NHSEED - - Economic Study or Review

Cost-effectiveness of carrier screening for cystic fibrosis in Australia.

Code: NHSEED-22012024479 **Year:** 2012 **Date:** 2012 **Author:** Norman R

Study design (if review, criteria of inclusion for studies)

A decision tree was constructed estimating costs and outcomes from screening.

Interventions

Carrier screening for CF

Outcome measures

Effectiveness was expressed in terms of CF births averted. Costs were collected using a health service perspective. All costs and outcomes were discounted at 5% per annum.

Main results

Screening reduced the annual incidence of CF births from 34 to 14/100,000 births (an aggregate number of CF births of 100.9 and 41.9 respectively). In initial pregnancies, costs in the screening arm (A$16.6 million/100,000 births) exceed those in the non-screening arm (A$13.4 million/100,000 births). The incremental cost per CF birth in initial pregnancies is therefore approximately A$150,000. However, this was reversed for subsequent pregnancies, in that the pre-collected information reduces the incidence of CF in subsequent pregnancies at low additional costs. When aggregated, the results suggest screening is likely to be cost-saving.

Authors' conclusions

The introduction of national carrier screening for cystic fibrosis should be considered, as it is likely to reduce CF incidence at an acceptable (potentially negative) cost.

http://onlinelibrary.wiley.com/o/cochrane/cleed/articles/NHSEED-22012024479/frame.html

See also

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Keywords

Genetic Predisposition to Disease; Genetic Testing; Heterozygote; non pharmacological intervention - diagn; non pharmacological intervention - psyco-soc-edu-org; screening; Truth Disclosure; carrier status; diagnostic procedures; non pharmacological intervention - genetic& reprod;