**ELECTRONIC APPENDIX.**

**Electronic Appendix 1. Reporting checklists**

**Electronic Appendix 2. Methods clarifications and protocol deviations.**

**Electronic Appendix 3. Search strategy for MEDLINE**

**Electronic Appendix 4. Data Extraction form**

**Electronic Appendix 5. List of included articles**

## Electronic Appendix 1. Reporting checklists.

## PRISMA 2020 Statement

| Section and Topic | Item # | Checklist item | Location where item is reported |
|---|---|---|---|
| **TITLE** | | | |
| Title | 1 | Identify the report as a systematic review. | NA |
| **ABSTRACT** | | | |
| Abstract | 2 | See the PRISMA 2020 for Abstracts checklist. | 2 and 3 |
| **INTRODUCTION** | | | |
| Rationale | 3 | Describe the rationale for the review in the context of existing knowledge. | 6 |
| Objectives | 4 | Provide an explicit statement of the objective(s) or question(s) the review addresses. | 6 |
| **METHODS** | | | |
| Eligibility criteria | 5 | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses. | 7 |
| Information sources | 6 | Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted. | 7 |
| Search strategy | 7 | Present the full search strategies for all databases, registers and websites, including any filters and limits used. | 7, appendix 3 |
| Selection process | 8 | Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process. | 7 |
| Data collection process | 9 | Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process. | 7 and 8, appendix 4 |
| Data items | 10a | List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect. | 7 and 8, appendix 4 |
| | 10b | List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information. | 7 and 8, appendix 4 |
| Study risk of bias assessment | 11 | Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used. | NA |
| Effect measures | 12 | Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results. | 8 |
| Synthesis methods | 13a | Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)). | NA |
| | 13b | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions. | 8 |
| | 13c | Describe any methods used to tabulate or visually display results of individual studies and syntheses. | 8 |
| | 13d | Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software used. | 8 |
| | 13e | Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression). | 8 |
| | 13f | Describe any sensitivity analyses conducted to assess robustness of the synthesized results. | NA |

| Section and Topic | Item # | Checklist item | Location where item is reported |
|---|---|---|---|
| Reporting bias assessment | 14 | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases). | NA |
| Certainty assessment | 15 | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome. | NA |
| **RESULTS** | | | |
| Study selection | 16a | Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram. | 8, Fig. 1 |
| | 16b | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded. | 8, appendix 5 |
| Study characteristics | 17 | Cite each included study and present its characteristics. | Appendix 5 |
| Risk of bias in studies | 18 | Present assessments of risk of bias for each included study. | NA |
| Results of individual studies | 19 | For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots. | 9 and 10 |
| Results of syntheses | 20a | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies. | 9 and 10 |
| | 20b | Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. | 9 and 10 |
| | 20c | Present results of all investigations of possible causes of heterogeneity among study results. | NA |
| | 20d | Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results. | NA |
| Reporting biases | 21 | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed. | NA |
| Certainty of evidence | 22 | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed. | NA |
| **DISCUSSION** | | | |
| Discussion | 23a | Provide a general interpretation of the results in the context of other evidence. | 10-12 |
| | 23b | Discuss any limitations of the evidence included in the review. | 10-12 |
| | 23c | Discuss any limitations of the review processes used. | 10-12 |
| | 23d | Discuss implications of the results for practice, policy, and future research. | 10-12 |
| **OTHER INFORMATION** | | | |
| Registration and protocol | 24a | Provide registration information for the review, including register name and registration number, or state that the review was not registered. | 6 |
| | 24b | Indicate where the review protocol can be accessed, or state that a protocol was not prepared. | 6 |
| | 24c | Describe and explain any amendments to information provided at registration or in the protocol. | 6 |
| Support | 25 | Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review. | 13 |
| Competing interests | 26 | Declare any competing interests of review authors. | 13 |
| Availability of data, code and other materials | 27 | Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review. | 14 |

NA: Not applicable. *Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/*

## STROBE Statement

| | Item No | Recommendation | Location where item is reported |
|---|---|---|---|
| **Title and abstract** | 1 | (*a*) Indicate the study's design with a commonly used term in the title or the abstract | 1 |
| | | (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | 2 |
| **Introduction** | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | 6 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 6 |
| **Methods** | | | |
| Study design | 4 | Present key elements of study design early in the paper | 6 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 6 |
| Participants | 6 | (*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up<br>*Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls<br>*Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants | 7 |
| | | (*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed<br>*Case-control study*—For matched studies, give matching criteria and the number of controls per case | |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 7 and 8 |
| Data sources/ measurement | 8* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 7 |
| Bias | 9 | Describe any efforts to address potential sources of bias | 8 |
| Study size | 10 | Explain how the study size was arrived at | NA |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 8 |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | 8 |
| | | (*b*) Describe any methods used to examine subgroups and interactions | 8 |
| | | (*c*) Explain how missing data were addressed | NA |
| | | (*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed<br>*Case-control study*—If applicable, explain how matching of cases and controls was addressed<br>*Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy | NA |
| | | (*e*) Describe any sensitivity analyses | NA |

Continued on next page

| | | | |
|---|---|---|---|
| **Results** | | | |
| Participants | 13* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | 8, Fig. 1 |
| | | (b) Give reasons for non-participation at each stage | Fig. 1, appendix |
| | | (c) Consider use of a flow diagram | Fig. 1 |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 8, Table 1, appendix |
| | | (b) Indicate number of participants with missing data for each variable of interest | NA |
| | | (c) *Cohort study*—Summarise follow-up time (eg, average and total amount) | NA |
| Outcome data | 15* | *Cohort study*—Report numbers of outcome events or summary measures over time | NA |
| | | *Case-control study*—Report numbers in each exposure category, or summary measures of exposure | NA |
| | | *Cross-sectional study*—Report numbers of outcome events or summary measures | NA |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 9 and 10, Tables 1-3 |
| | | (*b*) Report category boundaries when continuous variables were categorized | NA |
| | | (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | NA |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | |
| **Discussion** | | | |
| Key results | 18 | Summarise key results with reference to study objectives | 10 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | 12 and 13 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 10-13 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 12 |
| **Other information** | | | |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | 13 |

*NA: not applicable. *Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross sectional studies.* ***Note:*** *An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.*

## Electronic Appendix 2. Methods clarification and protocol deviations.

This study arose as a baseline cross-sectional analysis of the project that has been registered in the Open Science Framework (No. osf.io/gzaxr), and published in the open-access, peer-reviewed journal BMJ Open, available at: https://bmjopen.bmj.com/content/10/2/e034463

Searching. Page 2 of the published protocol stated: "(…) *In part two, we will search for articles indexed in 2012 and 2022, respectively, to further assess whether the transparency and reproducibility practices improved between 2012 (as it is 1year before the publication of the CHEERS statement in 201330) and 2022 (10 years after).*"
Clarification: *In view of the results observed for 2019 ('reference year'), the team has decided to allocate future efforts and resources prospectively, so data for articles indexed in 2012 and 2022 will not be collected. In part two, we will search for articles indexed in 2024, to further assess changing patterns in transparency and reproducibility practices".*

Data extraction. Page 3 of the published protocol stated: "*(…) 200 articles per year was assumed to be sufficient to capture potential differences. Data in each article will be extracted using a standardised data extraction form by multiple researchers, with a 33% random sample (n=200) extracted in duplicate".*
Clarification (1): In the 2019 sample (n=200) analysed in this paper, all data from each health economic evaluation were extracted by two researchers (MR, LT-R and/or FC-L) independently in duplicate.
Clarification (2): In this analysis, we downloaded all MEDLINE/PubMed records using Rayyan software (Rayyan Systems Inc, Cambridge, USA) for screening and selection, and exported the 784 unique records that meet inclusion criteria into Microsoft Excel (Microsoft Corp, Seattle, USA). After that, we randomly sorted them using the RAND() function, and then imported the first 200 randomly sorted health economic evaluations for data extraction into Microsoft Excel.

Data analysis. Page 4 of the published protocol stated: "*We will explore whether reproducible research practices are associated with the citation of the CHEERS statement*."
Clarification: The number of studies citing CHEERS was low in the 2019 sample (n=37). For this reason, and considering that many other studies cited/mentioned other guidelines (such as Recommendations of the US Panel on Cost-Effectiveness in Health and Medicine), it was considered more appropriate to extend the analysis to any guidelines used. This analysis was guided by the recent meta-research on systematic reviews published in The BMJ (see Nguyen et al. 2022)

Data analysis. Page 4 of the published protocol stated: "*The proportion of general, methodological and reproducibility indicators stratified by year will be reported, as well as citation use of the CHEERS statement and journal (eg, according to whether it is an original CHEERS endorsed journal or not)*." As per our published protocol, the list of original CHEERS statement (2013) endorsed journals was: Applied Health Economics and Health Policy; BJOG: An International Journal of Obstetrics and Gynaecolog; BMC Medicine; The BMJ; British Journal of Psychiatry; Clinical Therapeutics; Cost Effectiveness and Resource Allocation; The European Journal of Health Economics; International Journal of Technology Assessment in Health Care; Pharmacoeconomics; and Value in Health.
Clarification: Given the number of individual studies citing/mentioning CHEERS was low, this subgroup analysis was considered not feasible. In addition, CHEERS 2022 statement was released during the present analysis, and thus the list of CHEERS endorsed journals may change.

Updates and additional analyses. Page 4 of the published protocol stated: "*We plan to conduct a continual surveillance of the health economic literature, keeping evidence as up-to-date as possible. Iterations of the searches and review process will be repeated at regular intervals (eg, 3-year intervals after 2022) to continue to present timely and accurate findings.*"
Clarification: Given the findings of the baseline analysis presented in the 2019 sample ('reference year'), iterations of the searches and review process will be repeated at regular intervals of 5-years (e.g., next planned iteration will be 2024).

Reference: Nguyen PY, Kanukula R, McKenzie JE, et al. Changing patterns in reporting and sharing of review data in systematic reviews with meta-analysis of the effects of interventions: cross sectional meta-research study. BMJ. 2022;379:e072428. doi: 10.1136/bmj-2022-072428. PMID: 36414269; PMCID: PMC9679891.

## Electronic Appendix 3. Search strategy for MEDLINE.

1. "cost-benefit analysis"[mh] OR "costs and cost analysis"[mh] OR "cost-effective*"[ti] OR "cost-utility"[ti] OR "economic evaluation"[ti]
2. Journal Article[pt] AND hasabstract[text] AND English[lang] AND ("humans"[mh] OR "humans"[All Fields])
3. Editorial[pt] OR Letter[pt] OR Historical Article[pt] OR Meta-Analysis[pt] OR Retracted Publication[sb] OR Review[pt] OR systematic[sb]
4. #1 AND #2
5. #4 NOT #3

Filters: Abstract, English, 2019/1/1:2019/12/31[pdat]

## Electronic Appendix 4. Data Extraction form.

Data in each health economic evaluation was collected using the following form.

| Question | Response option |
|---|---|
| RefID | [Free text] |
| Study name (e.g. name of first author, year of publication) | [Free text] |
| Which journal is the health economic evaluation published in? | [Free text] |
| What is the journal impact factor (according to the JCR at the time of data extraction)? | [Free text] |
| Journal impact factor categories (according to the JCR at the time of data extraction) | 0.0 – 5.0<br>5.1 – 10<br>10.1 – 15<br>> 15 |
| Is the journal a fully open access or subscription-based journal? "Fully open access" journals are those that make all published articles immediately free to read and reuse without any subscription charges or access fees (e.g. PLoS Medicine, BMC Medicine) whereas "Subscription-based" journals typically require readers to pay for the content that they read, including those ("hybrid") journals that may have open access content (e.g. JAMA, Value in Health) | Fully open access<br>Subscription-based |
| Types of open access journals (when applicable). There are a number of different types of open access journals. For example: "Platinum open access" (sometimes referred to a 'Diamond Open Access') are journals that publish research open access, making content immediately free, without charging and article processing fee. "Gold open access" are journals that publish research open access (e.g., listed in DOAJ), making content immediately free to access, but that charge an article processing fee from authors. To be listed on the DOAJ, all articles in these journals must have a license in accordance with the Budapest Open Access Initiative. "Hybrid open access" are journals that have a mixture of content some of which is (Gold) open access and some of which is behind a paywall and requires a subscription to access. Some journals make particular content (e.g, commentaries) openly available while keeping other content (e.g., research articles) behind a paywall. Many subscription-based journals also allow for authors to pay an article processing charge to make their specific article open access. Further, some journals operate with a delayed OA model in which all content is eventually made OA after an embargo period. These journals therefore contain a hybrid of open and closed articles. Many subscription-based journals allow for self-archiving but may impose an embargo period. For further guidance, see http://www.ohri.ca/journalology/open-access | Platinum open access<br>Gold open access<br>Hybrid open access<br>Not applicable |

| Question | Response option |
|---|---|
| Is the journal a general or specialty journal? "General" journals are those that cover a range of clinical conditions or intervention types (such as those in the general medicine or multidisciplinary according to Web of Science categorization e.g. NEJM, Lancet, PLoS Medicine, BMC Medicine, JAMA Network Open) whereas "Specialty" journals focus on a specific clinical condition, intervention type, domain or discipline (e.g. Diabetes Care, Neurology, PharmacoEconomics, Physical Therapy) | General<br>Specialty |
| What is the year of publication? | [Free text] |
| Number of authors of this health economic evaluation | [Free text] |
| Number of female authors of this health economic evaluation | [Free text] |
| What is the name of the first author? | [Free text] |
| What is the name of the corresponding author? | [Free text] |
| What is the name of the last author? | [Free text] |
| What is the gender of the first author? | Male<br>Female |
| What is the gender of the corresponding author? | Male<br>Female |
| What is the gender of the last author? | Male<br>Female |
| What is the country of the first author's reported affiliation in the health economic evaluation? | [Free text] |
| What is the country of the corresponding author's affiliation in the health economic evaluation? | [Free text] |
| What is the country of the last author's reported affiliation in the health economic evaluation? | [Free text] |
| Which of the following terms are in the title of the health economic evaluation? Please choose ONE only | Cost-effectiveness<br>Cost-utility<br>Economic evaluation<br>Other (please specify) |
| What is the broad ICD-10 category investigated in this systematic review? For guidance, see http://apps.who.int/classifications/icd10/browse/2019/en. Please choose the most relevant disease according to the ICD-10 system (e.g. if the condition is lung cancer, please select "Neoplasms" rather than "Diseases of the respiratory system"). Please choose ONE only | Infections and parasitic diseases<br>Neoplasms (incl. cancers, carcinomas, tumors)<br>Diseases of the blood and blood forming organs, immune mechanism<br>Endocrine, nutritional, and metabolic disease<br>Mental and behaviour disorders<br>Diseases of the nervous system |

| Question | Response option |
|---|---|
| | Diseases of the eye and adnexa<br>Diseases of the ear and mastoid process<br>Diseases of the circulatory system<br>Diseases of the respiratory system<br>Diseases of the digestive system<br>Diseases of the skin and subcutaneous tissue<br>Diseases of the musculoskeletal system and connective tissue<br>Diseases of the genitourinary system<br>Pregnancy, childbirth, and the puerperium<br>Certain conditions originating in the perinatal period<br>Congenital malformations, deformations, and chromosomal abnormalities<br>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified<br>Injury, poisoning, and certain other consequences of external causes<br>External causes of morbidity and mortality<br>Factors influencing health status and contact with health services<br>Unclear |
| What was the primary focus of the health economic evaluation? Please choose ONE only | Treatment/Therapeutic<br>Diagnosis<br>Rehabilitation<br>Unclear<br>Other (please specify) |
| What type(s) of intervention(s) was/were studied? Please choose ONE only; Pharmacological interventions are drugs/vaccines. Non-pharmacological interventions are those interventions that does not involve drugs/vaccines (e.g. device, behavioral, organizational, supplements and vitamins…) | Pharmacological<br>Non-pharmacological<br>Both pharmacological and non-pharmacological |
| What type(s) of comparator(s) was/were studied? Please choose ONE only | Active alternative(s)<br>Usual care<br>Placebo or do nothing<br>Unclear<br>Other (please specify) |

| Question | Response option |
|---|---|
| Did the authors provide adequate descriptions for the interventions and the comparators? "Adequate descriptions" are those providing the key elements essential to the intervention(s) replication (e.g. the name, dosage, duration or phrase of that describes the intervention(s), etc.) For guidance, see the template for intervention description and replication (TIDieR) checklist and guide: https://www.equator-network.org/reporting-guidelines/tidier/ | Yes, adequate description(s)<br>No |
| What is the type of health economic evaluation? For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Single study-based<br>Model-based |
| Which is the study design of the health economic evaluation? | Randomized controlled trial<br>Non-randomized controlled trial<br>Observational study<br>Deterministic decision analysis<br>Markov model<br>Discrete event simulation (DES) model<br>Microsimulation (MS) model<br>Unclear<br>Other (please specify) |
| What was the total number of participants included or simulated in the health economic evaluation? If this total number is not clearly stated in the report, type 'NR' (e.g. it is not necessary to add up sample sizes reported in a table). Enter either the reported number, 'NR' if not reported, or 'Unclear'. If the unit of analysis is body parts (e.g. eyes, knees), please specify this. | [Free text] |
| Did the authors provide an adequate description of the characteristics of the base case population and subgroups analysed, including why they were chosen (when applicable) For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Yes<br>No |
| What is the base case population analyzed in the health economic evaluation? | Adults<br>Children and adolescents<br>Newborn and infants (less than 1 year)<br>Mixed population (e.g. children/adolescents/adults)<br>Not reported |
| What is the perspective of the health economic evaluation? Please choose ONE only. For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Societal<br>Health care system/payer<br>Societal and health care system<br>Unclear<br>Other (please specify) |

| Question | Response option |
|---|---|
| What are the costs being evaluated in the health economic evaluation? Please choose ONE only For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Direct costs only<br>Direct and indirect costs<br>Unclear<br>Other (please specify) |
| What is the time horizon over which costs are being evaluated? Please choose ONE only<br>Note: The choice of time horizon is an important decision for health economic evaluations, and depends on the nature of the disease and intervention under consideration and the purpose of the analysis. A short time horizon (e.g. < 5 years) may be appropriate for some acute conditions, for which long-term consequences are less important. Long-time horizons (e.g. lifetime) are applicable to chronic conditions associated with on-going medical management, rather than a cure. A lifetime horizon is preferred (e.g. UK NICE), although it may be useful to test out intermediate time-horizons of 5 to 10 years, for which there may be more robust data. | Short time<br>Intermediate time<br>Long time<br>Unclear |
| When appropriate, is a discount rate provided for costs and outcomes, with rationale? For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/<br>NA: Not applicable (e.g. short time horizon if < 1 year) | Yes<br>No<br>Unclear<br>Not reported<br>NA |
| What is the discount rate used for costs and outcomes? | [Free text] |
| Which health outcome measures were specified (e.g. in the Methods section) of the health economic evaluation? Check all that apply | Life-years gained (LYG)<br>Quality-adjusted life years (QALYs)<br>Disability-adjusted life years (DALYs)<br>Other (please specify) |
| Choice of health outcomes. Did the authors discuss the relevance of the health outcome measure(s) for the type of analysis performed? For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Yes<br>No |
| Measurement of effectiveness. For single-study-based estimates, did the authors describe fully the design features of the single effectiveness study and why the single study was a sufficient source of clinical effectiveness data? For synthesis-based estimates, did the authors describe fully the methods used for identification of included studies and synthesis of clinical effectiveness data (such as systematic reviews and meta-analysis)? | Yes<br>No |
| Estimate of resources and costs. Did the authors describe the approaches used to estimate resource use associated with the alternative interventions and describe methods for valuing each resource | Yes<br>No |

| Question | Response option |
|---|---|
| item in terms of its unit costs? For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | |
| Currency and price date. Did the authors report the dates of the estimated resource quantities and unit costs, and if necessary, the methods for adjusting estimated unit costs to the year of reported costs? | Yes<br>No |
| Choice of model. Did the authors describe (e.g. a diagram or figure to show model structure) and give reasons for the specific type of decision analytical model? (when applicable) NA: not applicable | Yes<br>No<br>NA |
| Assumptions. Did the authors describe all structural or other assumptions underpinning the decision-analytical model? (when applicable) | Yes<br>No |
| Analytical methods. Did the authors describe all analytical methods supporting the evaluation? For example, this could include methods for dealing with skewed, missing, or censored data; extrapolation methods; methods for pooling data; approaches to validate or make adjustments (such as half cycle corrections) to a model; and methods for handling population heterogeneity and uncertainty. For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | Yes<br>No |
| For each intervention, did the authors report mean values for the main categories of estimated costs and outcomes of interest, as well as mean differences between the comparator groups (e.g. net costs and net benefits)? | Yes<br>No |
| What was the number of incremental cost-effectiveness ratios (ICERs) reported for the base case analysis in the ABSTRACT and/or RESULTS section (preferably, main text) of the report? Enter 'Unclear' if unclear. | [Free text] |
| Values of the incremental cos-effectiveness ratios ICER estimate for the base case analysis in the ABSTRACT and/or RESULT section (preferably, main text) of the report. Enter 'Unclear' if unclear. | [Free text] |
| What are the results of the main reported ICER estimates for the base case analysis? Note that the main result may be identified from the ABSTRACT and/or RESULTS section of the report, depending on where it is first reported in the publication. If it is unclear which is the “intervention” and which is the “comparator” (e.g. because the authors compare two interventions e.g. drug dose A versus drug dose B, without specifying which one is the “active” intervention, select “Unclear”) | More costs, more outcomes<br>Less costs, more outcomes<br>Less costs, comparable outcomes<br>More costs, comparable outcomes<br>More costs, less outcomes<br>Less costs, less outcomes<br>Comparable costs, more outcomes |
| Did the authors report analyses to characterize uncertainty? For example, effects of sampling uncertainty for incremental cost-effectiveness (such as confidence/credibility intervals), uncertainty | Yes<br>No |

| Question | Response option |
|---|---|
| for input parameters, structure of the model, impact of methodological assumptions (such sensitivity analyses) | |
| What type of analyses did the authors report to characterize uncertainty in this health economic evaluation? Check all that apply | 95% confidence intervals/Bayesian credibility intervals<br>Sensitivity analyses (e.g. deterministic/probabilistic)<br>Cost-effectiveness planes<br>Cost-effectiveness curves<br>Tornado diagrams<br>Other (please specify)<br>None |
| Did the authors report analyses to characterize heterogeneity (e.g. any patient subgroup analysis)? For examples, examining differences in costs, outcomes, or cost-effectiveness that can be explained by variations between subgroups of patients with different baseline characteristics or other observed variability in effects that are not reducible by more information) | Yes<br>No |
| What are the study conclusions? Conclusions including favourable if the intervention clearly claims to be the preferred choice (e.g. cited as “cost-effective”, “reduced costs”, “produced cost savings”, “an affordable option”, “value for money”), unfavourable if the final comments are negative (e.g. the intervention is “unlikely to be cost-effective”, “produced higher costs”, “is economically unattractive” or “exceeded conventional thresholds of willingness to pay”) and neutral or uncertain when the intervention of interest do not surpass the comparator and/or when some uncertainty is expressed in the conclusions. | Favourable<br>Unfavourable<br>Neutral or unclear |
| Did the authors report a hypothetical willingness-to-pay (WTP) threshold? | Yes<br>No |
| Values of hypothetical willingness-to-pay (WTP) threshold. Enter 'Unclear' if unclear | [Free text] |
| What is the source of funding of the health economic evaluation? Please choose ONE only | Non-profit sponsor (e.g. government, university/hospital/research institute, charitable foundation)<br>For-profit sponsor (e.g. pharmaceutical company)<br>Mixed (both for-profit and non-profit sponsors)<br>Unclear (do not know if the sponsor is for-profit or non-profit); please specify funder<br>Authors specified there was no funding for the study<br>Not reported |
| Did authors declare whether they had any conflicts of interest? Enter Yes (= authors declare competing interests), No (= authors declare that no competing interests exist) | Yes<br>No |

| Question | Response option |
|---|---|
| | Not reported |
| Which guideline (if any) did the authors report using to guide the conduct or reporting of the health economic evaluation? For example, CHEERS (Consolidated Health Economic Evaluation Reporting Standards) Statement | CHEERS Update (2022)<br>Second Panel on Cost-Effectiveness in Health and Medicine (2016)<br>CHEERS (2013)<br>Petrou (2011)<br>Drummond (2005)<br>Philips (2004)<br>BMJ checklist (1996)<br>Panel on Cost-Effectiveness in Health and Medicine (1996)<br>Other (specify any other source specifically referred to as reporting guidance used)<br>None |
| Did the authors provide a citation and/or mention of CHEERS statement? | No<br>Citation/mention with reporting checklist (e.g. in webappendix)<br>Citation/mention without reporting checklist |
| Did the authors state that the health economic evaluation was designed/conducted or reported according to a reporting guideline (e.g. CHEERS statement)? | Yes<br>No |
| How was the of use of the reporting guideline? To clarify, appropriate use refers a reporting guideline (such as CHEERS) was used to ensure a clear report of the study's design, conduct and findings; inappropriate use refers when the reporting guideline was used as a methodological tool to design or conduct health economic evaluations or as an assessment tool of methodological quality of publications reporting cost-effectiveness research; unclear or neutral manner refers when the use was neither appropriate nor inappropriate (e.g. This study follows CHEERS…). NA: not applicable | Appropriate<br>Inappropriate<br>Unclear or neutral<br>NA |
| Is this an Open Access article? Note that this refers to articles in Open Access (e.g. under a Creative Commons similar license that generally allows more liberal redistribution and reuse than a traditional copyrighted work) or free availability in PubMed Central based on assignment of a specific identifier (e.g. PMCID) | Yes<br>No |
| Did the authors report protocol availability/registration of the health economic evaluation? Note: there is no need to do an internet search for a protocol to answer this question | Yes, and protocol is publicly available (authors cite the reference for the protocol in the main text or the website where the protocol can be accessed)<br>Partly, but protocol is not publicly available (authors state that they worked from a protocol but do not report location of the protocol, or only report that it is available on request) |

| Question | Response option |
|---|---|
| | Unclear (the use of a protocol was only implied e.g. by the term "pre-specified")<br>No protocol |
| Did the authors report health economics analysis plan availability? For guidance/definition, see: https://link.springer.com/article/10.1007%2Fs40273-017-0598-x | Yes, full access to analysis plan along with protocol<br>Partly, but analysis plan is not publicly available (authors state that it is available on request)<br>Unclear (the use of an analysis plan was only implied)<br>No analysis plan |
| Did the authors report raw data availability? | Yes, full access to raw data for reanalysis (e.g. Microsoft Excel or CSV spreadsheet)<br>Partly, but raw data are not publicly available (authors state that they are available on request)<br>No data sharing |
| Did the authors report access to analytic methods and algorithms (e.g. "code", "script", "model") used to perform analyses? | Yes, full access to analytic methods<br>Partly, but analytic methods are not publicly available (authors state that they are available on request)<br>No access |
| Which (if any) type of data repository was used? For example, an open globally scoped repository (eg, Open Science Framework, Dryad, Mendeley, Zenodo), a journal repository (eg, additional file as webappendix or data paper) or other repository (eg, repository from a specific institution, project or nation) | Open globally scoped repository<br>Journal repository<br>Institutional repository<br>Project repository<br>Other (please specify)<br>None |
| Which data repository did the authors report using? Check all that apply | Open Science Framework<br>Dryad<br>Figshare<br>Mendeley<br>Zenodo<br>Other (please specify)<br>None |
| Did the authors report the data needed to recreate all ICER estimates (base case analysis, heterogeneity analysis and uncertainty analysis) according to reporting standards? By ''data needed to recreate ICER estimates", we mean that it is clear which studies were included in the health | Yes<br>No |

| Question | Response option |
|---|---|
| economic evaluation as source of clinical effectiveness data, the effect estimates (e.g., mean difference or risk ratio), measures of precision (e.g., 95% confidence intervals), methods used to elicit preferences for outcomes (if applicable), approaches used to estimate resource use associated with alternative interventions, methods for valuing each resource item in terms of its unit cost, mean values for the main categories of estimated costs and outcomes of interest for each intervention, as well as mean differences between the comparator groups. For guidance, see https://www.equator-network.org/reporting-guidelines/cheers/ | |
| Did the authors report the data needed to recreate all core ICER estimates (base case analysis and heterogeneity analysis) according to reporting standards? | Yes<br>No |
| Did the authors report the data needed to recreate the index ICER estimates (base case analysis) according to reporting standards? | Yes<br>No |
| Did the authors report that some data in the index ICER estimates had been obtained from the study sponsor/authors? | Yes<br>No |
| Which software was used in the health economic evaluation? Check all that apply | R<br>SAS<br>SPSS<br>Stata<br>TreeAge Pro<br>MATLAB<br>Microsoft Excel<br>OpenBUGS<br>WinBUGS<br>Other (please specify)<br>Not reported |
| Did the authors report the usage of an open-source software? Note an open-source software is that by which the source code or the base code is generally available for modification or enhancement by anyone for reusability and accessibility (such as R, Python, JAGS, OpenBUGS) | Yes<br>No |
| Did the authors report that results have undergone rigorous independent replication and reproducibility checks (e.g. whether the study claimed to be a replication effort in the ABSTRACT and/or INTRODUCTION section of the report)? Note the following options: statement of novel findings (e.g. the cost-effectiveness analysis claims that it presents some novel findings), statement of replication (e.g. the cost-effectiveness analysis clearly claims that it is a replication effort trying to validate previous knowledge or it is inferred that the cost-effectiveness is a replication trying to | Novel findings<br>Replication<br>Novel findings and replication<br>No statement on novelty or replication |

| Question | Response option |
| --- | --- |
| validate previous knowledge), statement of novel findings and replication (e.g. cost-effectiveness analysis claims to be both novel and to replicate previous findings), no statement on novelty or replication (e.g. no statement or an unclear statement about whether the cost-effectiveness analysis presents a novel finding or replication). | |
| General comments | [Free text] |

## Electronic Appendix 5. List of included articles.


1. Hajjar A, Ergun MA, Alagoz O, Rampurwala M. Cost-effectiveness of adjuvant paclitaxel and trastuzumab for early-stage node-negative, HER2-positive breast cancer. PLoS One. 2019;14(6):e0217778. doi: 10.1371/journal.pone.0217778. PMID: 31166995; PMCID: PMC6550431.
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