

Cost and Resource Use Studies in Endometriosis: An Evidence Map

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Objectives: According to current estimates, at least 190 million patients worldwide are affected by endometriosis during their reproductive age. Endometriosis has bearing on society through direct and indirect costs comparable to most common diseases (e.g., diabetes). We created an evidence map of cost and resource use (CRU) studies in patients with endometriosis.

Method: We searched www.heoro.com/ database for CRU studies in endometriosis and indexed them into an online Evidence Map according to study type, types of outcomes reported, comorbidities, and symptoms cited across the geographical locations.

Results: A total of 84 abstracts were identified and after screening by a researcher, 73 were found to be relevant. The publications reported data from 26 different geographical locations, the majority originating from the US (32 publications). 16 publications reported data internationally, three of which were systematic reviews. Among the remaining 70 publications, 39 were observational, 12 were narrative reviews, 10 were economic models, and nine were RCTs.

Figure 1. Heoro.com platform

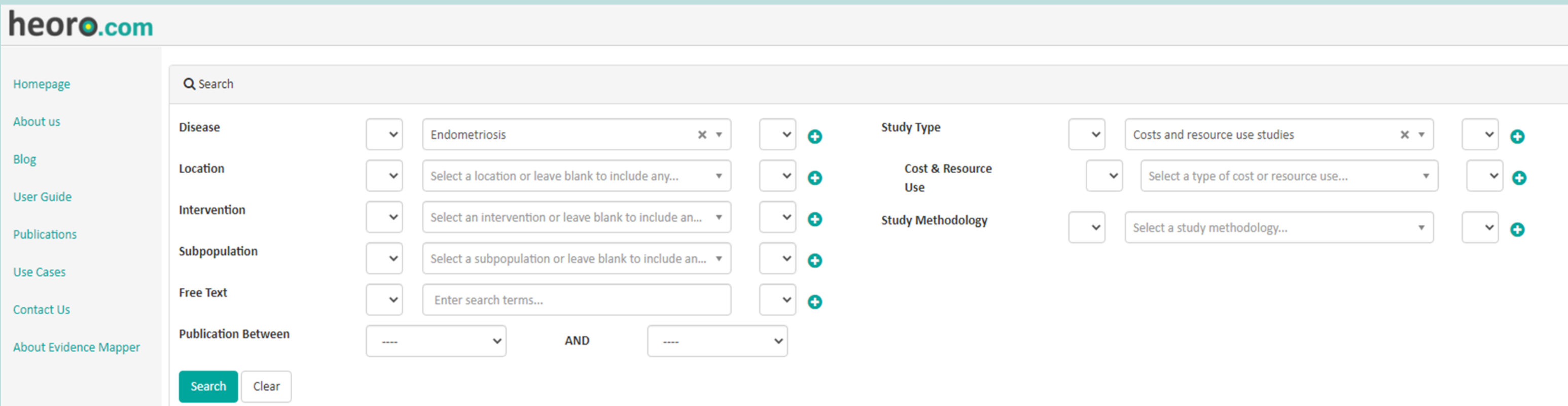


Table 1. Cost and resource use outcomes reported by country

	Career choices	Career progression	Employment status	Productivity	Return to work	Sick leave	Hospitalisation	Length of stay	Operative time	Re-operation	Treatment patterns	Resource use	Healthcare costs	Societal costs	Total costs	Unit costs	Willingness to pay
Argentina	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Australia	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Austria	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Belgium	0	0	0	3	0	0	1	0	0	0	1	1	2	0	2	2	0
Brazil	0	0	0	2	1	1	3	1	2	0	0	3	1	0	0	1	0
Canada	0	0	0	5	0	1	1	0	1	0	1	1	0	0	0	0	0
China	0	0	0	1	0	0	0	0	0	0	0	2	2	0	0	1	0
Denmark	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0
Finland	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
France	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
Germany	1	1	0	2	0	1	0	0	0	0	0	0	1	0	1	0	1
Hungary	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0
India	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0
International	1	1	0	13	0	3	2	0	1	2	0	2	8	1	4	1	0
Ireland	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Italy	0	0	1	3	0	0	3	1	2	0	0	1	3	1	1	1	0
Netherlands	0	0	0	1	0	0	1	0	0	0	0	0	2	0	2	0	1
Nigeria	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Spain	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0
Switzerland	1	1	0	2	0	1	0	0	0	0	0	0	1	0	1	0	0
Taiwan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Thailand	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Turkey	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
UK	0	0	0	2	0	0	0	1	1	0	0	0	3	0	1	2	1
USA	0	0	0	10	2	1	9	7	3	1	3	13	23	1	5	4	1
Unclear	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	0	0

Conclusions: The majority of data originated from the US, with studies focusing on healthcare costs and resource use. In contrast, studies from Europe were as likely to report on productivity losses and impact on employment as on healthcare-related costs. Studies from China and India also focused on direct costs, while direct and indirect costs were reported by Brazilian publications. The was a distinct lack of RCT data despite recent recommendations to conduct more sufficiently powered randomised clinical trials in different countries and cultural backgrounds to directly assess the costs of different treatments.