| **Supplementary Table 3. Characteristics of ongoing economic evaluations** |
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| **Study and current status (\*)** | **Country** | **Design (†)** | **Inclusion criteria and target sample size (N)** | **Comparators** | **Perspective** | **Costs included** | **Main outcome measures and measures used in the economic evaluation** |
| NCT01671917Recruiting | France | 12 monthsCUA | Knee OA scheduled for TKR, 50-85 yearsN=300 | Educational and exercise program (4 sessions) vs. usual care (information) | Not informed | Not informed | -Ability to quit the orthopedic department-QALY (EQ-5D) |
| NCT01538043Completed | Italy | 12 monthsCEA, CUA | Knee OA, 50-75 yearsN=100 | Spa therapy (local mud-pack therapy and balneotherapy) vs. usual care | Not informed | Not informed | -Cost-effectiveness and cost-utility ratios |
| NCT01258985Wang 2013 (E5)Active, not recruiting | USA | 12 months + long-term simulationCEA, CUA | Knee OA, >40 years, WOMAC pain ≥40N=180 | Tai Chi mind-body exercise (12 weeks) vs. Physical therapy (6 weeks) | Not informedSocietal? | Direct care costs (session costs, medications, emergency room visits, outpatient visits, hospitalizations), indirect costs (loss of productivity) - gathered by Health Assessment Questionnaire Disability Index (HAQ-DI) | -Pain (WOMAC)-Health Assessment Questionnaire Utilization-SF-36 |
| NCT01314183Recruiting | USA | 2 yearsCUA | Clinical criteria for knee OA according to ACR, ≥40 yearsN=300 | Exercise (12 sessions) vs. exercise + manual therapy vs. exercise + booster sessions (12 sessions in a year) vs. exercise + manual therapy + booster sessions | Societal(also Health system and patient perspectives) | Health system costs for implementing each intervention, medical/surgical costs, personal costs to participants. | -WOMAC-QALY (EQ-5D) |
| NCT01058304Allen 2013 (E6)Completed; Has results | USA | 12 months(also 24 months)CEA,CUA (or CMA) | Veterans with symptomatic knee OA (rigorous diagnosis by a physician) and no physical therapy for this condition in the past 6 months.N=376 | Group-based physical therapy (6 sessions, 12 weeks) vs. individual physical therapy (2 visits with same content to group intervention) | Payer/provider (Department of Veterans Affairs) | Equipment; travel reimbursement; labor costs associated with the physical therapy (time for planning sessions, time of physical therapist and assistant to conduct the sessions, time to make calls before the sessions); overhead, administrative and custodial costs. | -WOMAC-QALY (EQ-5D) |
| NCT01682980Oiestad 2013 (E7)Recruiting | Norway | 12 monthsCEA, CUA | Clinical criteria for knee OA according to ACR, Kellgren and Lawrence radiographic OA grade 2 and 3, 45-65 yearsN=207 | Strength training ( 2-3 times a week, 12 weeks; progressive training and neuromuscular exercises) vs. aerobic exercise (ergometer cycling on moderate loading) vs. control group | Societal | Direct and indirect costs: personnel time, materials and space for sessions; visits to GP, physical or manual therapist, medical specialists; hospitalization, rehabilitation, medication; work absenteeism. | -Knee-related quality of life (Knee Injury and Osteoarthritis Outcome Score)-QALY (EQ-5D) |
| ACTRN12610000533099Bennell 2012 (E8)Recruiting | Australia | 52 weeksCEA, CUA | Clinical criteria for knee OA according to ACR, knee pain for ≥3 months, overall average knee pain in the last week ≥40 on a VAS, WOMAC physical function score ≥25, ≥50 yearsN=210 | Pain Coping Skills Training (PCST) + exercise programme by physiotherapists (10 individual sessions, 12 weeks) vs. PCST (10 sessions, 45 min) vs. exercise (home-based exercise, 25 min) | Societal (with and without lost days from work) | Direct health care costs (physiotherapy attendance, additional health provider visits, investigative procedures, medications, home care and hospitalization) and direct non-health care costs (lost days from work) | -Pain (VAS)-Physical function (WOMAC)-Pain (WOMAC)-QALY (AQoL2) |
| ACTRN12612000308897Bennell 2012 (E9)Closed: follow-up complete | Australia | 18 months (also 6 and 12 months)CEA, CUA | Clinical criteria for knee OA according to ACR, painful knee OA ≥4 on a 11-point numeric rating scale over the past week, ≥50 yearsN=168 | Physiotherapy (5 sessions with physiotherapist, 6 months) vs. Physiotherapy + telephone coaching to improve adherence (6-12 calls) | Societal (with and without lost days from work) | DMC (physiotherapy attendance, additional health provider visits, investigative procedures, medications, and hospitalization) and DNMC (lost days from work) | -Pain (VAS)-Physical function (WOMAC)-Pain (WOMAC)-QALY (AQoL2) |
| ACR: American College of Rheumatology; ACTRN: Australian New Zealand Clinical Trials Registry reference number; AQoL2: Assessment of Quality of Life, version 2; CEA: Cost-effectiveness analysis; CMA: Cost-minimization analysis; CUA: Cost-utility analysis; DMC: Direct medical costs; DNMC: Direct non-medical costs; OA: Osteoarthritis; QALY: Quality adjusted life years; TKR: Total knee replacement; WOMAC: Western Ontario and McMaster Universities Arthritis Index.\*Status according to clinical trials registries (22nd April 2015)†Type of economic evaluation and time horizon |