Author's response to reviews

Title: Cost-effectiveness Analysis of Anidulafungin for the Treatment of Candidaemia and Other Forms of Invasive Candidiasis

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Author's response to reviews: see over
Philippa Harris  
Executive Editor  
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Dear Dr Harris  

RE: *Cost-effectiveness analysis of anidulafungin for the treatment of candidaemia and other forms of invasive candidiasis*  

Following your letter of 26 June, we have compiled a response to the peer reviewers, and have revised the manuscript accordingly. My co-authors and I would be very grateful if you would again consider this manuscript for publication in *BMC Infectious Diseases*.  

My co-authors and I thank you in advance for considering this manuscript and we look forward to hearing from you in due course.  

Yours faithfully  
Claudie Charbonneau
<table>
<thead>
<tr>
<th>Reviewer #1</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. It’s a study of pharmacoeconomic analysis that goes to investigate the benefits and costs of using echinocandins in first-line treatment of invasive candidiasis (IC) in intensive care units.</td>
<td>Thank you for your comments.</td>
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<td>2. Regarding the part on METHODS: analysis took into account the perspective of the English health system, personnel Health and Human Services (Advanced).</td>
<td>Although our costs are only valid for the United Kingdom, we report in the Discussion section that our findings are consistent with previous cost-effectiveness analyses conducted in Spain and North America [1-3].</td>
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<td>3. The population included in the analysis were non-neutropenic patients with an age &gt;16 and diagnosis of IC who already received first-line treatment.</td>
<td>This patient population was selected to match the patient population included in the study by Reboli et al [4].</td>
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<td>4. The model is quite complex and does not take into account whether toxicity may be stopping treatment.</td>
<td>Unfortunately, toxicity information was not available. In any case, we feel that the model is fairly simple in its current format and adding toxicity information would increase its complexity.</td>
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<td>5. The various branches of survival do not indicate the clinical course after treatment, maybe because six weeks is too short a period.</td>
<td>Because underlying disease may affect survival more than the infection in the long-term, a short-term horizon was preferred.</td>
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<td>6. The costs are not made explicit as individual unit costs but are considered as overall costs to patient.</td>
<td>Table 3 has been updated to include the drug acquisition costs (per loading and maintenance dose) for anidulafungin, fluconazole, caspofungin and micafungin.</td>
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<td>7. Regarding the estimate of the resources used, in addition to the database derived from the US, the data of failure and success are taken from a Pfizer database. Profit should have been set over varying probabilistic sensitivity analysis, and also estimates of the costs of clinical success and mortality because, as already mentioned in the conclusions by the authors, it is too limiting to hold the chances of success and death equivalent for all echinocandins.</td>
<td>We agree that probabilistic sensitivity analyses would have been helpful; however, the data in the study by Reboli et al were not presented in a matter that would allow a probabilistic sensitivity analysis to be conducted.</td>
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<td>8. In totally, this study shows the critical points to allow him to adapt completely to the reality of clinical practice and in the various nations, also if it is original by</td>
<td>Thank you for your comments.</td>
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<td><strong>Reviewer #2</strong></td>
<td><strong>Response</strong></td>
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<td>1. This is a study which has an important message over echinocandins that are widely perceived as similar by a microbiological and outcome point of view. The study aims at demonstrating cost-effectiveness and cost-savings of anidulafungin using the Reboli data and the data on file by Pfizer. Although there is no universal agreement on the superiority of anidulafungin over fluconazole in a non-inferiority study, this study has a strong methodology and is similar to other studies concerning pharmacoeconomics. This model demonstrated that anidulafungin could be considered cost-effective compared with fluconazole in terms of life years gained. The authors correctly highlight the limits of the study. I do not have major or minor revisions to ask the authors and I am pretty much satisfied with the methods they used.</td>
<td>Thank you for your comments.</td>
</tr>
</tbody>
</table>

**References**


hospital inpatients diagnosed with candidemia and other forms of invasive candidiasis (IC).
Poster presented at the 19th European Congress of Clinical Microbiology and Infectious Diseases, 16-19 May, Helsinki, Finland, 2009.