Reviewer's report

Title: Cost-utility of enoxaparin compared with unfractionated heparin in unstable coronary artery disease

Authors:

Tricia Nicholson (apn@soton.ac.uk)
Alistair McGuire (A.Mcguire@city.ac.uk)
Ruairidh Milne (R.Milne@soton.ac.uk)

Version: 1 Date: 11 Jun 2001

Reviewer: David Bergqvist

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after revision, which I do not need to see

As low molecular weight heparins have moved into the cardiological area it is welcome that health economic aspects are taken into consideration. This study analyses one of low molecular weight heparins, enoxaparin. The analysis is based on previously published studies and the authors have identified three, one of which, however, is excluded as it is an abstract with insufficient information to be meaningful in this analysis. In health utility analysis some value of quality of life must be used and the authors have based quality of life on a study from 1992 and costs were based on costs in Leeds as well as nursing costs from a Canadian study. The values used both for base case calculations and sensitivity analysis are given in detail so it is certainly possibly to repeat analysis. The studies used for enoxaparin outcome are ESSENCE and TIMI II B as well as a metaanalysis. The study has been performed according to present day standards and criteria for a health economic analysis, it is easy to follow and gives details enough for the reader to feel comfortable. The conclusion that enoxaparin appears cost saving compared with unfractioned heparin in patients with unstable coronary artery disease seems reasonable. The most important factor in the sensitivity analysis to have influence on the results was resvacularization practice.

I liked reading the paper and have only some minor questions:

1. Are the results robust enough to be conclusive for various types of health care systems, not only because of differences in revascularization practice but also differences in health care politics, variation in reimbursement and so on?

2. What are the limitations and weaknesses of taking data from many different studies, results from some, quality of life from others, and some of the costs from still others? Could this influence the outcome and thereby the conclusions?

This study has analysed one of the low molecular weight heparins and there are certainly no data for comparison. It would be of some interest to mention this in the discussion as competing companies often argue on basis of differences in ?prices?.
Competing interests:

None declared.