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Article:
McCabe, C. and Roberts, J. (2003) New BMJ policy on economic evaluations - Will the Lancet play ball? BMJ, 326 (7386). p. 446. ISSN: 0959-535X

https://doi.org/10.1136/bmj.326.7386.445

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New BMJ policy on economic evaluations

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BMJ 2003;326;445-
doi:10.1136/bmj.326.7386.445

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Letters

New *BMJ* policy on economic evaluations

Response of NHS Economic Evaluation Database Research Team

EDITOR—We, the NHS Economic Evaluation Database Research Team, agree with Smith that economic evaluations should contain comprehensive reporting of both clinical effectiveness and economic analysis and that the *BMJ* is right to implement this new policy.[1] How the clinical trial results (which inform the economic evaluation) are obtained is often paramount to the understanding and quality of the economic analysis conducted.[2]

Research reports are included and abstracted in full on the NHS Economic Evaluation Database (www.york.ac.uk/inst/crd)—if they explicitly report costs and clinical outcomes for an intervention and at least one comparator.[3] However, to critique the method adopted in the effectiveness study underpinning the economic evaluation appropriately, our template requires information that is often omitted in the report of the economic evaluation. When the parent clinical study has been previously published elsewhere, we obtain the study and use that alongside the economic research when writing the abstract. The abstract on the database then provides information on sample selection, study design, method of analysis, and so on, with the fact that the relevant information is cited from the parent study.

Adhering to published guidelines, such as those provided by the *BMJ*,[4] should produce publications of the highest quality, but authors are still likely to feel the need to be selective in their reporting, given word limits. If authors are required to report more effectiveness data other crucial aspects of the economic evaluation might receive less attention. The focus for *BMJ* editors should be to ensure that reporting of both important components of economic evaluations receives appropriate attention from the authors.

If the policy results in full reporting of both clinical and economic results in one place—for example, two papers in one issue of the journal—this will constitute an improvement. If, however, the new policy results in the combination of clinical and economic results in one short paper, this may be a step backwards.

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1 Smith R. New BMJ policy on economic evaluations. *BMJ* 2002;325:1124. (16 November.)
2 Hoffmann C, Stoykova B, Nixon J, Glanville J, Misso K, Drummond M. Do health-care decision makers find economic evaluations useful? The findings of focus group research in UK health authorities. *Value Health* 2002;5:71-8.
3 NHS Centre for Reviews and Dissemination. *Improving access to cost-effectiveness information for health care decision-making: the NHS economic evaluation database*. 2nd ed. York: University of York, 2001. (CRD report No 6.)
4 Drummond MF, Jefferson TO. Guidelines for authors and peer reviewers of economic submissions to the BMJ. *BMJ* 1996:313;275-83.

Will the *BMJ* return clinical trials if submitted without any economic results?

EDITOR—The implications of the *BMJ*'s new policy for economic evaluations are unclear.[1]

Firstly, a lag often exists between the clinical and economic results, making simultaneous submission difficult. Typically, clinicians are eager to disseminate important clinical results immediately. For example, the extracorporeal membrane oxygenation (ECMO) trial was among the first research projects to incorporate economic evaluation in its design from the outset. But the preliminary clinical results were written up and fast tracked to the *Lancet* before I was even employed to continue the economic evaluation.[2] The economic evaluation was published in the *BMJ* years later, having required the clinical evidence in its analysis and appropriate sensitivity analyses and having undergone delay to publication.[3]

Would it have benefited anyone to withhold dramatic clinical results until the economic results were ready? Clinical results are often more generalisable to an international audience than the concurrent economic results. The limitations of any clinical information in the absence of economic evidence should be made explicit. The pertinent concern is surely to ensure relevant policy makers exercise restraint until the full information is available.

Secondly, no incentive is given in the *BMJ* policy for clinicians to change their practice. Presumably clinicians send results to the *Lancet* for higher impact factors and wider dissemination. If economists cannot persuade colleagues to submit the clinical paper alongside the economic paper to the *BMJ*, they will resort to submitting results to economic journals for which a different style for different specialist audiences would be required, ensuring even poorer dissemination to clinical audiences and policy makers.

Finally, your editorial emphasised strong support for keeping clinical and economic results together, and Smith told us to send "somebody else your clinical results and us your economic results, and we will send them back, politely." May I therefore ask, politely, is the converse also true? Will you return clinical trials if submitted without any economic results?

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1 Smith R. New BMJ policy on economic evaluations. *BMJ* 2002;325:1124. (16 November.)
2 UK Collaborative ECMO (Extracorporeal Membrane Oxygenation) Trial Group. UK collaborative randomised trial of neonatal extracorporeal membrane oxygenation. *Lancet* 1996; 348:75-82
3 Roberts TE. Extracorporeal Membrane Oxygenation Economics Working Group on behalf of the Extracorporeal Membrane Oxygenation Trial Steering Group. Economic evaluation and randomised trial. *BMJ* 1998;317:911-6.

Economic evaluations should be judged on scientific merit

EDITOR—Health economists have been grateful for the *BMJ*'s hitherto supportive stance towards the publication of economic evaluations. The proposed new policy not to publish economic evaluations unless also offered the clinical results is disappointing and misjudged.[1]

Firstly, this policy denies the fact that, although clinical and economic results from a trial are both components of an overall evaluation, they also have many differences, often including the funding agencies supporting them, the researchers, and the timescale over which they are performed and published. Perhaps most importantly, important trials are often prepared for an international audience, but economic evaluations usually relate to specific healthcare systems; large trials may generate the need for several country specific economic evaluations.

These differences justify researchers in choosing to submit clinical and economic

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