# Suplementos

## Suplemento 1. Estrategia de búsqueda MEDLINE

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| --- | --- |
| **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

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| --- | --- |
| 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

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| **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 orinterventions 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 inrelation 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 aregiven (if based on a single study) |   | x |   |   |
| Details of the method of synthesis or meta-analysis ofestimates are given (if based on an overview of a number ofeffectiveness studies) |   |   |   | x |
| The primary outcome measure(s) for the economicevaluation are clearly stated | x |   |   |   |
| Methods to value health states and other benefits are stated | x |   |   |   |
| Details of the subjects from whom valuations were obtainedare given | x |   |   |   |
| Productivity changes (if included) are reported separately |   |   |   |   |
| The relevance of productivity changes to the study questionis discussed |   |   | x |   |
| Quantities of resources are reported separately from theirunit costs | x |   |   |   |
| Methods for the estimation of quantities and unit costs aredescribed | x |   |   |   |
| Currency and price data are recorded | x |   |   |   |
| Details of currency of price adjustments for inflation orcurrency conversion are given | x |   |   |   |
| Details of any model used are given |   |   |   | x |
| The choice of model used and the key parameters on whichit 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 notdiscounted |   |   |   | x |
| Details of statistical tests and confidence intervals are givenfor 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 asaggregated 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 |   |   |   |

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| **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 orinterventions 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 inrelation 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 aregiven (if based on a single study) | x |   |   |   |
| Details of the method of synthesis or meta-analysis ofestimates are given (if based on an overview of a number ofeffectiveness studies) |   |   |   | x |
| The primary outcome measure(s) for the economicevaluation are clearly stated | x |   |   |   |
| Methods to value health states and other benefits are stated | x |   |   |   |
| Details of the subjects from whom valuations were obtainedare given | x |   |   |   |
| Productivity changes (if included) are reported separately | x |   |   |   |
| The relevance of productivity changes to the study questionis discussed |   |   | x |   |
| Quantities of resources are reported separately from theirunit costs | x |   |   |   |
| Methods for the estimation of quantities and unit costs aredescribed | x |   |   |   |
| Currency and price data are recorded | x |   |   |   |
| Details of currency of price adjustments for inflation orcurrency conversion are given | x |   |   |   |
| Details of any model used are given |   | x |   |   |
| The choice of model used and the key parameters on whichit 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 notdiscounted | x |   |   |   |
| Details of statistical tests and confidence intervals are givenfor 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 asaggregated 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 |   |   |   |

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| **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 orinterventions 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 inrelation 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 aregiven (if based on a single study) |   |   | x |   |
| Details of the method of synthesis or meta-analysis ofestimates are given (if based on an overview of a number ofeffectiveness studies) |   |   |   | x |
| The primary outcome measure(s) for the economicevaluation are clearly stated | x |   |   |   |
| Methods to value health states and other benefits are stated | x |   |   |   |
| Details of the subjects from whom valuations were obtainedare given | x |   |   |   |
| Productivity changes (if included) are reported separately |   |   |   | x |
| The relevance of productivity changes to the study questionis discussed |   |   |   | x |
| Quantities of resources are reported separately from theirunit costs | x |   |   |   |
| Methods for the estimation of quantities and unit costs aredescribed | x |   |   |   |
| Currency and price data are recorded | x |   |   |   |
| Details of currency of price adjustments for inflation orcurrency conversion are given | x |   |   |   |
| Details of any model used are given | x |   |   |   |
| The choice of model used and the key parameters on whichit 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 notdiscounted | x |   |   |   |
| Details of statistical tests and confidence intervals are givenfor 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 asaggregated 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 |   |   |   |

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| --- |
| **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 |   |   |   |

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| --- |
| **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 |   |   |   |

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| --- |
| **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 |   |   |   |

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| --- |
| **Cost-effectiveness of the useof 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 |   |   |   |

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| **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 |   |   |   |

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| --- |
| **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 |   |   |   |

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| **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.

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| --- | --- | --- |
| **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 conbomba de insulina integrada a sistema de monitoreocontinuo de glucosa en los pacientes diabéticos tipo1 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 analysisand psychosocial evaluation of insulin pump therapycompared with multiple injections during flexibleintensive 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 TIRto 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-effectivenessof continuous subcutaneous insulin infusionfor diabetes: systematic review andeconomic evaluation. | Diseño de estudio  |

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