Reviewer's report

**Title:** Cost-minimization analysis of XELOX and FOLFOX4 for treatment of colorectal cancer to assist decision-making on reimbursement

**Version:** 2  **Date:** 11 March 2011

**Reviewer:** Shanlian Hu

**Reviewer's report:**

Reviewing the Revised Manuscript

Title: Cost-analysis of XELOX and FOLFOX4 for Treat of Colorectal Cancer to Assist Decision-making on Reimbursement

Version: 2

Date: 31 January 2011

Reviewer: Shanlian Hu

Reviewer’s report on general comments

According to the suggestion of reviewer, the title of the paper has been changed to “cost analysis”, which will be emphasized on the resource use and unit cost in two arms (regimens), i.e., XELOX and FOLFOX4. The conclusion is XELOX costs less than FOLFOX4 for the patient group with MCRC from both the health care provider and societal perspectives.

Hong Kong health system is based on the taxation. Public hospital is highly subsidized by Hong Kong government. The charge (list cost) is much lower than the real cost.

The second fact should be kept in mind is that in the paper the cost of hospital days for chemotherapy delivery are estimated from government gazette rather than measured from medical record.

Discretionary revisions:

1. Xelox group is usually treated in outpatient clinic, why the average hospital bed day is still up to 10.3 days, which is equal to one thirds of FOLFOX4 group (33.2 days)? (Table 2).

2. Why the cost of unscheduled outpatient visits in XELOX group is much higher than that in FOLFOX4 group (Table 3).

Minor essential revisions:

1. In background paragraph, reviewer suggests when the authors mentioned about healthcare expenditure in Australia or the United States, not only giving the absolute figure of monetary value but also adding the share of healthcare
expenditure in GDP in respective country in 2008.

2. In Table 3, the figure of total scheduled cost per patient ($14,866) is not equal to average scheduled costs per cycle ($2046) times the average number of cycles of chemotherapy (7.3), it should be $14935.8. So does the total unscheduled cost per patient. (328 x 7.3) = 2394.4

3. In Table 4, move the last 3rd line up to “total scheduled cost per patient”

4. In the paragraph of limitation, some words should be changed, “while all XELOX patients were 2006-2008”

Major compulsory revisions:

1. For authors reference.

Those patients are willingness to pay the cost of oral Xiloda (capecitabine) plus oxaliplatin, perhaps, due to the effectiveness of XELOX is superior to FOLFOX4 (the international phase III study has been demonstrated)

On the other hand, the third payer who has not included XELOX in the list of approved drugs for subsidy in Hong Kong is due to lack of the evidence from budget impact analysis, because the single XELOX Chemotherapy cost is 63.5% higher than the FOLFOX4 chemotherapy ($1184 vs. $724).

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests