

Minor deviations required from the health economics analysis plan

1. Shared intervention costs were allocated to individual patients at the cohort level rather than the session level, because some of the shared costs (eg phone calls relating to course arrangements) were not assigned to a particular RAFT session.
2. Data cleaning and imputation continued after unblinding of the economic researcher to the trial result. However, data cleaning was undertaken without knowledge of the arm a particular patient was assigned to (other than intervention costs themselves).
3. Costs were reported in 2015/2016 pounds sterling rather than 2016/2017, as these were the most recently available at the time of analysis.
4. Seemingly unrelated regression techniques were used to derive confidence intervals rather than bootstrapping techniques.
5. The van Hout crosswalk was used to derive utilities from EQ-5D scores instead of the EQ-5D-5L value set for England, in response to a position statement issued by NICE.^{1,2}
6. Baseline BRAF-NRS Impact was controlled for in the cost-effectiveness analysis, in order to reduce any potential bias and for consistency with the primary cost–utility analysis.
7. Centre was controlled for in all analyses in order to account for any centre effect and for consistency with the statistical analyses.

References:

- 1 NICE. Guide to the methods of technology appraisal. 2013. URL: <https://www.nice.org.uk/process/pmg9/chapter/the-reference-case> (Accessed 17 May 2018).
- 2 Herdman M, Gudex C, Lloyd A, Janssen M, Kind P, Parkin D, *et al.* Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). *Qual Life Research* 2011;**20**:1727-36.