# Five-Hundred Life-Saving Interventions and Their Cost-Effectiveness

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We gathered information on the cost-effectiveness of life-saving interventions in the United States from publicly available economic analyses. "Life-saving interventions" were defined as any behavioral and/or technological strategy that reduces the probability of premature death among a specified target population. We defined cost-effectiveness as the net resource costs of an intervention per year of life saved. To improve the comparability of cost-effectiveness ratios arrived at with diverse methods, we established fixed definitional goals and revised published estimates, when necessary and feasible, to meet these goals. The 587 interventions identified ranged from those that save more resources than they cost, to those costing more than 10 billion dollars per year of life saved. Overall, the median intervention costs \$42,000 per life-year saved. The median medical intervention costs \$19,000/life-year; injury reduction \$48,000/life-year; and toxin control \$2,800,000/life-year. Cost/life-year ratios and bibliographic references for more than 500 life-saving interventions are provided.

KEY WORDS: Cost-effectiveness; economic evaluation; life-saving; resource allocation.

#### 1. INTRODUCTION

Risk analysts have long been interested in strategies that can reduce mortality risks at reasonable cost to the public. Based on anecdotal and selective comparisons, analysts have noted that the cost-effectiveness of risk-reduction opportunities varies enormously, often over several orders of magnitude. (1-5) This kind of variation is

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unnerving because economic efficiency in promoting survival requires that the marginal benefit per dollar spent be equal across investments.

Despite continuing interest in cost-effectiveness, we could find no comprehensive and accessible data set on the estimated costs and effectiveness of risk management options. Such a dataset could provide useful comparative information for risk analysts as well as practical information for decision makers who must allocate scarce resources. To this end, we report cost-effectiveness ratios for more than 500 life-saving interventions across all sectors of American society.

#### 2. METHODS

#### 2.1. Literature Review

We performed a comprehensive search for publicly available economic analyses of life-saving interventions.

"Life-saving interventions" were defined as any behavioral and/or technological strategy that reduces the probability of premature death among a specified target population. To identify analyses we used several on-line databases, examined the bibliographies of textbooks and review articles, and obtained full manuscripts of conference abstracts. Analyses retained for review met the following three criteria: (1) written in the English language, (2) contained information on interventions relevant to the United States, and (3) reported cost per year of life saved, or contained sufficient information to calculate this ratio. Most analyses were scientific journal articles or government regulatory impact analyses, but some were internal government memos, reports issued by research organizations, or unpublished manuscripts.

Two trained reviewers (from a total of 11 reviewers) read each document. Each reviewer recorded 52 items, including detailed descriptions of the nature of the life-saving intervention, the baseline intervention to which it was compared, the target population at risk, and cost per year of life saved. The two reviewers worked independently, then met and came to consensus on the content of the document.

Approximately 1200 documents were identified for retrieval. Of these 1200 documents, 229 met our selection criteria. The 229 documents contained sufficient information for reviewers to calculate cost/life-year saved for 587 interventions.

#### 2.2. Definitional Goals

To increase the comparability of cost-effectiveness estimates drawn from different economic analyses, we established seven definitional goals. When an estimate failed to comply with a goal, reviewers attempted to revise the estimate to improve compliance. In general, reviewers used only the information provided in the document to revise estimates. The seven definitional goals were:

- Cost-effectiveness estimates should be in the form of "cost per year of life saved." Cost/life saved estimates should be transformed to cost/life-year by considering the average number of years of life saved when a premature death is averted.
- 8 Appendices describing the cost-effectiveness formulas used to operationalize these definitional goals, along with some examples of the calculations made by reviewers of the economic analyses, are available from Dr. Tengs.

- 2. Costs and effectiveness should be evaluated from the societal perspective.
- 3. Costs should be "direct." Indirect costs, such as foregone earnings, should be excluded.
- 4. Costs and effectiveness should be "net." Any resource savings or mortality risks induced by the intervention should be subtracted out.
- 5. Future costs and life-years saved should all be discounted to their present value at a rate of 5%.
- Cost-effectiveness ratios should be marginal or "incremental." Both costs and effectiveness should be evaluated with respect to a well-defined baseline alternative.
- 7. Costs should be expressed in 1993 dollars using the general consumer price index.

### 2.3. Categorization

Interventions were classified according to a four-way typology. (1) Intervention Type (Fatal Injury Reduction, Medicine, or Toxin Control), (2) Sector of Society (Environmental, Health Care, Occupational, Residential, or Transportation), (3) Regulatory Agency (CPSC, EPA, FAA, NHTSA, OSHA, or None), and (4) Prevention Stage (Primary, Secondary, or Tertiary).

Interventions we classified as primary prevention are designed to completely avert the occurrence of disease or injury; those classified as secondary prevention are intended to slow, halt, or reverse the progression of disease or injury through early detection and intervention; and interventions classified as tertiary prevention include all medical or surgical treatments designed to limit disability after harm has occurred, and to promote the highest attainable level of functioning among individuals with irreversible or chronic disease. (6)

#### 3. RESULTS

Cost-effectiveness estimates for more than 500 life-saving interventions appear in Appendix A. This table is separated into three sections according to the type of intervention: Fatal Injury Reduction, Toxin Control, and Medicine. The first column of Appendix A contains the reference number assigned to the document from which the cost-effectiveness estimate was drawn (references are in Appendix B.) The second column contains a very brief description of the life-saving intervention. The

<sup>9</sup> If savings exceed costs, the result could be negative, so that the costeffectiveness ratio might be ≤\$0.

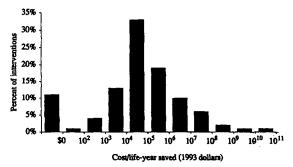


Fig. 1. Distribution of cost/life-year saved estimates (n = 587).

baseline intervention to which the life-saving intervention was compared appears parenthetically as "(vs. \_\_\_)" when the author described it. The last column of Appendix A contains the cost per year of life saved in 1993 dollars.

As shown in Fig. 1, these interventions range from those that save more resources than they consume, to those costing more than 10 billion dollars per year of life saved. Furthermore, variation over 11 orders of magnitude exists in almost every category.

In addition to the large variation within categories, variation in cost-effectiveness also exists between categories. As summarized in Table I, while the median intervention described in the literature costs \$42,000 per life-year saved (n = 587), the median medical intervention costs \$19,000/life-year (n = 310); the median injury reduction intervention costs \$48,000/life-year (n = 133); and the median toxin control intervention costs \$2,800,000/life-year (n = 144).

Cost-effectiveness also varies as a function of the sector of society in which the intervention is found. For example, as shown in Table I, the median intervention in the transportation sector costs \$56,000/life-year saved (n = 87), while the median intervention in the occupational sector costs \$350,000/life-year (n = 36). Further dividing occupational interventions into those that avert fatal injuries and those that involve the control of toxins, reveals medians of \$68,000/life-year (n = 16) and \$1,400,000/life-year (n = 20), respectively.

As noted in Table II, the median cost-effectiveness estimate among those interventions classified as primary prevention is \$79,000/life-year saved (n = 373), exceeding secondary prevention at \$23,000/life-year (n = 111) and tertiary prevention at \$22,000/life-year (n = 103). However, if medicine is considered in isolation, we find that primary prevention is more cost-effective that secondary or tertiary prevention at \$5,000/life-year (n = 96).

Table I. Median of Cost/Life-Year Saved Estimates as a Function of Sector of Society and Type of Intervention

	Type of intervention				
Sector of society	Medicine	Fatal injury reduction	Toxin control	All	
Health care	\$19,000	N/Aª	N/A	\$19,000	
	(n=310)			(n=310)	
Residential	N/A	\$36,000	N/A	\$36,000	
		(n=30)		(n=30)	
Transportation	N/A	\$56,000	N/A	\$56,000	
-		(n=87)		(n=87)	
Occupational	N/A	\$68,000	\$1,400,000	\$350,000	
•		(n=16)	(n=20)	(n=36)	
Environmental	N/A	N/A	\$4,200,000	\$4,200,000	
			(n=124)	(n=124)	
All	\$19,000	\$48,000	\$2,800,000	\$42,000	
	(n=310)	(n=133)	(n=144)	(n=587)	

<sup>&</sup>quot; Not applicable by definition.

Table II. Median of Cost/Life-Year Saved Estimates as a Function of Prevention Stage and Type of Intervention

	Type of intervetion				
Prevention stage	Medicine	Fatal injury reduction	Toxin control	All	
Primary	\$5,000	\$48,000	\$2,800,000	\$79,000	
•	(n=96)	(n=133)	(n=144)	(n=373)	
Secondary	\$23,000	N/A	N/A	\$23,000	
•	(n=111)			(n=111)	
Tertiary	\$22,000	N/A	N/A	\$22,000	
•	(n=103)			(n=103)	
All	\$19,000	\$48,000	\$2,800,000	\$42,000	
	(n=310)	(n=133)	(n=144)	(n=587)	

The median cost-effectiveness of proposed government regulations for which we have data also varies considerably. Medians for each agency are as follows: Federal Aviation Administration, \$23,000/life-year (n = 4); Consumer Product Safety Commission, \$68,000/life-year (n = 11); National Highway Traffic Safety Administration, \$78,000/life-year (n = 31); Occupational Safety and Health Administration, \$88,000/life-year (n = 16); and Environmental Protection Agency, \$7,600,000/life-year (n = 89).

#### 4. LIMITATIONS

This compilation of existing data represents the most ambitious effort ever undertaken to amass cost-effectiveness information across all sectors of society. In

addition, our work to bring diverse estimates into compliance with a set of definitional goals has improved the comparability of cost-effectiveness estimates that were originally derived by different authors using a variety of methods. Nevertheless, several caveats are warranted to aid the reader in interpreting these results.

First, the accuracy of the results presented herein is limited by the accuracy of the data and assumptions upon which the original analyses were based. There remains considerable uncertainty and controversy about the cost consequences and survival benefits of some interventions. This is particularly true for toxin control interventions where authors often extrapolate from animal data. In addition, due to insufficient information in some economic analyses, reviewers were not always successful in bringing estimates into conformity with definitional goals. For example, if the original author did not report the monetary savings due to the reduction in nonfatal injuries requiring treatment, we were unable to "net out" savings, and so the costs used to calculate costeffectiveness ratios remain gross. While some of these omissions are important, others are largely inconsequential given the relative size of cost and effectiveness estimates.

Second, the life-saving interventions described in this report include those that are fully implemented, those that are only partially implemented, and those that are not implemented at all. These interventions are best thought of as opportunities for investment. While they may offer insight into actual investments in life-saving, the cost-effectiveness of possible and actual investments are not equivalent. Work on the economic efficiency of actual expenditures is in progress.<sup>(7)</sup>

Third, this dataset may not represent a random sample of all life-saving interventions, so the generalizability of any descriptive statistics may be limited. This is because interventions that have been subjected to economic analysis may not represent a random sample of all life-saving interventions due, for example, to publication bias. That is, those economic analyses that researchers have chosen to perform and journal editors have chosen to publish may be disproportionately expensive or inexpensive. However, the statistics presented herein are certainly applicable to the 587 life-saving interventions in our dataset which by themselves comprise a vast and varied set, worthy of interest even without generalization.

Finally, we recognize that many of these interventions have benefits other than survival, as well as adverse consequences other than costs. For example, interventions that reduce fatal injuries in some people may also reduce nonfatal injuries in others; interventions designed to control toxins in the environment may have short-term effects on survival, but also long-term cumulative effects on the ecosystem; medicine and surgery may increase quantity of life, while simultaneously increasing (or even decreasing) quality of life.

#### 5. CONCLUSIONS

This compilation of available cost-effectiveness data reveals that there is enormous variation in the cost of saving one year of life and these differences exist both within and between categories. Such a result is important because efficiency in promoting survival requires that the marginal benefit per dollar spent be the same across programs. Where there are investment inequalities, more lives could be saved by shifting resources. It is our hope that this information will expand the perspective of risk analysts while aiding future resource allocation decisions.

### APPENDIX A. FIVE-HUNDRED LIFE-SAVING INTERVENTIONS AND THEIR COST-EFFECTIVENESS

Ket no. <sup>a</sup>	Life-saving intervention <sup>b</sup>	Cost/life-year
	Fatal injury reduction	
Airplane s	·	
	Automatic fire extinguishers in airplane lavatory trash receptacles	\$16,000
173 I	Fiberglass fire-blocking airplane seat cushions	\$17,000
174 5	Smoke detectors in airplane lavatories	\$30,000
172 H	Emergency signs, floor lighting etc. (vs. upper lighting only) in airplanes	\$54,000
	e design improvements	
	nstall windshields with adhesive bonding (vs. rubber gaskets) in cars	≤ \$0
	Oual master cylinder braking system in cars	\$13,000
	Automobile dummy acceleration (vs. side door strength) tests	\$63,000
	Collapsible (vs. traditional) steering columns in cars	\$67,000
	Side structure improvements in cars to reduce door intrusion upon crash	\$110,000
	Front disk (vs. drum) brakes in cars	\$240,000
299 I	Dual master cylinder braking system in cars	\$450,000
	e occupant restraint systems	- eu
	Oriver automatic (vs. manual) belts in cars	≤ \$( •€)
	Mandatory seat belt use law	\$69
	Mandatory seat belt use and child restraint law	\$90 \$1.20
	Driver and passenger automatic shoulder belt/knee pads (vs. manual belts) in cars	\$1,30
	Driver and passenger automatic shoulder/manual lap (vs. manual lap) belts in cars	\$5,40
	Airbag/manual lap belts (vs. manual lap belts only) in cars	\$6,70
	Airbag/lap belts (vs. lap/shoulder belts)	\$17,00
	Driver and passenger automatic (vs. manual) belts in cars	\$32,00
	Driver airbag/manual lap belt (vs. manual lap/shoulder belt) in cars	\$42,00
	Driver and passenger airbags/manual lap belts (vs. airbag for driver only and belts)	\$61,00
	Driver and passenger airbags/manual lap belts (vs. manual lap belts only) in cars	\$62,00
	Child restraint systems in cars	\$73,00
	Rear outboard lap/shoulder belts in all (vs. 96%) cars	\$74,00
	Airbags (vs. manual lap belts) in cars	\$120,00
1127	Rear outboard and center (vs. outboard only) lap/shoulder belts in all cars	\$360,00
Constructi		≤ \$
	Full (vs. partial) compliance with 1971 safety standard for concrete construction	≤ \$ ≤ \$
	1988 (vs. 1971) safety standard for concrete construction	•
	1989 (vs. no) safety standard for underground construction	\$30,00
	1989 (vs. 1972) safety standard for underground construction	\$30,00
	1989 safety standard for underground gassy construction	\$30,00
	Revised safety standard for underground non-gassy construction	\$46,00
	Install canopies on underground equipment in coal mines	\$170,00
	Safety standard to prevent cave-ins during excavations at construction sites	\$190,00
	Full compliance with 1989 (vs. partial with 1971) safety standard for trenches	\$350,00
1165	Full (vs. partial) compliance with 1971 safety standard for trenches	\$400,00
	and smoke detectors	- 0
	Federal law requiring smoke detectors in homes	≤ \$
	Fire detectors in homes	≤ \$ ••••
	Federal law requiring smoke detectors in homes	\$92 \$8.10
	Smoke and heat detectors in homes	\$8,10
	Smoke and heat detectors in bedroom area and basement stairwell	\$150,00
303	Smoke detectors in homes	\$210,00
-	ention and protection, other	\$42,00
122	Child-resistant cigarette lighters	342,UC
	ility standards	≤ \$
	Flammability standard for children's sleepwear size 0-6X	\$30 \$30
100	Flammability standard for upholstered furniture	\$45,00

o.ª Life-	saving intervention	Cost/life-ye
	Flammability standard for upholstered furniture	\$68,000
	Flammability standard for children's sleepwear size 7-14	\$160,000
	Flammability standard for children's clothing size 0-6X	\$220,000
	Flammability standard for children's clothing size 7-14	\$15,000,000
	promotion	. 00
	Mandatory motorcycle helmet laws	≤ \$0
	Federal mandatory motorcycle helmet laws (vs. state determined policies)	\$2,000 \$2,000
	Mandatory motorcycle helmet laws Promote voluntary helmet use while riding All-Terrain Vehicles	\$2,000 \$44,000
	improvement	
	Grooved pavement on highways	\$29,000
	Decrease utility pole density to 20 (vs 40) poles per mile on rural roads	\$31,000
	Channelized turning lanes at highway intersections	\$39,000
	Flashing lights at rail-highway crossings	\$42,000
747		\$45,000
	Widen existing bridges on highways	\$82,000
	Widen shoulders on rural two-lane roads to 5 (vs. 2) feet	\$120,000
	Breakaway (vs. existing) utility poles on rural highways	\$150,000
	Widen lanes on rural roads to 11 (vs. 9) feet	\$150,000
	Relocate utility poles to 15 (vs. 8) feet from edge of highway	\$420,000
-	ack design improvements	
1091	Ceilings of 0-6000 lb light trucks withstand forces of 1.5 × vehicle's weight	\$13,000
1091	Ceilings of 0-10,000 lb light trucks withstand forces of 1.5 × vehicle's weight	\$14,000
	Ceilings of 0-8500 lb light trucks withstand forces of 1.5 × vehicle's weight	\$78,000
1091	Ceilings of 0-10,000 lb light trucks withstand 5000 lb of force	\$170,000
1126	Side door strength standard in light trucks to minimize front seat intrusion	\$190,000
1091	Ceilings of 0-6000 lb light trucks withstand 5000 lb of force	\$1,100,000
1126	Side door strength standard in light trucks to minimize back seat intrusion	\$10,000,000
-	uck occupant restraint systems	
1089	• • • • • • • • • • • • • • • • • • • •	\$14,000
	Push-button release and emergency locking retractors on truck and bus seat belts	\$14,000
	Driver and passenger motorized automatic (vs. manual) belts in light trucks	\$50,000
1089	J. , , , , , , , , , , , , , , , , , , ,	\$56,000
1089	Driver and passenger airbags (vs. manual lap/shoulder belts) in light trucks	\$67,000
	disaster preparedness	≤ \$0
	Soils testing and improved site-grading in landslide-prone areas  Ban residential growth in tsunami-prone areas	≤ \$0 ≤ \$0
1221	Strengthen unreinforced masonry San Francisco bldgs to LA standards	\$21,000
	Strengthen unreinforced masonry San Francisco bldgs to beyond LA standards	\$1,000,000
1221	Triple the wind resistance capabilities of new buildings	\$2,600,000
1221		\$5,500,000
1221		\$18,000,000
School	bus safety	
1124	Seat back height of 24" (vs. 20") in school buses	\$150,000
1124	Crossing control arms for school buses	\$410,000
1124	Signal arms on school buses	\$430,000
1124	External loud speakers on school buses	\$590,000
1124	Mechanical sensors for school buses	\$1,200,000
1124	Electronic sensors for school buses	\$1,500,000
1124	Seat belts for passengers in school buses	\$2,800,000
1124	Staff school buses with adult monitors	\$4,900,000
Speed I		
	National (vs. state and local) 55 mph speed limit on highways and interstates	\$6,600
175	Full (vs. 50%) enforcement of national 55 mph speed limit	\$16,000

no.ª Life-	saving intervention <sup>b</sup>	Cost/life-yea
353	National (vs. state and local) 55 mph speed limit on highways and interstates	\$30,000
185	National (vs. state and local) 55 mph speed limit on highways	\$59,000
2	National (vs. state and local) 55 mph speed limit	\$89,000
185	National (vs. state and local) 55 mph speed limit on rural interstates	\$510,000
	safety education	
	Driver improvement schools (vs. suspending/revoking license) for bad drivers	≤ \$0
	Media campaign to increase voluntary use of seat belts	\$310
	Public pedestrian safety information campaign	\$500
	Improve traffic safety information for children grades K-12	\$710
	Motorcycle rider education program	\$5,700
	Improve motorcycle testing and licensing system	\$8,700
157		\$20,000
	Alcohol safety programs for drunk drivers	\$21,000 \$23,000
	Multimedia retraining courses for injury-prone drivers	\$23,000 \$84,000
175	Improve educational curriculum for beginning drivers First aid training for drivers	\$180,000
1124	Improve pedestrian education programs for school bus passengers grades K-6	\$280,000
175		\$720,000
	inspection	,
	Random motor vehicle inspection	\$1,500
	Compulsory annual motor vehicle inspection	\$20,000
	Periodic motor vehicle inspection	\$21,000
	Periodic motor vehicle inspection	\$57,000
	Periodic inspection of motor vehicle sample focusing on critical components	\$390,000
175		\$1,300,000
Iniury r	eduction interventions, miscellaneous	
	Terminate sale of three-wheeled All-Terrain Vehicles	≤ \$0
	Require front and rear lights to be on when motorcycle is in motion	\$1,100
	Selective traffic enforcement programs at high-risk times and locations	\$5,200
217	· · · · · · · · · · · · · · · · · · ·	\$8,500
311	Oxygen depletion sensor systems for gas space heaters	\$13,000
863	Require employers to ensure employees' motor vehicle safety	\$25,000
	"American" oxygen depletion sensor system for gas space heaters	\$51,000
1160	Workplace practice standard for electric power generation operation	\$59,000
175	Pedestrian and bicycle visibility enhancement programs	\$73,000
315	Lock out or tag out of machinery in repair	\$99,000
372		\$130,000
1005	Redesign chain saws to reduce rotational kickback injuries	\$230,000
101		\$1,100,000
468		\$1,200,000
1161	Equipment, work practices, and training standard for hazardous waste cleanup	\$2,000,000
	Toxin control	
Arsenio	control	
497	, • · · · · · · · · · · · · · · · · · ·	\$36,000
1216	0 0	\$74,000
	Arsenic emission standard (vs. capture and control) at glass plants	\$2,300,000
	Arsenic emission control at low-emitting ASARCO/El Paso copper smelter	\$2,600,000
	Arsenic emission control at glass plants	\$2,900,000
	Arsenic emission standard (vs. capture and control) at low-emit copper smelters	\$3,900,000
	Arsenic emission control at secondary lead plants	\$7,600,000 \$16,000,000
	Arsenic emission control at low-emitting copper smelters	\$16,000,000 \$29,000,000
	A TOOM A AMERICAN ACCUSED OF LOVE ASSISTED CONDESS SMALLASS	.かんツ.しれれしいパリ
1183 881		\$30,000,000

o.ª Life-s	aving intervention <sup>b</sup>	Cost/life
1183	Arsenic emission control at low-emitting Copper Range/White Pine copper smelter	\$890,000,000
Asbestos	control	
	Ban asbestos in brake blocks	\$29,000
819		\$55,000
881	Ban asbestos in pipeline wrap	\$65,000
881	Ban asbestos in specialty paper	\$80,000
651	Ban products containing asbestos (vs. 0.2 fibers/cc standard)	\$220,000
651		\$240,000
819		\$400,000
387	Asbestos exposure standard of 0.2 (vs. 2.0) fibers/cc in ship repair industry	\$410,000
881		\$550,000
881		\$580,000
881	Ban asbestos in non-roofing coatings	\$790,000
881	Ban asbestos in millboard	\$920,000
	Asbestos exposure standard of 0.2 (vs. 0.5) fibers/cc in friction products industry	\$1,200,000
	Asbestos exposure standard of 0.2 (vs. 0.5) fibers/cc in cement industry	\$1,900,000
881		\$2,000,000
881	<del>-</del>	\$2,700,000
881		\$5,200,000
881	Ban asbestos in sheet gaskets	\$5,700,000
881	Ban asbestos in packing	\$5,700,000
819	Ban products containing asbestos (vs. 0.5 fibers/cc) in textile industry	\$6,800,000
	Ban asbestos in reinforced plastics	\$8,200,000
881	•	\$15,000,000
387	Asbestos exposure standard of 0.2 (vs. 2.0) fibers/cc in construction industry	\$29,000,000
	Ban asbestos in thread, yarn, etc.	\$34,000,000
	Asbestos exposure standard of 1.0 (vs. 2.0) fibers/cc in friction products industry	\$41,000,000
	Ban asbestos in sealant tape	\$49,000,000
	Ban asbestos in automatic transmission components	\$66,000,000
	Ban asbestos in acetylene cylinders	\$350,000,000
881	Ban asbestos in missile liner	\$420,000,000
881	Ban asbestos in diaphragms	\$1,400,0000,000
Benzene	control	
1139	Benzene exposure standard of 1 (vs. 10) ppm in rubber and tire industry	\$76,000
881	Control of new benzene fugative emissions	\$230,000
	Control of existing benzene fugative emissions	\$240,000
721	Benzene exposure standard of 1 (vs. 10) ppm	\$240,000
881	Benzene emission control at pharmaceutical manufacturing plants	\$460,000
	Benzene emission control at coke by-product recovery plants	\$1,400,000
	Benzene exposure standard of 1 (vs. 10) ppm in coke and coal chemicals industry	\$3,000,000
881	Benzene emission control during transfer operations	\$4,100,000
881	<u> </u>	\$14,000,000
881	Benzene emission control at ethylbenzene/styrene process vents	\$14,000,000
881	Benzene emission control during waste operations	\$19,000,000
	Benzene emission control at maleic anhydride plants	\$20,000,000
	Benzene emission control at service stations storage vessels	\$91,000,000
	Control of benzene equipment leaks	\$98,000,000
881	Benzene emission control at chemical manufacturing process vents	\$180,000,000
881	Benzene emission control at bulk gasoline plants	\$230,000,000
881		\$530,000,000
881	Benzene emission control at rubber tire manufacturing plants	\$20,000,000,000
Chlorin		***
	Chlorination of drinking water	\$3,100
42	Chlorination, filtration and sedimentation of drinking water	\$4,200
	d coke oven emissions control	
38	Coal-fired power plants emission control through high stacks etc.	≤ \$(

. Lile-	saving intervention <sup>b</sup>	Cost/lif
	Coal-fired power plants emission control through coal beneficiation etc.	\$37,000
745	Coke oven emission standard for iron- or steel-producing plants	\$130,000
745	Acrylonitrile emission control via best available technology	\$9,000,000
	ehyde control	
716	Ban urea-formaldehyde foam insulation in homes	\$11,000
311	Ban urea-formaldehyde foam insulation in homes	\$220,000
1164	Formaldehyde exposure standard of 1 (vs. 3) ppm in wood industry	\$6,700,000
Lead co		
1217	Reduced lead content of gasoline from 1.1 to 0.1 grams per leaded gallon	≤ \$0
	diene control	
	1,3 Butadiene exposure standard of 10 (vs. 1000) ppm PEL in polymer plants	\$340,000
1138	1,3 Butadiene exposure standard of 2 (vs. 1000) ppm PEL in polymer plants	\$770,000
	e control	
	Ban chlorobenzilate pesticide on noncitrus	≤ \$0
	Ban amitraz pesticide on apples	≤ \$0
	Ban amitraz pesticide on pears	\$350,000
713	Ban chlorobenzilate pesticide on citrus	\$1,200,000
	n control at paper mills	
844	Chloroform emission standard at 17 low cost pulp mills	≤ \$0
844	Chloroform private well emission standard at 7 papergrade sulfite mills	\$25,000
844	Chloroform private well emission standard at 7 pulp mills	\$620,000
844	Chloroform reduction by replacing hypochlorite with chlorine dioxide at 1 mill	\$990,000
844	Dioxin emission standard of 5 lbs/air dried ton at pulp mills	\$4,500,000
844	Dioxin emission standard of 3 (vs. 5) lbs/air dried ton at pulp mills	\$7,500,000
844	Chloroform emission standard of 0.001 (vs. 0.01) risk level at pulp mills	\$7,700,000
844	Chloroform reduction by replace hypochlorite with chlorine dioxide at 70 mills	\$8,700,000
844		\$15,000,000
844		\$57,000,000
844	Chloroform private well emission standard at 48 pulp mills	\$99,000,000,000
	on control	
	Automatic collimators on X-ray equipment to reduce radiation exposure	\$23,000
	Radionuclide emission control at underground uranium mines	\$79,000
	Radionuclide emission control at Department of Energy facilities	\$730,000
	Radionuclide control via best available technology in uranium mines	\$850,000
	Radiation standard "as low as reasonably achievable" for nuclear power plants	\$1,100,000
	Radiation levels of 0.3 (vs. 1.0) WL at uranium mines	\$1,600,000
	Radiation standard "as low as reasonably achievable" for nuclear power plants	\$2,500,000
	Radionuclide emission control at surface uranium mines	\$3,900,000
	Radionuclide emission control at elemental phosphorous plants	\$9,200,000
	Radionuclide emission control at operating uranium mill tailings	\$11,000,000
	Radionuclide control via best available technology in phosphorous mines	\$16,000,000
881	1 1 0/1	\$29,000,000
881	5 1	\$40,000,000
1216	• • •	\$100,000,000
468	• •	\$180,000,000
	Thin, flexible, protective leaded gloves for radiologists	\$190,000,000
881		\$260,000,000
881	•	\$2,400,000,000
881		\$2,600,000,000
	Radionuclide emission control at uranium fuel cycle facilities	\$34,000,000,000

o.a Life-	saving intervention <sup>b</sup>	Cost/life-y
Radon o	control	
1266	Radon remediation in homes with levels ≥ 21.6 pCi/L	\$6,100
	Radon remediation in homes with levels ≥ 8.11 pCi/L	\$35,000
1030	Radon limit after disposal of uranium mill tailings of 20 (vs. 60) p(i/m2s)	\$49,000
1265	Radon remediation in homes with levels ≥ 4 pCi/L	\$140,000
1030	Radon limit after disposal of uranium mill tailings of 2 (vs. 6) p(i/m2s)	\$260,000
881	Radon emission control at Department of Energy facilities	\$5,100,000
SO2 co	atrol	
923	SO2 controls by installation of capacity to desulphurize residual fuel oil	≤ \$0
	oethylene control	
1215	Trichloroethylene standard of 2.7 (vs. 11) microgram/L in drinking water	\$34,000,000
	hloride control	41 (00 000
881	Vinyl chloride emission control at EDC/VC and PVC plants	\$1,600,000
718	Vinyl chloride emission standard	\$1,700,000
VOC c		#<10.000
1122	South Coast of California ozone control program	\$610,000
	ontrol, miscellaneous	AMT 000
725	Process safety standard for management of hazardous chemicals	\$77,000
	Medicine	
Almha		
-	antitrypsin replacement therapy Alpha antitrypsin replacement (vs. med) therapy for smoking men age 70	\$31,000
		\$36,000
	Alpha antitrypsin replacement (vs. med) therapy for smoking women age 40	
1004	Alpha antitrypsin replacement (vs. med) therapy for nonsmoking women age 30 Alpha antitrypsin replacement (vs. med) therapy for nonsmoking men age 60	\$56,000 \$80,000
		***,***
	ocker treatment following myocardial infarction	<b>**</b>
	Beta blockers for myocardial infarction survivors with no angina or hypertension	\$360
	Beta-blockers for myocardial infarction survivors	\$850
176	Beta-blockers for high-risk myocardial infarction survivors	\$3,000
176	Beta-blockers for low-risk myocardial infarction survivors	\$17,000
	cancer screening	
142	Mammography for women age 50	\$810
283	Mammography every 3 years for women age 50-65	\$2,700
	Annual mammography and breast exam for women age 35-49	\$10,000
	Annual physical breast cancer exam for womena age 35-49	\$12,000
	Annual mammography and breast exam (vs. just exam) for women age 40-64	\$17,000
	Annual mammography and breast exam for women age 40-49	\$62,000
	Annual mammography and breast exam (vs. just exam) for women age 40–49	\$95,000
	Annual mammography for women age 55-64	\$110,000
1230	• • •	\$190,000
Breast	cancer treatment	
1238	Postsurgical chemotherapy for premenopausal women with breast cancer	\$18,000
1238	Postsurgical chemotherapy for women with breast cancer age 60	\$22,000
1269		\$130,000
	al cancer screening	
Cervica	<u> </u>	< \$0
	Cervical cancer screening every 3 years for women age 65+	≤ \$0
1316		\$410
131 <i>6</i> 120	Cervical cancer screening every 9 (vs. 10) years for women age 30-39	\$410
1316 120 618		

)." Life-9	aving intervention <sup>b</sup>	Cost/life
120	Cervical cancer screening every 2 (vs. 3) years for women age 30-39	\$2,300
1316	Cervical cancer screening every 3 years for women age 65+	\$2,800
120	Annual (vs. every 2 years) cervical cancer screening for women age 30-39	\$4,100
783	One time cervical cancer screening for never-screened poor women age 65	\$5,000
707	Annual cervical cancer screening for women beginning at age 60	\$11,000
	Cervical cancer screening every 4 years (vs. never) for women age 20	\$12,000
88	One time mass screening for cervical cancer	\$13,000
258	Cervical cancer screening every 5 years for women age 35+ with 3+ kids	\$32,000
	Cervical cancer screening every 3 years for regularly-screened women age 65+	\$41,000
	Annual (vs. every 3 years) cervical cancer screening for women age 65+	\$49,000
707	Annual cervical cancer screening for women beginning at age 21	\$50,000
	Annual cervical cancer screening for women beginning at age 20	\$82,000
	Cervical cancer screening every 3 (vs. 4) years for women age 20	\$220,000
	Annual cervical cancer screening for women beginning at age 20	\$220,000
	Cervical cancer screening every 2 (vs. 3) years for women age 20	\$310,000
81	Annual (vs. every 2 years) cervical cancer screening for women age 20	\$1,500,000
	d immunization	
	Immunization for all infants and pre-school children (vs. scattered efforts)	≤ \$0
	Pertussis, diphtheria, and tetanus (vs. just diphtheria and tetanus) immunization	≤ \$0
	Measles, mumps, and rubella immunization for children	≤ \$0
	Polio immunization for children age 0-4	≤ \$0
	Rubella vaccination for children age 2	≤ \$0
1178	National measles eradication program for children	≤ \$0
	rol screening	<b>\$4.600</b>
	Cholesterol screening for boys age 10 and their first-degree relatives	\$4,600
603	Cholesterol screening for boys age 10	\$6,500
	rol treatment  Lovastatin for men age 35–54 with heart disease and ≥ 250 mg/dL	≤ \$0
	<u> </u>	\$12,000
	Low-cholesterol diet for men age 60 and 180 mg/dL	\$19,000
	Low-cholesterol diet for men age 30	\$20,000
	Lovastatin for men age 55-64 with heart disease and < 250 mg/dL	\$24,000
	Oat bran cholesterol reduction for men age 48 and > 265 mg/dL	\$26,000
	Lovastatin/low cholesterol diet (vs. diet) for men age 60 and 300 mg/dL	\$31,000
	Cholestyramine/low cholesterol diet (vs. diet) for men age 60 and 300 mg/dL	\$34,000
	Lovastatin for men age 45-54 with no heart disease and ≥ 300 mg/dL	
768		\$100,000
768	• • • • • • • • • • • • • • • • • • • •	\$150,000
791	•	\$160,000
768		\$200,000
1191		\$230,000
785	Low-cholesterol diet for men age 20 and 180 mg/dL	\$360,000
	Lovastatin 40 (vs. 20) mg for women age 35-44 with heart disease < 250 mg/dL	\$360,000
768	` ,	\$920,000
	Lovastatin for women age 35-44 with no heart disease and ≥ 300 mg/dL	\$1,200,000
785	, , ,	\$1,300,000
785	Cholestyramine/low cholesterol diet (vs. diet) for men age 20 and 240 mg/dL	\$1,800,000
Clinical		\$18,000
1004	Women's Health Trial to evaluate low-fat diet in reducing breast cancer  Clinical trial to evaluate alpha antitrypsin replacement therapy	\$53,000
Colorect	al screening	
	Annual stool guaiac colon cancer screening for people age 55+	≤ \$0
	One stool guaiac colon cancer screening for people age 40+	\$660
	One hemoccult screening for colorectal cancer for asymptomatic people age 55	\$1,300
	Colorectal cancer screening for people age 40+	\$4,500
	Colonoscopy for colorectal cancer screening for people age 40+	\$90,000
1133		

.ª Life-	saving intervention <sup>b</sup>	Cost/li
Coronar	v artery bypass graft surgery (CABG)	
	Left main coronary artery bypass graft surgery (vs. medical management)	\$2,300
	Left main coronary artery bypass graft surgery (vs. medical management)	\$5,600
	3-vessel coronary artery bypass graft surgery (vs. medical management)	\$12,000
	3-vessel coronary artery bypass graft surgery (vs. PTCA) for severe angina	\$23,000
	2-vessel coronary artery bypass graft surgery (vs. medical management)	\$28,000
	2-vessel coronary artery bypass graft surgery (vs. medical management)	\$75,000
	3-vessel coronary artery bypass graft surgery (vs. PTCA) for mild angina	\$100,000
1200	2-vessel coronary artery bypass graft surgery (vs. PTCA) for severe angina	\$430,000
_	d alcohol treatment	
	Occupational assistance programs for working problem-drinkers	≤ \$(
	Detoxification for heroin addicts	≤ \$(
	Methadone maintenance for heroin addicts	≤ \$0
650	Narcotic antagonists for heroin addicts	≤ \$0
_	cy vehicle response	fra
	Defibrillators in emergency vehicles for resuscitation after cardiac arrest	\$3! \$39
	Defibrillators in emergency vehicles staffed with paramedics (vs. EMTs)  Defibrillators in ambulances for resuscitation after cardiac arrest	\$390 \$460
		\$40 \$82
	Emergency vehicle response for cardiac arrest Advanced life support paramedical equipped vehicle	\$5,40
237	Advanced me support parametrical equipped venicle  Advanced resuscitative care (vs. basic emergency services) for cardiac arrest	\$27,00
175		\$120,000
Gastroir	testinal screening and treatment	
	Sclerotherapy (vs. medical therapy) for esophageal bleeding in alcoholics	≤ \$
148	** '	≤ <b>\$</b>
	Expectant management of silent gallstones in men age 30	≤ \$
797	• •	≤ \$
797		≤ \$
584		≤ <b>\$</b> (
235	Ulcer therapy (vs. surgery) for duodenal ulcers	\$6,60
577	Medical or surgical treatment for advanced esophageal cancer	\$12,00
587	Surgery for liver cirrhosis patients with acute variceal bleeding	\$17,00
1046		\$41,00
1067	Misoprostol to prevent drug-induced gastrointestinal bleed in at-risk patients	\$47,00
587	• • • • • • • • • • • • • • • • • • • •	\$61,00
1067	Misoprostol to prevent drug-induced gastrointestinal bleed	\$210,00
1046	Upper gastrointestinal X-ray and endoscopy (vs. ulcer therapy) for gastric cancer	\$300,00
1046		\$420,00
Heart di	sease screening and treatment, miscellaneous	
518	Exercise stress test for asymptomatic men age 60	\$4
358	Pacemaker implant (vs. medical management) for atrioventricular heart block	\$1,60
251	Reconstruct mitral valve for symptomatic mitral valve disease	\$6,70
350		\$13,00
990	1.77	\$23,00
1066	, , , , , , , , , , , , , , , , , , , ,	\$28,00
346	3 1 3 1 3 3 5 5	\$38,00
251	Replace (vs. reconstruct) mitral valve for symptomatic mitral valve disease	\$150,00
	ansplantation  Heart transplantation for patients age 55 or younger and favorable prognosis	\$3,60
	Heart transplantation for patients age 50 with terminal heart disease	\$3,00 \$100,00
	DS screening and prevention	
	Voluntary (vs. limited) screening for HIV in female drug users and sex partners	≤ 5
1097		\$14,00
1371	Screen donated blood for HIV with an additional FDA-licensed test	\$880,00

.a Life-	saving intervention <sup>b</sup>	Cost/life-y
1102	Universal (vs. category-specific) precautions to prevent HIV transmission	\$890,000
HIV/AII	OS treatment	
1199	Zidovudine for asymptomatic HIV+ people	≤ \$0
1121	Oral dapsone for prophylaxis of PCP in HIV+ people	\$16,000
1121	Aerosolized pentamidine for prophylaxis of PCP in HIV+ people	\$20,000
1096	AZT for people with AIDS	\$26,000
1264	Prophylactic AZT following needlestick injury in health care workers	\$41,000
1117	Zidovudine for asymptomatic HIV+ people	\$45,000
Hormon	e replacement therapy	
227	Estrogen for menopausal women age 50	≤ \$0
	Estrogen-progestin for symptomatic monopausal women age 50	\$15,000
	Estrogen for symptomatic menopausal women age 50	\$26,000
	Estrogen-progestin for 15 years in asymptomatic menopausal women age 50	\$30,000
	Estrogen-progestin for 5 years in asymptomatic menopausal women age 50	\$32,000
	Estrogen for post-menopausal women age 55-70	\$36,000
	Estrogen for menopausal women age 50	\$42,000
	Estrogen for asymptomatic post-menopausal women age 50-65	\$77,000
	Estrogen for symptomatic post-menopausal women age 50-65	\$81,000
	Estrogen for asymptomatic menopausal women age 50	\$89,000
	Hormone replacement for asymptomatic perimenopausal white women age 50	\$120,000
227		\$130,000
90	Estrogen for asymptomatic post-menopausal women age 55-70	\$250,000
	nsion drugs	
225	Antihypertensive drugs for men age 25+ and 125 mmHg	\$3,800
225	•	\$4,700
	Beta-blockers for hypertensive patients age 35-64 no heart disease and ≥ 95 mmHg	\$14,000
91	Antihypertensive drugs for patients age 40 and ≥ 105 mmHg	\$16,000
91 1068	Antihypertensive drugs for patients age 40 and 95–104 mmHg Captopril for people age 35–64 with no heart disease and ≥ 95 mmHg	\$32,000 \$93,000
Hyperte	nsion screening	
	Hypertension screening for Black men age 55-64 and ≥ 90 mmHg	\$5,000
761	Hypertension screening for men age 45–54	\$5,200
111		\$6,500
111		\$8,400
	Hypertension screening for asymptomatic men age 60	\$11,000
	Hypertension screening for asymptomatic women age 60	\$17,000
	Hypertension screening for asymptomatic men age 40	\$23,000
	Hypertension screening every 5 years for men age 55-64	\$31,000
	Hypertension screening for asymptomatic women age 40	\$36,000
111	Hypertension screening for White women age 18-24 and ≥ 90 mmHg	\$37,000
	Hypertension screening for asymptomatic men age 20	\$48,000
	Hypertension screening for asymptomatic women age 20	\$87,000
Hystere	ctomy to prevent uterine cancer	
750	Hysterectomy without oopherectomy for asymptomatic women age 35	≤ \$0
	Hysterectomy with oopherectomy for asymptomatic women age 40	\$51,000
758	Hysterectomy for asymptomatic women age 35	\$230,000
Influenz	a vaccination	
	Influenza vaccination for all citizens	\$140
156	Influenza vaccination for high risk people	\$570
156	Influenza vaccination for people age 5+	\$1,300
Intensiv		
422	Coronary care unit for patients under age 65 with cardiac arrest	\$390
125	,	\$490
1208	Intensive care and mechanical ventilation for acute respiratory distress syndrome	\$3,100

." Liie-	saving intervention <sup>b</sup>	Cost/life
125	Intensive care for young patients with polyradiculitis	\$3,600
1208	Intensive care and mechanical ventilation for acute respiratory failure	\$4,700
854	Intensive care for unstable patients with unpredictable clinical course	\$21,000
	Intensive care for patients with heart disease and respiratory failure	\$21,000
125	Intensive care for patients with multiple trauma	\$26,000
89	Coronary care unit for emergency patients with acute chest pain	\$250,000
602	Intensive care for very ill patients undergoing major vascular surgery	\$300,000
602	Intensive care for very ill patients with operative complications	\$390,000
602	Intensive care for seriously ill patients with multiple trauma	\$460,000
602	Intensive care for very ill patients undergoing neurosurgery for head trauma	\$490,000
125	Intensive care for men with advanced cirrhosis, kidney and liver failure	\$530,000
602	Intensive care for very ill patients with emergency abdominal catastrophes	\$660,000
602	Intensive care for very ill patients undergoing neoplastic disease operations	\$820,000
602	Intensive care for very ill patients undergoing major vascular operations	\$850,000
602	Intensive care for very ill patients with gastrointestinal bleeding, cirhosis etc.	\$950,000
	ia treatment and infection control	
	Bone marrow transplant (vs. chemotherapy) for acute nonlymphocytic leukemia	\$12,000
	Bone marrow transplant for acute nonlymphocytic leukemia in adults	\$20,000
	Chemotherapy for acute nonlymphocytic leukemia in adults	\$27,000
	Therapeutic leukocyte transfusion to prevent infection during chemotherapy	\$36,000
672		\$210,000
1239	Intravenous immune globulin to prevent infections in leukemia patients	\$7,100,000
	I intensive care	
	Neonatal intensive care for infants weighing 1000–1499 grams	\$5,700
	Neonatal intensive care for infants weighing 751-1000 grams	\$5,800
333 1249	Neonatal intensive care for infants weighing 500–999 grams  Neonatal intensive care for low birth weight infants	\$18,000 \$270,000
Newhor	n screening	*=: ·,···
	PKU genetic disorder screening in newborns	≤ \$0
	Congenital hypothyroidism screening in newborns	_ \$0 ≤ \$0
1141	• • • •	\$240
1141	•	\$110,000
1141	Sickle cell screening for newborns	\$65,000,000
1141	Sickle cell screening for non-Black low risk newborns	\$34,000,000,000
Organiza	ed health services	
1249	Special supplemental food program for women, infants, and children	\$3,400
653	Comprehensive (vs. fragmented) health care services	\$5,700
653	Comprehensive (vs. fragmented) health care services for mothers and children	\$11,000
1249	Organized family planning services for teenagers	\$16,000
1191	No cost-sharing (vs. cost sharing) for health care services	\$74,000
	Community health care services for women and infants	\$100,000
-	rosis screening	
	Bone mass screening and treat if $< 0.9 \text{ g/(cm)}^2$ for perimenopausal women age 50	\$13,000
	Bone mass screening and treat if < 1.0 g/(cm) <sup>2</sup> for perimenopausal women age 50	\$18,000
244	Bone mass screening and treat if $< 1.1 \text{ g/(cm)}^2$ for perimenopausal women age 50	\$41,000
	neous transluminal coronary angioplasty (PTCA)	** ***
	PTCA (vs. medical management) for men age 55 with severe angina	\$5,300
	PTCA (vs. medical management) for men age 55 with severe angina	\$7,400
	PTCA (vs. medical management) for men age 55 with mild angina	\$24,000
	PTCA (vs. medical management) for men age 55 with mild angina	\$110,000
Pneumo	nia vaccination	<b>61.000</b>
012		
	Pneumonia vaccination for people age 65+ Pneumonia vaccination for people age 65+	\$1,800 \$2,000

o.ª Life-	saving intervention <sup>b</sup>	Cost/life-yea
693	Pneumonia vaccination for people age 65+	\$2,200
812	Pneumonia vaccination for high risk immunodeficient people age 65+	\$6,500
812	Pneumonia vaccination for people age 45-64	\$10,000
782	Pneumonia vaccination for high risk people age 25-44	\$14,000
812	Pneumonia vaccination for high risk immunodeficient people age 45-64	\$28,000
782	Pneumonia vaccination for low risk people age 25-44	\$66,000
782	Pneumonia vaccination for children age 2-4	\$160,000
347	Pneumonia vaccination for children age 2-4	\$170,000
693	Pneumonia vaccination for children age 2-4	\$170,000
Prenatal	care	
1253	Term guard uterine activity monitor (vs. self-palpation) to detect contractions	≤ \$0
924	•	≤ \$0
1250	•	≤ \$0
1250		≤ \$0
	Universal (vs. existing) prenatal care for women with 12 years of education	≤ \$0
	Prenatal screening for hepatitis B in high risk women	≤ \$0
1220	, , , , ,	≤ \$0
	Prenatal care for pregnant women	≤ \$0
	Antepartum Anti-D treatment for Rh-negative primiparae pregnancies	\$1,100
	Prenatal care for pregnant women	\$2,100
340	Antepartum Anti-D treatment for Rh-negative multiparae pregnancies	\$2,900
1220	Isada method screening for group B streptococci colonization during labor	\$5,000
Renal d	· ·	
	Home dialysis for chronic end-stage renal disease	\$20,000
	Home dialysis for end-stage renal disease	\$22,000
	Home dialysis for end-stage renal disease	\$23,000
139	Home dialysis for people age 45 with chronic renal disease	\$24,000
419	Home dialysis for people age 64 or younger with chronic renal disease	\$25,000
1049		\$31,000
418	Home dialysis for people age 55-60 with acute renal failure	\$32,000
357	Dialysis for people age 35 with end-stage renal disease	\$38,000
419	Hospital dialysis for people age 55-64 with chronic renal failure	\$42,000
689	Home dialysis for end-stage renal disease	\$46,000
418	Hospital dialysis for people age 55-60 with acute renal failure	\$47,000
342	,	\$51,000
1049	•	\$55,000
	Center dialysis for end-stage renal disease	\$63,000
157	Center dialysis for end-stage renal disease	\$64,000
139		\$67,000
801	Center dialysis for end-stage renal disease	\$68,000
689		\$71,000
	Hospital dialysis for end-stage renal disease	\$74,000
689	Home dialysis (vs. transplantation) for end-stage renal disease	\$79,000
	ialysis and transplantation	* · · · · · ·
689	Home dialysis then transplant for end-stage renal disease	\$40,000
689	Hospital dialysis then transplant for end-stage renal disease	\$46,000
	ransplantation and infection control	** ***
1065	Cytomegalovirus immune globulin to prevent infection after renal transplant	\$3,500
1065		\$14,000
	Kidney transplant for end-stage renal disease	\$17,000
419		\$17,000
139	• • • • •	\$19,000
1050	• •	\$19,000
357	Kidney transplant from cadaver with cyclosporine (vs. azathioprine)	\$27,000
357	· · · · · · · · · · · · · · · · · · ·	\$29,000
	Kidney transplant from cadaver with azathioprine	\$29,000

Ref no. Life	saving intervention <sup>b</sup>	Cost/life-year
1065	Cytomegalovirus immune globulin to prevent infection after renal transplant	\$200,000
Smokin	g cessation advice	
1185		≤ \$0
952	Smoking cessation among patients hospitalized with myocardial infarction	≤ \$0
773	Smoking cessation advice for men age 50-54	<b>\$990</b>
773	Smoking cessation advice for men age 45-49	\$1,100
773	Smoking cessation advice for men age 35-39	\$1,400
773	Smoking cessation advice for women age 50-54	\$1,700
773	Smoking cessation advice for women age 45-49	\$1,900
773	Smoking cessation advice for women age 35-39	\$2,900
771	Nicotine gum (vs. no gum) and smoking cessation advice for men age 45-49	\$5,800
119	Nicotine gum (vs. no gum) and smoking cessation advice for men age 35-69	\$7,500
771	Nicotine gum (vs. no gum) and smoking cessation advice for men age 65-69	\$9,100
771	Nicotine gum (vs. no gum) and smoking cessation advice for women age 50-54	\$9,700
86	Smoking cessation advice for people who smoke more than one pack per day	\$9,800
119	Nicotine gum (vs. no gum) and smoking cessation advice for women age 35-69	\$11,000
771	Nicotine gum (vs. no gum) and smoking cessation advice for women age 65-69	\$13,000
Tuberc	alosis treatment	
784	Isoniazid chemotherapy for high risk White male tuberculin reactors age 20	≤ \$0
784	Isoniazid chemotherapy for low risk White male tuberculin reactors age 55	\$17,000
	thromboembolism prevention	
230	Heparin (vs. anticoagulants) to prevent venous thromboembolism	≤ \$0
769	Compression stockings to prevent venous thromboembolism	≤ \$0
770	Compression stockings to prevent venous thromboembolism	≤ \$0
770	Heparin to prevent venous thromboembolism	≤ \$0
770	Heparin and dihydroergotamine to prevent venous thromboembolism	≤ \$0
770	Intermittent pneumatic compression to prevent venous thromboembolism	≤ \$0
770	Heparin and stockings to prevent venous thromboembolism	≤ \$0
770	Warfarin sodium to prevent venous thromboembolism	≤ \$0
769	1 1 0 1	\$400
230	, <b>F</b> , <b>F</b>	<b>\$640</b>
769		\$960
	Heparin and stockings to prevent venous thromboembolism	\$1,000
769		\$1,700
769		\$2,400
787		\$5,100
<b>7</b> 69 <b>7</b> 87		\$42,000 \$4,300,000
		₽ <del>1</del> ,200,000
Medici 443	Regardespectrum chemotherapy for cancer of unknown primary origin	≤ \$0
728 728	Cefoxitin/gentamicin (vs. ceftizoxime) for intra-abdominal infection	\$880 \$1.400
		\$1,400 \$4,800
709	Computed tomography in patients with severe headache Continuous (vs. nocturnal) oxygen for hypoxemic obstructive lung disease	\$4,800 \$7,000
906	, , , , , , , , , , , , , , , , , , , ,	\$7,000 \$360,000

<sup>&</sup>lt;sup>a</sup> Reference numbers correspond to records in the database and to the references listed in Appendix B.

b Due to space limitations, life-saving interventions are described only briefly. When the original author compared the intervention to a baseline of "the status quo" or "do nothing" the baseline intervention is omitted here. Other baseline interventions appear as "(vs. )." Cost-effectiveness estimates are based on the particular life-saving intervention, base case intervention, target population, data, and methods as detailed by the original author(s). It is suggested the reader review the original document to gain a full appreciation of the origination of the estimates.

All costs are in 1993 U.S. dollars and were updated with the general consumer price index. To emphasize the approximate nature of estimates, they are rounded to two significant figures.

### APPENDIX B. REFERENCES FOR COST-EFFECTIVENESS ANALYSES<sup>a</sup>

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<sup>&</sup>lt;sup>a</sup> Reference numbers correspond to records in the database and to interventions described in Appendix A. Missing numbers reflect documents that were retrieved but did not contain suitable cost-effectiveness data.