice and therefore preferable, they do not report the incremental cost-effectiveness ratios (ICERs) of the relevant new strategies despite the fact that such incremental analysis is standard practice in studies of this type.^{2,3} Specifically, Lew and colleagues do not report the ICERs of genotyping for human papillomavirus screening every 5 years versus similar strategies every 6 years. Furthermore, despite estimating the costs and effects of 6-yearly screening, they report the estimates for these strategies in a different format to that used to report all other results. Such reporting precludes the calculation of ICERs of 5-yearly screening relative to 6-yearly strategies.

Omission of ICERs and the estimates from which they could be derived matters. ICERs are the primary metric used to determine whether an intervention strategy is cost-effective or not. A key policy question in this context is will 5-yearly screening with genotyping be cost-effective relative to 6-yearly screening. Despite apparently generating the evidence required to answer this question, Lew and colleagues do not report it. This absence of estimates is concerning

because there is no apparent reason why selected, highly relevant portions of the simulation evidence should not be presented for the benefit of decision makers in Australia and abroad. A simple way to address this concern is to publish the costs and effects estimates for the 6-yearly strategies and the associated ICERs for the efficient 5-yearly strategies for both unvaccinated and vaccinated cohorts.

I declare no competing interests.

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- 2 van den Akker-van ME, van Ballegooijen M, van Oortmarsen GJ, Boer R, Habbema JD. Cost-effectiveness of cervical cancer screening: comparison of screening policies. *J Natl Cancer Inst* 2002; **94**: 193-204.
- 3 Kim JJ, Burger EA, Sy S, Campos NG. Optimal cervical cancer screening in women vaccinated against human papillomavirus. *J Natl Cancer Inst* 2016; **17**: djw216.