

2-year, 10 year and lifetime time horizon results, with standard care as the comparator

	Absolute Cost	Incremental Cost	Absolute QALY gain	Incremental QALY gain	ICUR
<b>2-year Time Horizon</b>					
<b>Publicly Funded Health Care System Perspective</b>					
<i>Standard Care</i>	8040	-	1.37	-	-
<i>Medical Therapy</i>	10590	2550	1.56	0.19	13,420
<i>Surgical Therapy</i>	25460	17420	1.69	0.32	54,440
<b>Societal Perspective</b>					
<i>Standard Care</i>	51,020	-	1.37	-	-
<i>Medical Therapy</i>	39,360	-11,660	1.56	0.19	Dominates (less costly and more effective)
<i>Surgical Therapy</i>	51,130	110	1.69	0.32	344
<b>10-year Time Horizon</b>					

<b>Publicly Funded Health Care System Perspective</b>					
<i>Standard Care</i>	53,510	-	5.85	-	-
<i>Medical Therapy</i>	75,330	21,820	6.66	0.8	27280
<i>Surgical Therapy</i>	80,500	26,990	7.20	1.35	19,990
<b>Societal Perspective</b>					
<i>Standard Care</i>	204,100	-	5.88	-	
<i>Medical Therapy</i>	117,600	-86,500	6.68	0.8	Dominant
<i>Surgical Therapy</i>	134,580	-69,520	7.21	1.33	Dominant
<b>Lifetime Time Horizon</b>					

Appendix 5, as supplied by the authors. Appendix to: Lester ELW, Padwal RS, Birch DW, et al. The real world cost-effectiveness of bariatric surgery for the treatment of severe obesity: a cost-utility analysis. *CMAJ Open* 2021. DOI:10.9778/cmajo.20200188. Copyright © 2021 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at [cmajgroup@cmaj.ca](mailto:cmajgroup@cmaj.ca).

<b>Publicly Funded Health Care System Perspective</b>					
<i>Standard Care</i>	168,220	-	10.41	-	-
<i>Medical Therapy</i>	260,910	92,690	12.49	2.08	44,560
<i>Surgical Therapy</i>	227,630	59,410	14.63	4.22	14,080
<b>Societal Perspective</b>					
<i>Standard Care</i>	436,490	-	10.41		
<i>Medical Therapy</i>	330,770	-105,720	12.49	2.08	Dominant
<i>Surgical Therapy</i>	313,160	-123,330	14.63	4.22	Dominant