## The CHEERS Checklist is part of the CHEERS Statement. The CHEERS Statement has been endorsed and co-published by the following journals:

BJOG: An International Journal of Obstetrics and Gynaecology

BMC Medicine 2013; 11:80

BMJ 2013;346:f1049

Clinical Therapeutics 27 March 2013 (Article in Press DOI: 10.1016/j.clinthera.2013.03.003)

Cost Effectiveness and Resource Allocation 2013 11:6.

The European Journal of Health Economics 2013 Mar 26. [Epub ahead of print]

International Journal of Technology Assessment in Health Care

Journal of Medical Economics 2013 Mar 25. [Epub ahead of print]

Pharmacoeconomics 2013 Mar 26. [Epub ahead of print]

Value in Health 2013 March - April;16(2):e1-e5

## **CHEERS Checklist** Items to include when reporting economic evaluations of health interventions

Section/item	Item No	Recommendation	Reported on page No/ line No
Title and abstract			
Title	1	Identify the study as an economic evaluation or use more specific terms such as "cost-effectiveness analysis", and describe the interventions compared.	Page 1
Abstract	2	Provide a structured summary of objectives, perspective, setting, methods (including study design and inputs), results (including base case and uncertainty analyses), and conclusions.	Page 2-3
Introduction			
Background and objectives	3	Provide an explicit statement of the broader context for the study.  Present the study question and its relevance for health policy practice decisions.  P. 4, paragra	or ph <u>1, P. 5, Paragra</u> ph
Methods			
Target population and subgroups	4	Describe characteristics of the base case population and subgroups analysed, including why they were chosen.	P. 4, Paragraph 2
Setting and location	5	State relevant aspects of the system(s) in which the decision(s need(s) to be made.	P. 4, Paragraph 2
Study perspective	6	Describe the perspective of the study and relate this to the costs being evaluated.	P 5, Paragraph 2
Comparators	7	Describe the interventions or strategies being compared and state why they were chosen.	P. 5, Paragraph 2
Time horizon	8	State the time horizon(s) over which costs and consequences are being evaluated and say why appropriate.	P. 9, Paragraph 2
Discount rate	9	Report the choice of discount rate(s) used for costs and	P. 9, Paragraph 2



		outcomes and say why appropriate.	
Choice of health	10	Describe what outcomes were used as the measure(s) of	
outcomes		benefit in the evaluation and their relevance for the type of	
		analysis performed.	Not Applicable
Measurement of	11a	Single study-based estimates: Describe fully the design	
effectiveness		features of the single effectiveness study and why the single	
		study was a sufficient source of clinical effectiveness data.	Not Applicable
	11b	Synthesis-based estimates: Describe fully the methods used for	
		identification of included studies and synthesis of clinical	
		effectiveness data.	P. 7, Paragraph 1
Measurement and	12	If applicable, describe the population and methods used to	
valuation of preference		elicit preferences for outcomes.	
based outcomes			Not Applicable
Estimating resources	13a	Single study-based economic evaluation: Describe approaches	
and costs		used to estimate resource use associated with the alternative	
		interventions. Describe primary or secondary research methods	
		for valuing each resource item in terms of its unit cost.	
		Describe any adjustments made to approximate to opportunity	
		costs.	Not Applicable
	13b	Model-based economic evaluation: Describe approaches and	
		data sources used to estimate resource use associated with	
		model health states. Describe primary or secondary research	
		methods for valuing each resource item in terms of its unit	
		cost. Describe any adjustments made to approximate to	
		opportunity costs.	Pp. 5-9
Currency, price date,	14	Report the dates of the estimated resource quantities and unit	
and conversion		costs. Describe methods for adjusting estimated unit costs to	
		the year of reported costs if necessary. Describe methods for	
		converting costs into a common currency base and the	
		exchange rate.	P. 7, paragrah 1
Choice of model	15	Describe and give reasons for the specific type of decision-	
		analytical model used. Providing a figure to show model	
		structure is strongly recommended.	P. 5, paragraph 2
Assumptions	16	Describe all structural or other assumptions underpinning the	
		decision-analytical model.	P. 5, paragraph 2
Analytical methods	17	Describe all analytical methods supporting the evaluation. This	
		could include methods for dealing with skewed, missing, or	
		censored data; extrapolation methods; methods for pooling	
		data; approaches to validate or make adjustments (such as half	
		cycle corrections) to a model; and methods for handling	
		population heterogeneity and uncertainty.	Not Applicable
Results			
Study parameters	18	Report the values, ranges, references, and, if used, probability	
		distributions for all parameters. Report reasons or sources for	
		distributions used to represent uncertainty where appropriate.	
		Providing a table to show the input values is strongly	
		recommended.	Table 1, Table 2



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Incremental costs and outcomes	19	For each intervention, report mean values for the main categories of estimated costs and outcomes of interest, as well as mean differences between the comparator groups. If applicable, report incremental cost-effectiveness ratios.	P. 10, paragraph
Characterising uncertainty	20a	Single study-based economic evaluation: Describe the effects of sampling uncertainty for the estimated incremental cost and incremental effectiveness parameters, together with the impact of methodological assumptions (such as discount rate, study perspective).	Not Applicable
	20b	Model-based economic evaluation: Describe the effects on the results of uncertainty for all input parameters, and uncertainty	Pp. 10-11, Table 3
Characterising heterogeneity	21	If applicable, report differences in costs, outcomes, or cost- effectiveness that can be explained by variations between subgroups of patients with different baseline characteristics or other observed variability in effects that are not reducible by more information.	Not Applicable
Discussion Study findings, limitations, generalisability, and current knowledge	22	Summarise key study findings and describe how they support the conclusions reached. Discuss limitations and the generalisability of the findings and how the findings fit with current knowledge.  P. 11, para	ngraph 2, Pp. 11-14
Other			
Source of funding	23	Describe how the study was funded and the role of the funder in the identification, design, conduct, and reporting of the analysis. Describe other non-monetary sources of support.	Page 16
Conflicts of interest	24	Describe any potential for conflict of interest of study contributors in accordance with journal policy. In the absence of a journal policy, we recommend authors comply with International Committee of Medical Journal Editors recommendations.	Page 16

For consistency, the CHEERS Statement checklist format is based on the format of the CONSORT statement checklist

The CHEERS Statement may be accessed by the publication links above.

The ISPOR CHEERS Task Force Report provides examples and further discussion of the 24-item CHEERS Checklist and the CHEERS Statement. It may be accessed via the Value in Health link or via the ISPOR Health Economic Evaluation Publication Guidelines – CHEERS: Good Reporting Practices webpage: http://www.ispor.org/TaskForces/EconomicPubGuidelines.asp

The citation for the CHEERS Task Force Report is:

Husereau D, Drummond M, Petrou S, et al. Consolidated health economic evaluation reporting standards (CHEERS)—Explanation and elaboration: A report of the ISPOR health economic evaluations publication guidelines good reporting practices task force. Value Health 2013;16:231-50.

