

Supplemental Material

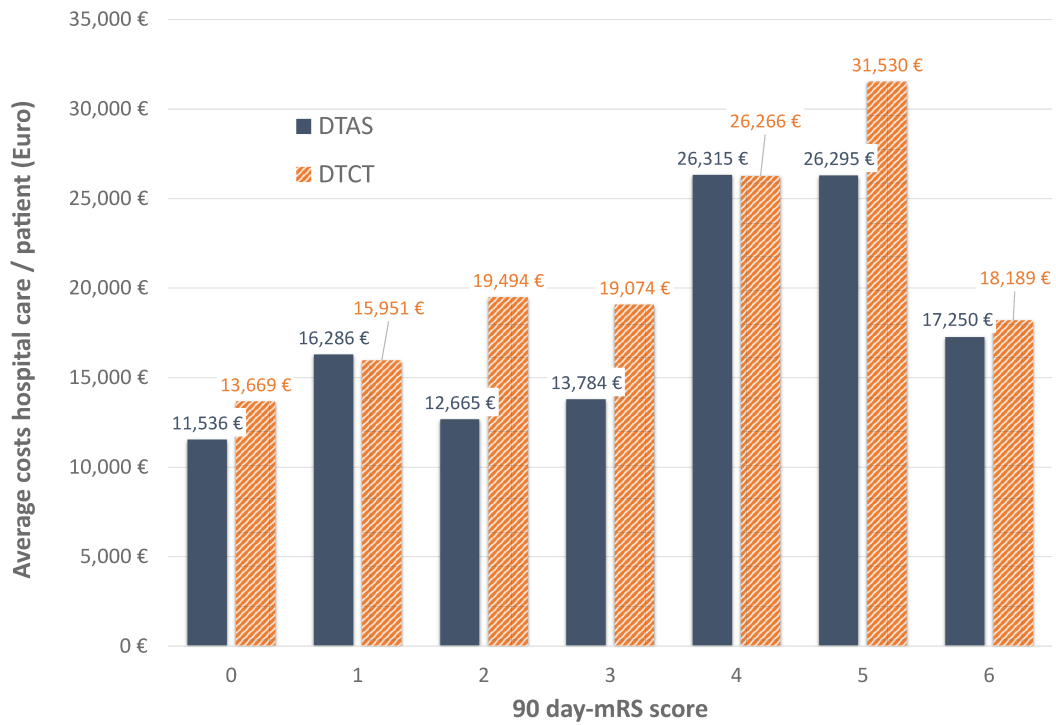
Cost-Utility of Direct Transfer to Angiography Suite (DTAS) bypassing conventional imaging for patients with Acute Ischemic Stroke in Spain: Results from the ANGIOCAT trial

	Item	Guidance for Reporting	Reported in section
TITLE			
Title	1	Identify the study as an economic evaluation and specify the interventions being compared.	Title
ABSTRACT			
Abstract	2	Provide a structured summary that highlights context, key methods, results and alternative analyses.	Abstract
INTRODUCTION			
Background and objectives	3	Give the context for the study, the study question and its practical relevance for decision making in policy or practice.	Abstract
METHODS			
Health economic analysis plan	4	Indicate whether a health economic analysis plan was developed and where available.	NA
Study population	5	Describe characteristics of the study population (such as age range, demographics, socioeconomic, or clinical characteristics).	Health outcomes, classified according to the modified Rankin Scale, were obtained from the ANGIOCAT trial (as outlined in Methods). Baseline characteristics of patient population is provided in Table 1 of Requena M, Olivé-Gadea M, Muchada M, et al. Direct to Angiography Suite Without Stopping for Computed Tomography Imaging for Patients With Acute Stroke: A Randomized Clinical Trial. <i>JAMA Neurol.</i> 2021;78(9):1099–1107. doi:10.1001/jamaneurol.2021.2385
Setting and location	6	Provide relevant contextual information that may influence findings.	Methods - Model design
Comparators	7	Describe the interventions or strategies being compared and why chosen.	Methods - Model design
Perspective	8	State the perspective(s) adopted by the study and why chosen.	Methods - Model design Discussion
Time horizon	9	State the time horizon for the study and why appropriate.	Methods - Model design Discussion
Discount rate	10	Report the discount rate(s) and reason chosen.	Methods - Unit costs and resource utilization
Selection of outcomes	11	Describe what outcomes were used as the measure(s) of benefit(s) and harm(s).	Methods - Health state utility values and calculation of QALYs

Measurement of outcomes	12	Describe how outcomes used to capture benefit(s) and harm(s) were measured.	Methods - Health state utility values and calculation of QALYs
Valuation of outcomes	13	Describe the population and methods used to measure and value outcomes.	Methods - Health state utility values and calculation of QALYs
Measurement and valuation of resources and costs	14	Describe how costs were valued.	Methods - Unit costs and resource utilization
Currency, price date, and conversion	15	Report the dates of the estimated resource quantities and unit costs, plus the currency and year of conversion.	Methods – Study design Methods – Unit costs and resource utilization
Rationale and description of model	16	If modelling is used, describe in detail and why used. Report if the model is publicly available and where it can be accessed.	Methods – Model design
Analytics and assumptions	17	Describe any methods for analyzing or statistically transforming data, any extrapolation methods, and approaches for validating any model used.	Methods – Unit costs and resource utilization
Characterizing heterogeneity	18	Describe any methods used for estimating how the results of the study vary for sub-groups.	NA
Characterizing distributional effects	19	Describe how impacts are distributed across different individuals or adjustments made to reflect priority populations.	NA
Characterizing uncertainty	20	Describe methods to characterize any sources of uncertainty in the analysis.	Methods – Sensitivity analysis
Approach to engagement with patients and others affected by the study	21	Describe any approaches to engage patients or service recipients, the general public, communities, or stakeholders (e.g., clinicians or payers) in the design of the study.	Clinicians were involved in the design of the study. Methods
RESULTS			
Study parameters	22	Report all analytic inputs (e.g., values, ranges, references) including uncertainty or distributional assumptions.	Table 1
Summary of main results	23	Report the mean values for the main categories of costs and outcomes of interest and summarise them in the most appropriate overall measure.	Table 1
Effect of uncertainty	24	Describe how uncertainty about analytic judgments, inputs, or projections affect findings. Report the effect of choice of discount rate and time horizon, if applicable.	Results – One way sensitivity analysis Results – Probabilistic sensitivity analysis Discussion

Effect of engagement with patients and others affected by the study	25	Report on any difference patient/service recipient, general public, community, or stakeholder involvement made to the approach or findings of the study	NA
DISCUSSION			
Study findings, limitations, generalizability, and current knowledge	26	Report key findings, limitations, ethical or equity considerations not captured, and how these could impact patients, policy, or practice.	Discussion
OTHER RELEVANT INFORMATION			
Source of funding	27	Describe how the study was funded and any role of the funder in the identification, design, conduct, and reporting of the analysis	Conflict of interest disclosure
Conflicts of interest	28	Report authors conflicts of interest according to journal or International Committee of Medical Journal Editors requirements.	Conflict of interest disclosure

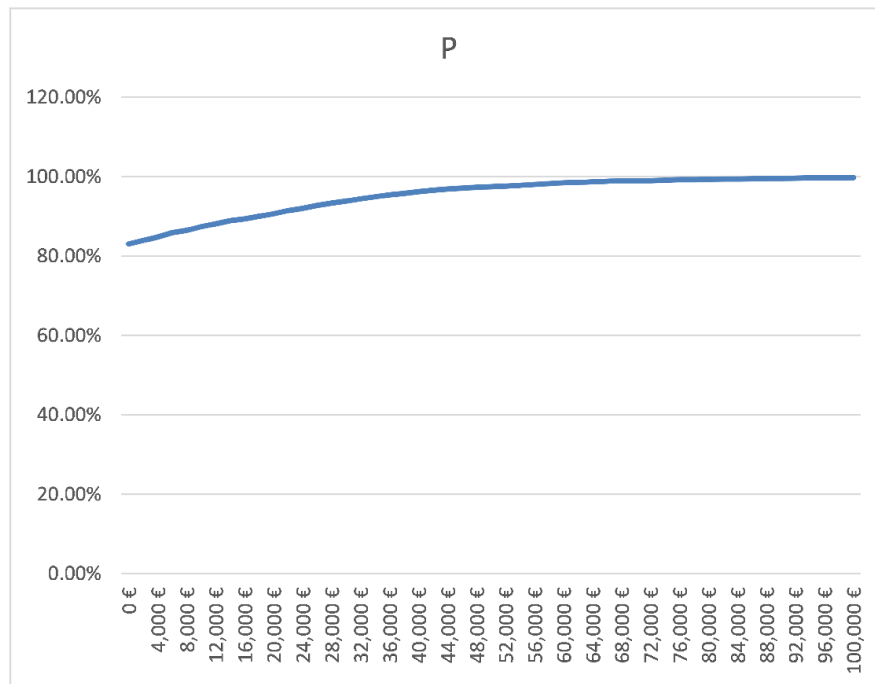
Supplemental Table I Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist; NA: not available



Supplemental Figure 1 Average costs of hospital care / patient (Euro) versus 90-day mRS for DTAS (solid blue bars) and conventional imaging (DTCT, striped orange bars).

	Value	Cost saving	
Parameter	18,189.00 €	-2,848 €	(Base case)
mRS 6 (death) cost - DTCT	2,000.00 €	2,697 €	
	4,000.00 €	2,012 €	
	6,000.00 €	1,327 €	
	8,000.00 €	642 €	
	10,000.00 €	-43 €	
	12,000.00 €	-728 €	
	14,000.00 €	-1,413 €	
	16,000.00 €	-2,098 €	
	18,000.00 €	-2,783 €	
	20,000.00 €	-3,468 €	

Supplemental Table 2 Results of the one-way sensitivity analysis of varying the cost of mRS 6 in different increments



Supplemental Figure 2 Probability of CBCT DTAS being cost-effective at different thresholds.