# Suplementos

## Suplemento 1. Estrategia de búsqueda MEDLINE

|  |  |
| --- | --- |
| **1** | Diabetes Mellitus, Type 1[MeSH Terms] |
| **2** | Diabetes Mellitus, Type 1[Title/Abstract] |
| **3** | "diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] |
| **4** | Diabetes Mellitus, Insulin-Dependent[Title/Abstract] |
| **5** | Diabetes Mellitus, Insulin Dependent[Title/Abstract] |
| **6** | Insulin-Dependent Diabetes Mellitus[Title/Abstract] |
| **7** | Diabetes Mellitus, Juvenile-Onset[Title/Abstract] |
| **8** | #6 OR #7 OR #9 OR #10 |
| **9** | "diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract] |
| **10** | Diabetes Mellitus, Juvenile Onset[Title/Abstract] |
| **11** | Juvenile-Onset Diabetes Mellitus[Title/Abstract] |
| **12** | IDDM[Title/Abstract] |
| **13** | ((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract]) |
| **14** | ("diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract]) OR (((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract])) |
| **15** | Juvenile-Onset Diabetes[Title/Abstract] |
| **16** | Diabetes, Juvenile-Onset[Title/Abstract] |
| **17** | Juvenile Onset Diabetes[Title/Abstract] |
| **18** | Diabetes Mellitus, Sudden-Onset[Title/Abstract] |
| **19** | Diabetes Mellitus, Sudden Onset[Title/Abstract] |
| **20** | Type 1 Diabetes Mellitus[Title/Abstract] |
| **21** | (((((Juvenile-Onset Diabetes[Title/Abstract]) OR (Diabetes, Juvenile-Onset[Title/Abstract]))) OR (Diabetes Mellitus, Sudden-Onset[Title/Abstract])) OR (Diabetes Mellitus, Sudden Onset[Title/Abstract])) OR (Type 1 Diabetes Mellitus[Title/Abstract]) |
| **22** | (("diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract]) OR (((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract]))) OR ((((((Juvenile-Onset Diabetes[Title/Abstract]) OR (Diabetes, Juvenile-Onset[Title/Abstract]))) OR (Diabetes Mellitus, Sudden-Onset[Title/Abstract])) OR (Diabetes Mellitus, Sudden Onset[Title/Abstract])) OR (Type 1 Diabetes Mellitus[Title/Abstract])) |
| **23** | Diabetes Mellitus, Insulin-Dependent, 1[Title/Abstract] |
| **24** | Insulin-Dependent Diabetes Mellitus 1[Title/Abstract] |
| **25** | Insulin Dependent Diabetes Mellitus 1[Title/Abstract] |
| **26** | Type 1 Diabetes[Title/Abstract] |
| **27** | Diabetes, Type 1[Title/Abstract] |
| **28** | ((((Diabetes Mellitus, Insulin-Dependent, 1[Title/Abstract]) OR (Insulin-Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Insulin Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Type 1 Diabetes[Title/Abstract])) OR (Diabetes, Type 1[Title/Abstract]) |
| **29** | ((("diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract]) OR (((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract]))) OR ((((((Juvenile-Onset Diabetes[Title/Abstract]) OR (Diabetes, Juvenile-Onset[Title/Abstract]))) OR (Diabetes Mellitus, Sudden-Onset[Title/Abstract])) OR (Diabetes Mellitus, Sudden Onset[Title/Abstract])) OR (Type 1 Diabetes Mellitus[Title/Abstract]))) OR (((((Diabetes Mellitus, Insulin-Dependent, 1[Title/Abstract]) OR (Insulin-Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Insulin Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Type 1 Diabetes[Title/Abstract])) OR (Diabetes, Type 1[Title/Abstract])) |
| **30** | Diabetes Mellitus, Type I[Title/Abstract] |
| **31** | Diabetes, Autoimmune[Title/Abstract] |
| **32** | Autoimmune Diabetes[Title/Abstract] |
| **33** | Diabetes Mellitus, Brittle[Title/Abstract] |
| **34** | Diabetes Mellitus, Ketosis-Prone[Title/Abstract] |
| **35** | Diabetes Mellitus, Ketosis Prone[Title/Abstract] |
| **36** | Ketosis-Prone Diabetes Mellitus[Title/Abstract] |
| **37** | ((((((Diabetes Mellitus, Type I[Title/Abstract]) OR (Diabetes, Autoimmune[Title/Abstract])) OR (Autoimmune Diabetes[Title/Abstract])) OR (Diabetes Mellitus, Brittle[Title/Abstract])) OR (Diabetes Mellitus, Ketosis-Prone[Title/Abstract])) OR (Diabetes Mellitus, Ketosis Prone[Title/Abstract])) OR (Ketosis-Prone Diabetes Mellitus[Title/Abstract]) |
| **38** | (((("diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract]) OR (((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract]))) OR ((((((Juvenile-Onset Diabetes[Title/Abstract]) OR (Diabetes, Juvenile-Onset[Title/Abstract]))) OR (Diabetes Mellitus, Sudden-Onset[Title/Abstract])) OR (Diabetes Mellitus, Sudden Onset[Title/Abstract])) OR (Type 1 Diabetes Mellitus[Title/Abstract]))) OR (((((Diabetes Mellitus, Insulin-Dependent, 1[Title/Abstract]) OR (Insulin-Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Insulin Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Type 1 Diabetes[Title/Abstract])) OR (Diabetes, Type 1[Title/Abstract]))) OR (((((((Diabetes Mellitus, Type I[Title/Abstract]) OR (Diabetes, Autoimmune[Title/Abstract])) OR (Autoimmune Diabetes[Title/Abstract])) OR (Diabetes Mellitus, Brittle[Title/Abstract])) OR (Diabetes Mellitus, Ketosis-Prone[Title/Abstract])) OR (Diabetes Mellitus, Ketosis Prone[Title/Abstract])) OR (Ketosis-Prone Diabetes Mellitus[Title/Abstract])) |
| **39** | Continuous glucose monitoring[Title/Abstract] |
| **40** | Blood Glucose Self-Monitoring[Title/Abstract] |
| **41** | Blood Glucose Self-Monitoring[MeSH Terms] |
| **42** | (Blood Glucose Self-Monitoring[MeSH Terms]) OR (Blood Glucose Self-Monitoring[Title/Abstract]) |
| **43** | blood glucose self monitorings[MeSH Terms] |
| **44** | blood glucose self monitorings[Title/Abstract] |
| **45** | ((Blood Glucose Self-Monitoring[MeSH Terms]) OR (Blood Glucose Self-Monitoring[Title/Abstract])) OR (blood glucose self monitorings[Title/Abstract]) |
| **46** | Blood Glucose Self Monitoring[Title/Abstract] |
| **47** | Glucose, Blood, Self-Monitoring[Title/Abstract] |
| **48** | Self-Monitoring, Blood Glucose[Title/Abstract] |
| **49** | Blood Glucose Self-Monitorings[Title/Abstract] |
| **50** | Glucose Self-Monitoring, Blood[Title/Abstract] |
| **51** | (((Blood Glucose Self Monitoring[Title/Abstract]) OR (Glucose, Blood, Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Glucose[Title/Abstract])) OR (Glucose Self-Monitoring, Blood[Title/Abstract]) |
| **52** | (((Blood Glucose Self-Monitoring[MeSH Terms]) OR (Blood Glucose Self-Monitoring[Title/Abstract])) OR (blood glucose self monitorings[Title/Abstract])) OR ((((Blood Glucose Self Monitoring[Title/Abstract]) OR (Glucose, Blood, Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Glucose[Title/Abstract])) OR (Glucose Self-Monitoring, Blood[Title/Abstract])) |
| **53** | Glucose Self-Monitorings, Blood[Title/Abstract] |
| **54** | Self Monitoring, Blood Glucose[Title/Abstract] |
| **55** | Monitoring, Home Blood Glucose[Title/Abstract] |
| **56** | Blood Sugar Self-Monitoring[Title/Abstract] |
| **57** | Blood Sugar Self Monitoring[Title/Abstract] |
| **58** | Self-Monitoring, Blood Sugar[Title/Abstract] |
| **59** | ((((Glucose Self-Monitorings, Blood[Title/Abstract]) OR (Self Monitoring, Blood Glucose[Title/Abstract])) OR (Monitoring, Home Blood Glucose[Title/Abstract])) OR (Blood Sugar Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Sugar[Title/Abstract]) |
| **60** | (((((Glucose Self-Monitorings, Blood[Title/Abstract]) OR (Self Monitoring, Blood Glucose[Title/Abstract])) OR (Monitoring, Home Blood Glucose[Title/Abstract])) OR (Blood Sugar Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Sugar[Title/Abstract])) OR ((((Blood Glucose Self-Monitoring[MeSH Terms]) OR (Blood Glucose Self-Monitoring[Title/Abstract])) OR (blood glucose self monitorings[Title/Abstract])) OR ((((Blood Glucose Self Monitoring[Title/Abstract]) OR (Glucose, Blood, Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Glucose[Title/Abstract])) OR (Glucose Self-Monitoring, Blood[Title/Abstract]))) |
| **61** | Insulin Infusion Systems[MeSH Terms] |
| **62** | Insulin Infusion Systems[Title/Abstract] |
| **63** | (Insulin Infusion Systems[MeSH Terms]) OR (Insulin Infusion Systems[Title/Abstract]) |
| **64** | Infusion Pumps, Implantable[Title/Abstract] |
| **65** | Infusion Pumps, Implantable[MeSH Terms] |
| **66** | (Infusion Pumps, Implantable[Title/Abstract]) OR (Infusion Pumps, Implantable[MeSH Terms]) |
| **67** | ((Insulin Infusion Systems[MeSH Terms]) OR (Insulin Infusion Systems[Title/Abstract])) OR ((Infusion Pumps, Implantable[Title/Abstract]) OR (Infusion Pumps, Implantable[MeSH Terms])) |
| **68** | Infusion System, Insulin[Title/Abstract] |
| **69** | Infusion Systems, Insulin[Title/Abstract] |
| **70** | implantable Programmable Insulin Pum[Title/Abstract] |
| **71** | implantable Programmable Insulin Pump[Title/Abstract] |
| **72** | Programmable Implantable Insulin Pump[Title/Abstract] |
| **73** | Pump, Programmable Implantable Insulin[Title/Abstract] |
| **74** | Pancreas, Artificial Endocrine[Title/Abstract] |
| **75** | ((((Infusion System, Insulin[Title/Abstract]) OR (Infusion Systems, Insulin[Title/Abstract])) OR (implantable Programmable Insulin Pump[Title/Abstract])) OR (Pump, Programmable Implantable Insulin[Title/Abstract])) OR (Pancreas, Artificial Endocrine[Title/Abstract]) |
| **76** | (((Insulin Infusion Systems[MeSH Terms]) OR (Insulin Infusion Systems[Title/Abstract])) OR ((Infusion Pumps, Implantable[Title/Abstract]) OR (Infusion Pumps, Implantable[MeSH Terms]))) OR (((((Infusion System, Insulin[Title/Abstract]) OR (Infusion Systems, Insulin[Title/Abstract])) OR (implantable Programmable Insulin Pump[Title/Abstract])) OR (Pump, Programmable Implantable Insulin[Title/Abstract])) OR (Pancreas, Artificial Endocrine[Title/Abstract])) |
| **77** | Artificial Endocrine Pancreas[Title/Abstract] |
| **78** | Endocrine Pancreas, Artificial[Title/Abstract] |
| **79** | beta Cell, Artificial[Title/Abstract] |
| **80** | Artificial beta Cells[Title/Abstract] |
| **81** | beta Cells, Artificial[Title/Abstract] |
| **82** | (((Artificial Endocrine Pancreas[Title/Abstract]) OR (Endocrine Pancreas, Artificial[Title/Abstract])) OR (Artificial beta Cells[Title/Abstract])) OR (beta Cells, Artificial[Title/Abstract]) |
| **83** | ((((Insulin Infusion Systems[MeSH Terms]) OR (Insulin Infusion Systems[Title/Abstract])) OR ((Infusion Pumps, Implantable[Title/Abstract]) OR (Infusion Pumps, Implantable[MeSH Terms]))) OR (((((Infusion System, Insulin[Title/Abstract]) OR (Infusion Systems, Insulin[Title/Abstract])) OR (implantable Programmable Insulin Pump[Title/Abstract])) OR (Pump, Programmable Implantable Insulin[Title/Abstract])) OR (Pancreas, Artificial Endocrine[Title/Abstract]))) OR ((((Artificial Endocrine Pancreas[Title/Abstract]) OR (Endocrine Pancreas, Artificial[Title/Abstract])) OR (Artificial beta Cells[Title/Abstract])) OR (beta Cells, Artificial[Title/Abstract])) |
| **84** | "Costs and Cost Analysis"[MeSH Terms] OR "Costs and Cost Analysis"[Title/Abstract] OR "Cost Analysis"[Title/Abstract] OR "Economic Evaluation"[Title/Abstract] OR "Cost Benefit"[Title/Abstract] OR "Cost-Utility Analysis"[Title/Abstract] OR "cost effectiv\*"[Title/Abstract] |
| **85** | Costs and Cost Analysis[MeSH Terms] |
| **86** | Costs[Title/Abstract] AND Cost Analysis[Title/Abstract] |
| **87** | Analyses, Cost-Benefit[Title/Abstract] |
| **88** | Cost-Benefit Analyses[Title/Abstract] |
| **89** | Cost-Benefit Data[Title/Abstract] |
| **90** | Marginal Analysis[Title/Abstract] |
| **91** | Analyses, Marginal[Title/Abstract] |
| **92** | ((("Costs and Cost Analysis"[MeSH Terms] OR "Costs and Cost Analysis"[Title/Abstract] OR "Cost Analysis"[Title/Abstract] OR "Economic Evaluation"[Title/Abstract] OR "Cost Benefit"[Title/Abstract] OR "Cost-Utility Analysis"[Title/Abstract] OR "cost effectiv\*"[Title/Abstract]) OR (Analyses, Cost-Benefit[Title/Abstract])) OR (Marginal Analysis[Title/Abstract])) OR (Analyses, Marginal[Title/Abstract]) |
| **93** | ((((((("diabetes mellitus, type 1"[MeSH Terms] OR "diabetes mellitus type 1"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "diabetes mellitus insulin dependent"[Title/Abstract] OR "insulin dependent diabetes mellitus"[Title/Abstract] OR "diabetes mellitus juvenile onset"[Title/Abstract]) OR (((IDDM[Title/Abstract]) OR (Juvenile-Onset Diabetes Mellitus[Title/Abstract])) OR (Diabetes Mellitus, Juvenile Onset[Title/Abstract]))) OR ((((((Juvenile-Onset Diabetes[Title/Abstract]) OR (Diabetes, Juvenile-Onset[Title/Abstract]))) OR (Diabetes Mellitus, Sudden-Onset[Title/Abstract])) OR (Diabetes Mellitus, Sudden Onset[Title/Abstract])) OR (Type 1 Diabetes Mellitus[Title/Abstract]))) OR (((((Diabetes Mellitus, Insulin-Dependent, 1[Title/Abstract]) OR (Insulin-Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Insulin Dependent Diabetes Mellitus 1[Title/Abstract])) OR (Type 1 Diabetes[Title/Abstract])) OR (Diabetes, Type 1[Title/Abstract]))) OR (((((((Diabetes Mellitus, Type I[Title/Abstract]) OR (Diabetes, Autoimmune[Title/Abstract])) OR (Autoimmune Diabetes[Title/Abstract])) OR (Diabetes Mellitus, Brittle[Title/Abstract])) OR (Diabetes Mellitus, Ketosis-Prone[Title/Abstract])) OR (Diabetes Mellitus, Ketosis Prone[Title/Abstract])) OR (Ketosis-Prone Diabetes Mellitus[Title/Abstract]))) AND ((((((Glucose Self-Monitorings, Blood[Title/Abstract]) OR (Self Monitoring, Blood Glucose[Title/Abstract])) OR (Monitoring, Home Blood Glucose[Title/Abstract])) OR (Blood Sugar Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Sugar[Title/Abstract])) OR ((((Blood Glucose Self-Monitoring[MeSH Terms]) OR (Blood Glucose Self-Monitoring[Title/Abstract])) OR (blood glucose self monitorings[Title/Abstract])) OR ((((Blood Glucose Self Monitoring[Title/Abstract]) OR (Glucose, Blood, Self-Monitoring[Title/Abstract])) OR (Self-Monitoring, Blood Glucose[Title/Abstract])) OR (Glucose Self-Monitoring, Blood[Title/Abstract]))))) AND (((((Insulin Infusion Systems[MeSH Terms]) OR (Insulin Infusion Systems[Title/Abstract])) OR ((Infusion Pumps, Implantable[Title/Abstract]) OR (Infusion Pumps, Implantable[MeSH Terms]))) OR (((((Infusion System, Insulin[Title/Abstract]) OR (Infusion Systems, Insulin[Title/Abstract])) OR (implantable Programmable Insulin Pump[Title/Abstract])) OR (Pump, Programmable Implantable Insulin[Title/Abstract])) OR (Pancreas, Artificial Endocrine[Title/Abstract]))) OR ((((Artificial Endocrine Pancreas[Title/Abstract]) OR (Endocrine Pancreas, Artificial[Title/Abstract])) OR (Artificial beta Cells[Title/Abstract])) OR (beta Cells, Artificial[Title/Abstract])))) AND (((("Costs and Cost Analysis"[MeSH Terms] OR "Costs and Cost Analysis"[Title/Abstract] OR "Cost Analysis"[Title/Abstract] OR "Economic Evaluation"[Title/Abstract] OR "Cost Benefit"[Title/Abstract] OR "Cost-Utility Analysis"[Title/Abstract] OR "cost effectiv\*"[Title/Abstract]) OR (Analyses, Cost-Benefit[Title/Abstract])) OR (Marginal Analysis[Title/Abstract])) OR (Analyses, Marginal[Title/Abstract])) |

Estrategia de búsqueda otros buscadores

|  |  |
| --- | --- |
| CDR Centre for Reviews and Dissemination | (diabetes mellitus, type 1) OR (blood glucose self monitoring) OR (insulin infusion systems) IN NHSEED, HTA |
| INHATA | ((diabetes mellitus, type 1) OR (blood glucose self monitoring) OR (insulin infusion systems)) |
| COCHRANE | (diabetes mellitus, type 1):ti,ab,kw OR (type 1 diabetes):ti,ab,kw AND (blood glucose self monitoring):ti,ab,kw AND (insulin infusion systems):ti,ab,kw AND (Costs and Cost Analysis):ti,ab,kw |
| CEA | Type 1 diabetes \*Se realizo la busqueda basica |
| PEDE | (TITLE\_ABSTRACT\_KEYWORDS "diabetes(-| )mellitus,(-| )type(-| )1")(TITLE\_ABSTRACT\_KEYWORDS "blood(-| )glucose(-| )self(-| )monitoring")(TITLE\_ABSTRACT\_KEYWORDS "insulin(-| )infusion(-| )systems") |
| EMBASE | diabetes AND mellitus, AND type AND 1 AND blood AND glucose AND self AND monitoring AND insulin AND infusion AND systems |
| LILACS/IBECS | (diabetes mellitus, type 1) AND (blood glucose self monitoring) AND (insulin infusion systems) AND ( db:("IBECS" OR "LILACS") AND type\_of\_study:("evaluation\_studies" OR "health\_economic\_evaluation")) |
| Epistemonikos | (title:((title:(type 1 diabetes) OR abstract:(type 1 diabetes)) AND (title:(insulin pump) OR abstract:(insulin pump)) OR (title:(continuous glucose monitoring) OR abstract:(continuous glucose monitoring)) AND (title:(cost benefit analysis) OR abstract:(cost benefit analysis)) OR (title:(economic evaluations) OR abstract:(economic evaluations)) OR (title:(economic evaluation) OR abstract:(economic evaluation))) OR abstract:((title:(type 1 diabetes) OR abstract:(type 1 diabetes)) AND (title:(insulin pump) OR abstract:(insulin pump)) OR (title:(continuous glucose monitoring) OR abstract:(continuous glucose monitoring)) AND (title:(cost benefit analysis) OR abstract:(cost benefit analysis)) OR (title:(economic evaluations) OR abstract:(economic evaluations)) OR (title:(economic evaluation) OR abstract:(economic evaluation)))) |
| Canadian Agency for Drugs and Technologies in Health (CADTH) | Keyword Search: type 1 diabetes |
| Result type: Reports |
| Product line: Technology assessment and rapid response |
| Evidence bundle: Diabetes virtual library |
| Disease and conditions: Diabetes |

## Suplemento 2. Evaluaciones de calidad

Listado Drummon

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Continuous subcutaneous insulin infusion versus multiple daily injection regimens in children and young people at diagnosis of type 1 diabetes: pragmatic randomised controlled trial and economic evaluation. Blair et al 2019** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Study design: Costo utilidad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated | x |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described |  |  | x |  |
| The form of economic evaluation used is stated | x |  |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated |  |  | x |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately |  |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given |  |  |  | x |
| The choice of model used and the key parameters on which it is based are justified |  |  |  | x |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated |  |  | x |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified | x |  |  |  |
| An explanation is given if costs or benefits are not discounted |  |  |  | x |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified | x |  |  |  |
| The ranges over which the variables are varied are stated | x |  |  |  |
| Relevant alternatives are compared |  | x |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Beneficios clínicos y económicos de la terapia con bomba de insulina integrada a sistema de monitoreo continuo de glucosa en los pacientes diabéticos tipo 1 en Colombia. Gomez et al 2015** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Study design: Costo efectividad** | | | | |
| The research question is stated |  |  | x |  |
| The economic importance of the research question is stated | x |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) | x |  |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given |  | x |  |  |
| The choice of model used and the key parameters on which it is based are justified |  | x |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified | x |  |  |  |
| An explanation is given if costs or benefits are not discounted | x |  |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data |  | x |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared |  | x |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given |  |  | x |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost-effectiveness of Initiating an Insulin Pump in T1D Adults Using Continuous Glucose Monitoring Compared with Multiple Daily Insulin Injections: The DIAMOND Randomized Trial, Wan 2018** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Study design: Costo utilidad** | | | | |
| The research question is stated | X |  |  |  |
| The economic importance of the research question is stated | X |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | X |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated |  |  | x |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  |  | x |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately |  |  |  | x |
| The relevance of productivity changes to the study question is discussed |  |  |  | x |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted | x |  |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified | x |  |  |  |
| The ranges over which the variables are varied are stated | x |  |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost-Effectiveness of Sensor-Augmented Pump Therapy in Adults with Type 1 Diabetes in the United States, Kamble 2012** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Study design: Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated | x |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A cluster randomised trial, cost-effectiveness analysis and psychosocial evaluation of insulin pump therapy compared with multiple injections during flexible intensive insulin therapy for type 1 diabetes: the REPOSE Trial, Heller 2017** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated | x |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) | x |  |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified | x |  |  |  |
| The ranges over which the variables are varied are stated | x |  |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Economic Comparison Between Continuous Subcutaneous Insulin Infusion and Multiple Daily Injections of Insulin for the Treatment of Adult Type 1 Diabetes in Canada. Meaghen 2009** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated |  |  | x |  |
| The economic importance of the research question is stated | x |  |  |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated |  | x |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately |  |  | x |  |
| The relevance of productivity changes to the study question is discussed | x |  |  |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  |  | x |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified | x |  |  |  |
| The ranges over which the variables are varied are stated | x |  |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost-effectiveness of the use of the continuous subcutaneous insulin infusion pump versus daily multiple injections in type 1 diabetes adult patients at the Mexican Institute of Social Security. Doubova 2019** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated |  |  | x |  |
| The viewpoint(s) of the analysis are clearly stated and justified |  |  | x |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A Cost-Effectiveness Analysis of Continuous Subcutaneous Insulin Injection versus Multiple Daily Injections in Type 1 Diabetes Patients: A Third-Party US Payer Perspectivevhe. Meaghan 2009** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated |  |  | x |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The 30-Year Cost-Effectiveness of Alternative Strategies to Achieve Excellent Glycemic Control in Type 1 Diabetes: An Economic Simulation Informed by the Results of the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC), Herman 2018** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated |  |  | x |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The cost-effectiveness of continuous subcutaneous insulin infusion compared with multiple daily injections for the management of diabetes. Shuffman 2003** | | | | |
| Item | Yes | No | Not clear | Not appropiate |
| **Costo efectividad** | | | | |
| The research question is stated | x |  |  |  |
| The economic importance of the research question is stated |  |  | x |  |
| The viewpoint(s) of the analysis are clearly stated and justified | x |  |  |  |
| The rationale for choosing the alternative programmes or interventions compared is stated | x |  |  |  |
| The alternatives being compared are clearly described | x |  |  |  |
| The form of economic evaluation used is stated |  | x |  |  |
| The choice of form of economic evaluation is justified in relation to the questions addressed |  | x |  |  |
| **Data collection** | | | | |
| The source(s) of effectiveness estimates used are stated | x |  |  |  |
| Details of the design and results of effectiveness study are given (if based on a single study) |  | x |  |  |
| Details of the method of synthesis or meta-analysis of estimates are given (if based on an overview of a number of effectiveness studies) |  |  |  | x |
| The primary outcome measure(s) for the economic evaluation are clearly stated | x |  |  |  |
| Methods to value health states and other benefits are stated | x |  |  |  |
| Details of the subjects from whom valuations were obtained are given | x |  |  |  |
| Productivity changes (if included) are reported separately | x |  |  |  |
| The relevance of productivity changes to the study question is discussed |  |  | x |  |
| Quantities of resources are reported separately from their unit costs | x |  |  |  |
| Methods for the estimation of quantities and unit costs are described | x |  |  |  |
| Currency and price data are recorded | x |  |  |  |
| Details of currency of price adjustments for inflation or currency conversion are given | x |  |  |  |
| Details of any model used are given | x |  |  |  |
| The choice of model used and the key parameters on which it is based are justified | x |  |  |  |
| **Analysis and interpretation of results** | | | | |
| Time horizon of costs and benefits is stated | x |  |  |  |
| The discount rate(s) is stated | x |  |  |  |
| The choice of rate(s) is justified |  | x |  |  |
| An explanation is given if costs or benefits are not discounted |  | x |  |  |
| Details of statistical tests and confidence intervals are given for stochastic data | x |  |  |  |
| The approach to sensitivity analysis is given | x |  |  |  |
| The choice of variables for sensitivity analysis is justified |  | x |  |  |
| The ranges over which the variables are varied are stated |  | x |  |  |
| Relevant alternatives are compared | x |  |  |  |
| Incremental analysis is reported | x |  |  |  |
| Major outcomes are presented in a dissaggregated as well as aggregated form | x |  |  |  |
| The answer to the study question is given | x |  |  |  |
| Conclusions follow from the data reported | x |  |  |  |
| Conclusions are accompanied by the appropriate caveats | x |  |  |  |

Listado CHEERS



## Suplemento 3. Estudios incluidos.

|  |  |  |
| --- | --- | --- |
| **N** | **Autor/ año** | **Titulo** |
| 1 | Blair 2019 (1) | Continuous subcutaneous insulin infusion versus multiple daily injection regimens in children and young people at diagnosis of type 1 diabetes: pragmatic randomised controlled trial and economic evaluation. |
| 2 | Gomez 2016(2) | Beneficios clínicos y económicos de la terapia con bomba de insulina integrada a sistema de monitoreo continuo de glucosa en los pacientes diabéticos tipo 1 en Colombia. |
| 3 | Wan 2018(3) | Cost-effectiveness of Initiating an Insulin Pump in T1D Adults Using Continuous Glucose Monitoring Compared with Multiple Daily Insulin Injections: The DIAMOND Randomized Trial. |
| 4 | Kamble 2012(4) | Cost-Effectiveness of Sensor-Augmented Pump Therapy in Adults with Type 1 Diabetes in the United States. |
| 5 | Roze 2004(5) | Health-economic comparison of continuous subcutaneous insulin infusion with multiple daily injection for the treatment of Type 1 diabetes in the UK. |
| 6 | Heller 2017(6) | A cluster randomised trial, cost-effectiveness analysis and psychosocial evaluation of insulin pump therapy compared with multiple injections during flexible intensive insulin therapy for type 1 diabetes: the REPOSE Trial. |
| 7 | Meaghan 2009(7) | Health Economic Comparison Between Continuous Subcutaneous Insulin Infusion and Multiple Daily Injections of Insulin for the Treatment of Adult Type 1 Diabetes in Canada. |
| 8 | Doubova 2019 (8) | Cost-effectiveness of the use of the continuous subcutaneous insulin infusion pump versus daily multiple injections in type 1 diabetes adult patients at the Mexican Institute of Social Security. |
| 9 | Meaghan 2009(9) | A cost-effectiveness analysis of continuous subcutaneous insulin injection versus multiple daily injections in type 1 diabetes patients: a third-party us payer perspective. |
| 10 | Herman 2018(10) | The 30-year cost-effectiveness of alternative strategies to achieve excellent glycemic control in type 1 diabetes: An economic simulation informed by the results of the diabetes control and complications trial/epidemiology of diabetes interventions and complications (DCCT/EDIC). |
| 11 | Scuffham 2003(11) | The cost-effectiveness of continuous subcutaneous insulin infusion compared with multiple daily injections for the management of diabetes. |

## Suplemento 4. Estudios excluidos.

|  |  |  |  |
| --- | --- | --- | --- |
| **N** | **Autor/año** | **Titulo** | **Razón de exclusión** |
| 1 | [Roze](https://pubmed.ncbi.nlm.nih.gov/?term=Roze+S&cauthor_id=31509715) 2019 (12) | Cost-Effectiveness of Sensor-Augmented Insulin Pump Therapy Versus Continuous Insulin Infusion in Patients with Type 1 Diabetes in Turkey | No cumple con PICO |
| 2 | [Nicolucci 2018](https://pubmed.ncbi.nlm.nih.gov/?term=Nicolucci+A&cauthor_id=29753586) (13) | Cost-effectiveness of sensor-augmented pump therapy in two different patient populations with type 1 diabetes in Italy | No cumple con PICO |
| 3 | Roze 2015 (14) | Health-economic analysis of real-time continuous glucose monitoring in people with Type 1 diabetes | No cumple con PICO |
| 4 | Roze 2017 (15) | Cost-effectiveness of sensor-augmented pump therapy versus standard insulin pump therapy in patients with type 1 diabetes in Denmark | No cumple con PICO |
| 5 | Franciosi 2013 (16) | Costs of treatment and complications of adult type 1 diabetes | No cumple con PICO |
| 6 | Roze 2016(17) | Long-term health economic benefits of sensor-augmented pump therapy vs continuous subcutaneous insulin infusion alone in type 1 diabetes: a U.K. perspective | No cumple con PICO |
| 7 | Roze 2016 (18) | Cost-Effectiveness of Sensor-Augmented Pump Therapy with Low Glucose Suspend Versus Standard Insulin Pump Therapy in Two Different Patient Populations with Type 1 Diabetes in France | No cumple con PICO |
| 8 | Ly 2014(19) | A cost-effectiveness analysis of sensor-augmented insulin pump therapy and automated insulin suspension versus standard pump therapy for hypoglycemic unaware patients with type 1 diabetes | No cumple con PICO |
| 9 | Bott 2007 (20) | Simulation based cost-benefit analysis of a telemedical system for closed-loop insulin pump therapy of diabetes | No cumple con PICO |
| 10 | J L Colquitt 1, C Green, M K Sidhu, D Hartwell, N Waugh(21) | Clinical and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes | Diseño de estudio |
| 11 | Suzanne 2008(22) | Systematic review update and economic evaluation for the New Zealand setting: Subcutaneous insulin pump therapy. | Diseño de estudio |
| 12 | Huang 2010(23) | The cost-effectiveness of continuous glucose monitoring in type 1 diabetes | No cumple con PICO |
| 13 | Roze 2016 | Cost-effectiveness of sensor-augmented insulin pump therapy vs continuous subcutaneous insulin infusion in patients with type 1 diabetes in the Netherlands. | No cumple con PICO |
| 14 | Wan 2018 (24) | Cost-effectiveness of Continuous Glucose Monitoring for Adults With Type 1 Diabetes Compared With Self-Monitoring of Blood Glucose: The DIAMOND Randomized Trial. | No cumple con PICO |
| 15 | Brett 2011 (25) | Cost-effectiveness of continuous glucose monitoring and intensive insulin therapy for type 1 diabetes. | No cumple con PICO |
| 16 | Conget 2018 (26) | Cost-effectiveness analysis of sensor-augmented pump therapy with low glucose-suspend in patients with type 1 diabetes mellitus and high risk of hypoglycemia in Spain. | No cumple con PICO |
| 17 | Jendle (27) | Cost-effectiveness analysis of the MiniMed 670G hybrid closed-loop system versus continuous subcutaneous insulin infusion for treatment of type 1 diabetes | No cumple con PICO |
| 18 | Canadian Agency for Drugs and Technologies in Health (28) | [Insulin Pumps for Adults with Type 1 Diabetes: A Review of Clinical Effectiveness, Cost-effectiveness and Guidelines](https://cadth.ca/insulin-pumps-adults-type-1-diabetes-review-clinical-effectiveness-cost-effectiveness-and-guidelines) | Diseño de estudio |
| 19 | Canadian Agency for Drugs and Technologies in Health (29) | Continuous Glucose Monitoring Systems for Pediatric Patients with Type 1 Diabetes: Clinical and Cost-Effectiveness | No cumple con PICO |
| 20 | Riemsma (30) | Integrated sensor-augmented pump therapy systems [the MiniMed® Paradigm™ Veo system and the Vibe™ and G4® PLATINUM CGM (continuous glucose monitoring) system] for managing blood glucose levels in type 1 diabetes: a systematic review and economic evaluation. | Diseño de estudio |
| 21 | Garcia Lorenzo 2018 (31) | Cost-effectiveness analysis of real-time continuous monitoring glucose compared to self-monitoring of blood glucose for diabetes mellitus in Spain. | No cumple con PICO |
| 22 | IQVIA (32) | IQVIA White Paper on Time in Range: Improving US Diabetes Population TIR to 70% Could Save At Least $2-$4 Billion Over Ten Years - November 7, 2019 | No cumple con PICO |
| 23 | Lopez Gomez (33) | PDB51 impact of sensor augmented pump (sap) in type 1 diabetes mellitus (dmt1) patients in colombia | Diseño de estudio |
| 24 | Cummins 2010(34) | Clinical effectiveness and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes: systematic review and economic evaluation. | Diseño de estudio |

Referencias

1. Blair JC, McKay A, Ridyard C, Thornborough K, Bedson E, Peak M, et al. Continuous subcutaneous insulin infusion versus multiple daily injection regimens in children and young people at diagnosis of type 1 diabetes: Pragmatic randomised controlled trial and economic evaluation. BMJ. 2019;365.

2. Gomez AM, Alfonso-Cristancho R, Orozco JJ, Lynch PM, Prieto D, Saunders R, et al. Beneficios clínicos y económicos de la terapia con bomba de insulina integrada a sistema de monitoreo continuo de glucosa en los pacientes diabéticos tipo 1 en Colombia TT - Clinical and economic benefits of integrated pump/CGM technology therapy in pati. Endocrinol nutr (Ed impr) [Internet]. 2016;63(9):466–74. Available from: https://www.elsevier.es/es-revista-endocrinologia-nutricion-12-articulo-beneficios-clinicos-economicos-terapia-con-S1575092216300808

3. Wan W, Skandari MR, Minc A, Nathan AG, Zarei P, Winn AN, et al. Cost-effectiveness of Initiating an Insulin Pump in T1D Adults Using Continuous Glucose Monitoring Compared with Multiple Daily Insulin Injections: The DIAMOND Randomized Trial. Med Decis Mak. 2018 Nov 1;38(8):942–53.

4. Kamble S, Schulman KA, Reed SD. Cost-effectiveness of sensor-augmented pump therapy in adults with type 1 diabetes in the United States. Value Heal [Internet]. 2012;15(5):632–8. Available from: http://dx.doi.org/10.1016/j.jval.2012.02.011

5. Roze S, Valentine WJ, Zakrzewska KE, Palmer AJ. Health-economic comparison of continuous subcutaneous insulin infusion with multiple daily injection for the treatment of Type 1 diabetes in the UK. Diabet Med. 2005;22(9):1239–45.

6. Zijlstra E, Heinemann L, Fischer A, Kapitza C. A Comprehensive Performance Evaluation of Five Blood Glucose Systems in the Hypo-, Eu-, and Hyperglycemic Range. J Diabetes Sci Technol [Internet]. 2016;10(6):1316–23. Available from: https://www.embase.com/search/results?subaction=viewrecord&id=L614100461&from=export

7. Charles MES, Sadri H, Minshall ME, Tunis SL. Health economic comparison between continuous subcutaneous insulin infusion and multiple daily injections of insulin for the treatment of adult type 1 diabetes in Canada. Clin Ther. 2009;31(3):657–67.

8. Doubova S V., Roze S, Ferreira-Hermosillo A, Pérez-Cuevas R, Gasca-Pineda R, Barsoe C, et al. Cost-effectiveness of the use of the continuous subcutaneous insulin infusion pump versus daily multiple injections in type 1 diabetes adult patients at the Mexican Institute of Social Security. Cost Eff Resour Alloc [Internet]. 2019;17(1):1–12. Available from: https://doi.org/10.1186/s12962-019-0187-2

9. St Charles M, Lynch P, Graham C, Minshall ME. A cost-effectiveness analysis of continuous subcutaneous insulin injection versus multiple daily injections in type 1 diabetes patients: A third-party us payer perspective. Value Heal. 2009;12(5):674–86.

10. Herman WH, Braffett BH, Kuo S, Lee JM, Brandle M, Jacobson AM, et al. The 30-year cost-effectiveness of alternative strategies to achieve excellent glycemic control in type 1 diabetes: An economic simulation informed by the results of the diabetes control and complications trial/epidemiology of diabetes interventions and complications (DCCT/EDIC). J Diabetes Complications. 2018 Oct 1;32(10):934–9.

11. Scuffham P, Carr L. The cost-effectiveness of continuous subcutaneous insulin infusion compared with multiple daily injections for the management of diabetes. Diabet Med. 2003;20(7):586–93.

12. Roze S, Smith-Palmer J, De Portu S, Özdemir Saltik AZ, Akgül T, Deyneli O. Cost-Effectiveness of Sensor-Augmented Insulin Pump Therapy Versus Continuous Insulin Infusion in Patients with Type 1 Diabetes in Turkey. Diabetes Technol Ther. 2019 Dec 1;21(12):727–35.

13. Nicolucci A, Rossi MC, D’Ostilio D, Delbaere A, de Portu S, Roze S. Cost-effectiveness of sensor-augmented pump therapy in two different patient populations with type 1 diabetes in Italy. Nutr Metab Cardiovasc Dis. 2018 Jul 1;28(7):707–15.

14. Roze S, Saunders R, Brandt AS, de Portu S, Papo NL, Jendle J. Health-economic analysis of real-time continuous glucose monitoring in people with Type 1 diabetes. Diabet Med. 2015 May 1;32(5):618–26.

15. Roze S, de Portu S, Smith-Palmer J, Delbaere A, Valentine W, Ridderstråle M. Cost-effectiveness of sensor-augmented pump therapy versus standard insulin pump therapy in patients with type 1 diabetes in Denmark. Diabetes Res Clin Pract. 2017 Jun 1;128:6–14.

16. Franciosi M, Lucisano G, Amoretti R, Capani F, Bruttomesso D, Di Bartolo P, et al. Costs of treatment and complications of adult type 1 diabetes. Nutr Metab Cardiovasc Dis [Internet]. 2013 Jul [cited 2020 Oct 29];23(7):606–11. Available from: http://www.ncbi.nlm.nih.gov/pubmed/22749531

17. Roze S, Smith-Palmer J, Valentine WJ, Cook M, Jethwa M, De Portu S, et al. Long-term health economic benefits of sensor-augmented pump therapy vs continuous subcutaneous insulin infusion alone in type 1 diabetes: A UK perspective. J Med Econ. 2016 Mar 3;19(3):236–42.

18. Roze S, Smith-Palmer J, Valentine W, Payet V, De Portu S, Papo N, et al. Cost-effectiveness of sensor-augmented pump therapy with low glucose suspend versus standard insulin pump therapy in two different patient populations with type 1 diabetes in France. Diabetes Technol Ther. 2016 Feb 1;18(2):75–84.

19. Ly TT, Brnabic AJM, Eggleston A, Kolivos A, McBride ME, Schrover R, et al. A cost-effectiveness analysis of sensor-augmented insulin pump therapy and automated insulin suspension versus standard pump therapy for hypoglycemic unaware patients with type 1 diabetes. Value Heal. 2014;17(5):561–9.

20. Bott OJ, Hoffmann I, Bergmann J, Gusew N, Schnell O, Gómez EJ, et al. HIS modelling and simulation based cost-benefit analysis of a telemedical system for closed-loop diabetes therapy. Int J Med Inform. 2007 Dec;76(SUPPL. 3).

21. Colquitt JL, Green C, Sidhu MK, Hartwell D, Waugh N. Clinical and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes. Health Technol Assess (Rockv). 2004;8(43).

22. Campbell S, Suebwongpat A, Standfield L, Weston A. Systematic review update and economic evaluation for the New Zealand setting Subcutaneous insulin pump therapy. Vol. 1, Health Services Assessment Collarboration (HSAC) Report. 2008.

23. Huang ES, O’Grady M, Basu A, Winn A, John P, Lee J, et al. The cost-effectiveness of continuous glucose monitoring in type 1 diabetes. Diabetes Care. 2010;33(6):1269–74.

24. Wan W, Skandari MR, Minc A, Nathan AG, Winn A, Zarei P, et al. Cost-effectiveness of continuous glucose monitoring for adults with type 1 diabetes compared with self-monitoring of blood glucose: The DIAMOND randomized trial. Diabetes Care. 2018;41(6):1227–34.

25. McQueen RB, Ellis SL, Campbell JD, Nair K V., Sullivan PW. Cost-effectiveness of continuous glucose monitoring and intensive insulin therapy for type 1 diabetes. Cost Eff Resour Alloc. 2011;9:1–8.

26. Conget I, Martín-Vaquero P, Roze S, Elías I, Pineda C, Álvarez M, et al. Cost-effectiveness analysis of sensor-augmented pump therapy with low glucose-suspend in patients with type 1 diabetes mellitus and high risk of hypoglycemia in Spain. Endocrinol Diabetes y Nutr. 2018 Aug 1;65(7):380–6.

27. Jendle J, Pöhlmann J, De Portu S, Smith-Palmer J, Roze S. Cost-effectiveness analysis of the MiniMed 670G hybrid closed-loop system versus continuous subcutaneous insulin infusion for treatment of type 1 diabetes. Diabetes Technol Ther. 2019 Mar 1;21(3):110–8.

28. Insulin Pumps for Adults with Type 1 Diabetes: A Review of Clinical Effectiveness, Cost-effectiveness and Guidelines | CADTH.ca [Internet]. [cited 2021 May 19]. Available from: https://cadth.ca/insulin-pumps-adults-type-1-diabetes-review-clinical-effectiveness-cost-effectiveness-and-guidelines

29. Canadian Agency for Drugs and Technologies in Health. Continuous Glucose Monitoring Systems for Pediatric Patients with Type 1 Diabetes: Clinical and Cost-Effectiveness. 2016;(December):1–6.

30. Riemsma R, Ramos IC, Birnie R, Büyükkaramikli N, Armstrong N, Ryder S, et al. Integrated sensor-augmented pump therapy systems [the MiniMed® ParadigmTM Veo system and the VibeTM and G4® PLATINUM CGM (continuous glucose monitoring) system] for managing blood glucose levels in type 1 diabetes: A systematic review and economic evaluatio. Health Technol Assess (Rockv) [Internet]. 2016;20(17). Available from: https://www.embase.com/search/results?subaction=viewrecord&id=L608859397&from=export

31. García-Lorenzo B, Rivero-Santana A, Vallejo-Torres L, Castilla-Rodríguez I, García-Pérez S, García-Pérez L, et al. Cost-effectiveness analysis of real-time continuous monitoring glucose compared to self-monitoring of blood glucose for diabetes mellitus in Spain. J Eval Clin Pract. 2018;24(4):772–81.

32. MEMORANDUM IQVIA White Paper on Time in Range: Improving US Diabetes Population TIR to 70% Could Save At Least $2-$4 Billion Over Ten Years [Internet]. 2019 [cited 2021 May 19]. Available from: www.closeconcerns.com1

33. Lopez Gomez A, Ichihara B, Alfonso R, Arcos J, Valencia J. Pdb51 Impact of Sensor Augmented Pump (Sap) in Type 1 Diabetes Mellitus (Dmt1) Patients in Colombia. Value Heal [Internet]. 2020;23(May):S117. Available from: https://doi.org/10.1016/j.jval.2020.04.238

34. Cummins E, Royle P, Snaith A, Greene A, Robertson L, McIntyre L, et al. Clinical effectiveness and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes: systematic review and economic evaluation. NIHR Health Technology Assessment programme: NIHR Health Technology Assessment programme; 2010.