Visualizing Cost Effectiveness Analysis with **Second-Generation Acceptability Curves**

INTRODUCTION

- Cost effectiveness analysis aims to find monetarily efficient medical interventions, and efficiency is often visualized with acceptability curves.
- These curves depict some function of a given **effectiveness** metric for various budget constraints.
- Common metrics for comparing two treatments include the incremental cost-effectiveness ratio and the net monetary **benefit**, which considers the finite nature of the budget.
- Previous works use a **bootstrapped p-value** as the function of the effectiveness metric, which often confounds effect size and precision₁.
- The **second-generation p-value**₂ replaces the standard point null hypothesis with an interval null hypothesis to allow a more intuitive interpretation, the **proportion of hypotheses** belonging to the null interval.
- Values close to 0 or 1 imply a preference for one treatment over another, and the degree of **inconclusiveness** increases as values approach 0.5.
- Second-generation acceptability curves use this method to draw conclusions about treatment optimality rather than the traditional p-value.

METHODS

We demonstrate properties of the second-generation acceptability curve using simulated data. Specifically, we explore how different sample sizes and null interval lengths affect the shape of the second-generation curve and the practical **conclusions** the curves imply.

The effectiveness metric under consideration is the incremental net monetary benefit (INMB), computed for two competing treatments A_0 and A_1 . We represent the limit of available resources as λ , the mean of treatment effect Z for group A_i as α_i , and the mean of cost Y for group A_i as β_i .

$$\lambda \times (\alpha_1 - \alpha_0) - (\beta_1 - \beta_0)$$

The second-generation p-value p_{δ} is computed using Blume's formula₂ (2018), where H_0 represents the null interval and I_{C} the confidence interval for the INMB.

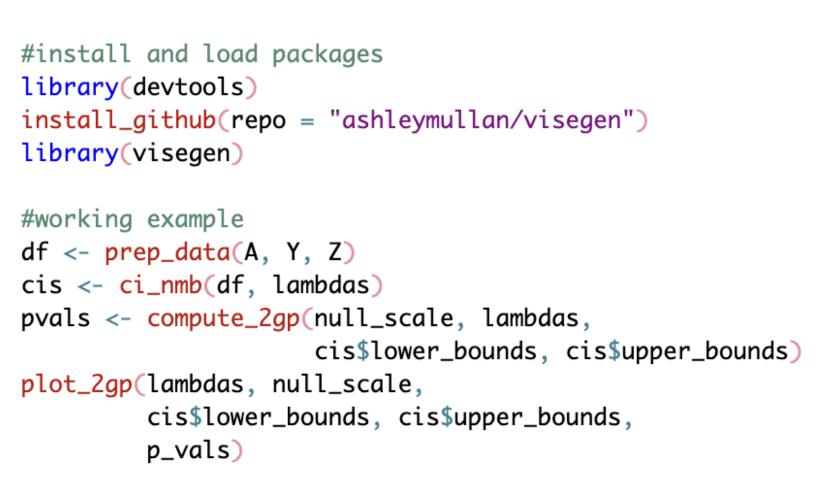
$$p_{\delta} = \frac{|I_c \cap H_0|}{|I_c|} \times \max\left\{\frac{|I_c|}{2|H_0|}, 1\right\}$$

Additionally, we provide a freely available **R package** to compute second-generation p-values for a given dataset and create second-generation acceptability curves. The curves returned by the package are **ggplot2** objects and are therefore able to be further customized for a user's needs.



Package Tutorial

A basic use case of the package only requires four function calls! The user prepares the data, constructs confidence intervals for the incremental net monetary benefit, uses those results to generate second-generation p-values, and then creates the plot.



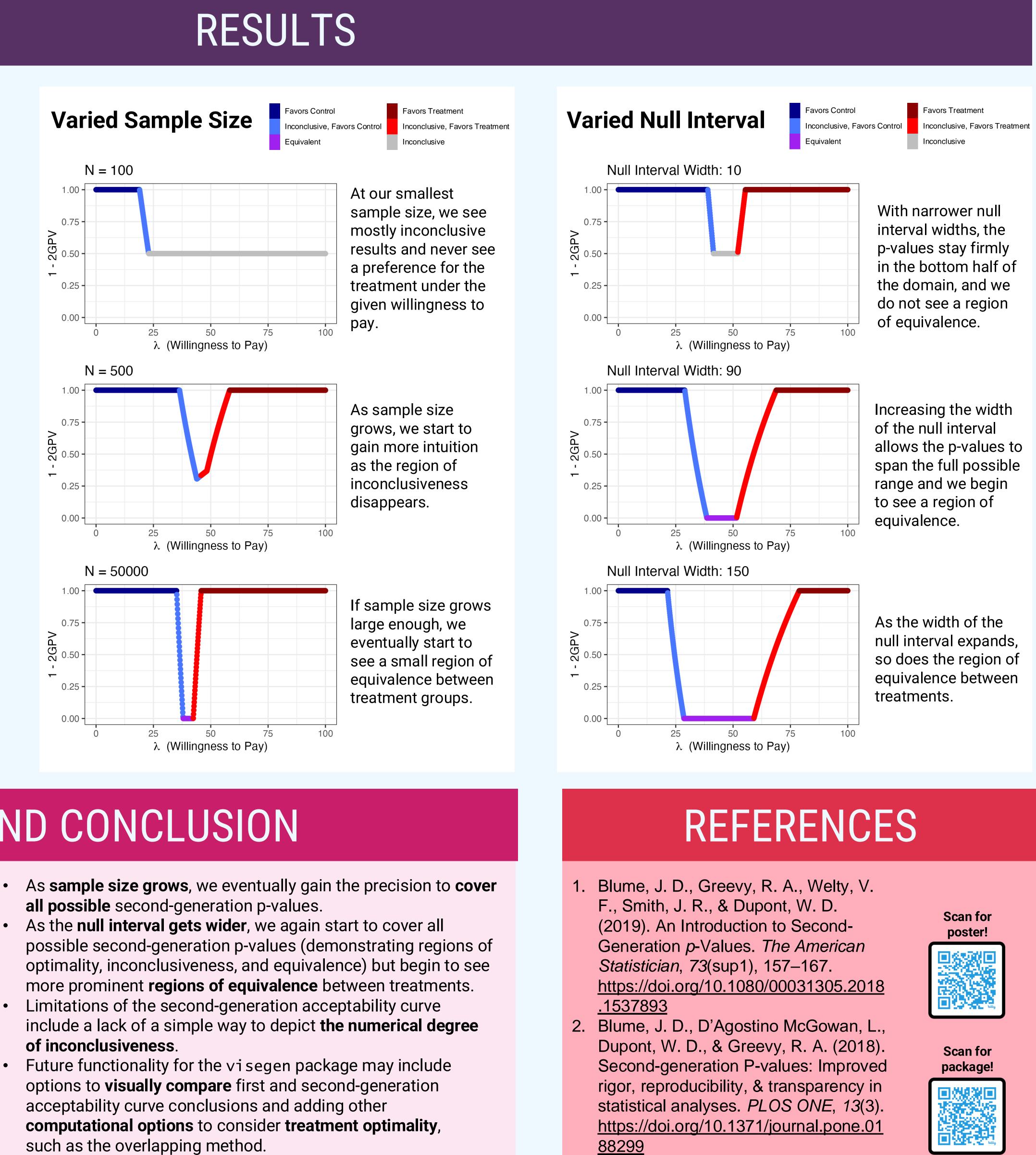
Simulation Setup

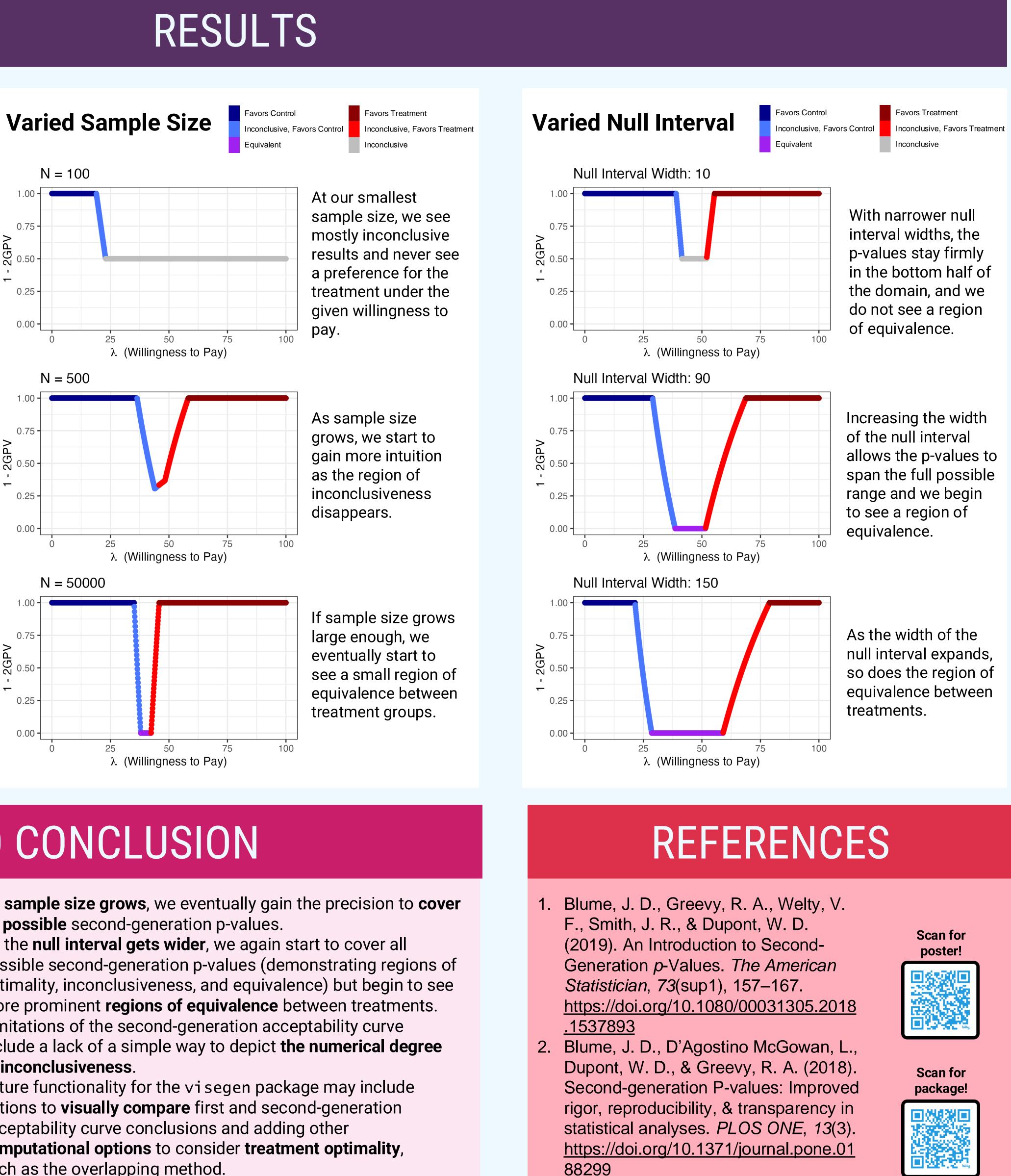
For both studies, we specify the following:

- Benefit: Z ~ Normal(50 + 4 \times Treatment, 9²)
- Cost: Y ~ Normal(100 + 160 \times Treatment, 10²)
- Willingness to Pay: $\lambda \in [0, 100]$

For Study 1, we **fix** the null interval to have width 90 and **vary** the sample size to consider $N \in \{1000, 5000, 25000\}$.

For Study 2, we **fix** the sample size N = 5000 and **vary** the null interval to be be scaled by factors of {0.05, 0.45, 0.75}, yielding null interval widths of {10, 90, 150}.





DISCUSSION AND CONCLUSION

- The clear depiction of **inconclusive and equivalent results** that a practitioner can achieve with second-generation curves is not possible using first-generation curves, so the **second-generation** version may be advantageous especially in the pilot study phase, where not much is known about treatment benefits.
- The **shape** of a second-generation accessibility curve **varies** noticeably over the range of possible budget constraints with **sample size** and with the **width of the** null interval.
- Only one range of **willingness to pay** (limit of available resources) was considered, but some scenarios may have different curve behavior if the range is extended, especially in situations with lower sample size.



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