Health technology assessment of treatment for peripheral arterial disease

PROPOSITIONS

Belonging to the dissertation

Health technology assessment of treatment for peripheral arterial disease

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1. The stratification of PAD patients highlighted relationships between patient characteristics and treatment choices, which may help physicians anticipate treatment needs. (chapter 2)
2. Generic health-related quality of life of PAD patients may best be measured by the EQ-5D due to its ability to detect differences between groups and changes over time. (chapter 3)
3. Lifelong cardiovascular prevention with DPI improves health outcomes and seems cost-effective in patients with CAD or PAD compared to aspirin ATP and clopidogrel ATP for PAD. (chapter 5)
4. For the routine use of comprehensive uncertainty assessment, further research and guidance on key methodologies including uncertainty identification and expert elicitation are needed. (chapter 6)
5. English has been the language of health economics until now; R is the language of the future.
6. PAD is an important contributor to the societal and healthcare costs of cardiovascular disease, and investments into the prevention and awareness of PAD are needed.
7. New methodologies such as KM-curve digitization circumvent the unavailability of (clinical) evidence for secondary use, open data publication practices would be a real solution.
8. The cost-effectiveness analysis of DPI added evidence for decision making as conclusions differed between subgroups of patients, showing higher net value in younger and more comorbid patients.
9. Comprehensive uncertainty assessment will be the death of the deterministic analysis.