

Summary of Revisions

Report Title — Pharmacologic-based Strategies for Smoking Cessation: Clinical and Cost-Effectiveness Analyses, Issue 130

Please note: In addition to the amendments detailed below, Primary Economic Evaluation (Sections 5.3 and 5.4) and the economic results within the Discussion and Conclusion have been revised, to provide clarity to the lengthy results originally presented. Cost-utility analysis is now consistently used as primary analysis. For the base analysis, attention is focused on a 20-year-old male smoker, given that this is the cohort with the highest number of attempted quitters in Canada, rather than reporting wide ranges to try to capture data on male and female smokers aged 20, 30, 40, 50, and 60 years. Full data on these populations are now included within the report appendices.

An explanation of our decision to group behavioural therapies has been added for clarity in Discussion (Section 10). All considerations within Planning Issues for Optimal Treatment Strategies (Section 8) are now fully referenced.

Change #	Page #	Original September 2010	Amended October 2011
1	32	McCarthy et al. (2008)... A comparison of bupropion with bupropion plus counselling showed no differences in PPA (13.8% versus 18.6%; OR 1.43, 95% CI 0.70 to 2.90) or prolonged abstinence (25.0% versus 30.1%; OR 1.29, 95% CI 0.72 to 2.31) at six months post-quit. Similar results were found at one-year follow-up for PPA (25.0% versus 30.1%; OR 1.03, 95% CI 0.55 to 1.95) or prolonged abstinence (18.1% versus 20.4%; OR 1.16, 95% CI 0.60 to 2.23).	McCarthy et al. (2008)... A comparison of bupropion plus counselling with bupropion alone showed no significant differences in PPA (18.6% versus 13.8%; OR 1.43, 95% CI 0.70 to 2.90) or prolonged abstinence (30.1% versus 25.0%; OR 1.29, 95% CI 0.72 to 2.31) at six months post-quit. Similar results were found at one-year follow-up for PPA (21.1% versus 20.7%; OR 1.03, 95% CI 0.55 to 1.95) or prolonged abstinence (20.4% versus 18.1%; OR 1.16, 95% CI 0.60 to 2.23).
2	33	Hays et al. (1999) ... The seven-day PPA at six-month follow-up was 8.7% in the no-pay group and 10.8% in the pay group (OR 1.30, 95% CI 0.70 to 2.20). A difference was not observed.	Hays et al. (1999) ... The seven-day PPA at six-month follow-up was 10.8% in the pay group and 8.7% in the no-pay group (OR 1.30, 95% CI 0.70 to 2.20). No difference was observed.
3	38	<i>Nicotine patch versus nicotine patch plus behavioural support:</i> ... At one-year follow-up, the biochemically validated seven-day PPA rates were 16% in the intense intervention group versus 9% in the comparative group. The OR (95% CI) was 0.55 (0.24 to 1.29).	<i>Nicotine patch versus nicotine patch plus behavioural support:</i> ... At one-year follow-up, the biochemically validated seven-day PPA rates were 9% in the minimal counselling group and 16% in the intense intervention group. The OR (95% CI) was 0.55 (0.24 to 1.29).

4	94	<p><i>COPD</i>: Nicotine sublingual was more efficacious than placebo; nicotine patch was not. Bupropion was better than placebo. However, the pooled estimates showed no difference between bupropion and placebo.</p>	<p><i>COPD</i>: Nicotine sublingual was more efficacious than placebo. Bupropion was better than placebo.</p>
5	95	<p>Potential budget impact was evaluated by assuming a proportional increase in the number of claims of varenicline and bupropion (ranging from 5% to 50%) in four jurisdictions: New Brunswick, Ontario, Quebec, and Saskatchewan...</p>	<p>Potential budget impact was predicted for the time periods 2008-2009, 2009-2010, and 2010-2011. Impact was evaluated by assuming a proportional increase in the number of claims of varenicline and bupropion (ranging from 5% to 50%) in four jurisdictions: New Brunswick, Ontario, Quebec, and Saskatchewan. ... It is worth noting that varenicline prescriptions grew by 350% in 2008, beyond the assumed range of a 5% to 50% increase in varenicline claims each year.</p>
6	101	<p>In addition, the use of mixed treatment comparisons in our review revealed no differences in efficacies when comparing between different NRT, between bupropion and NRT, or between varenicline and NRT, except between varenicline and nicotine patch.</p>	<p>In addition, the use of mixed treatment comparisons in our review revealed no differences in efficacies when comparing between different NRT, between bupropion and NRT, or between varenicline and NRT, except between varenicline, nicotine patch, and nicotine gum.</p>