



Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Gadsden T, Si L, Atkins E, et al. The health and economic benefits of improving prehospital identification of stroke in Australian women: a modelling study. *Med J Aust* 2025; doi: 10.5694/mja2.52701.

Table 1: CHEERS 2022 Checklist

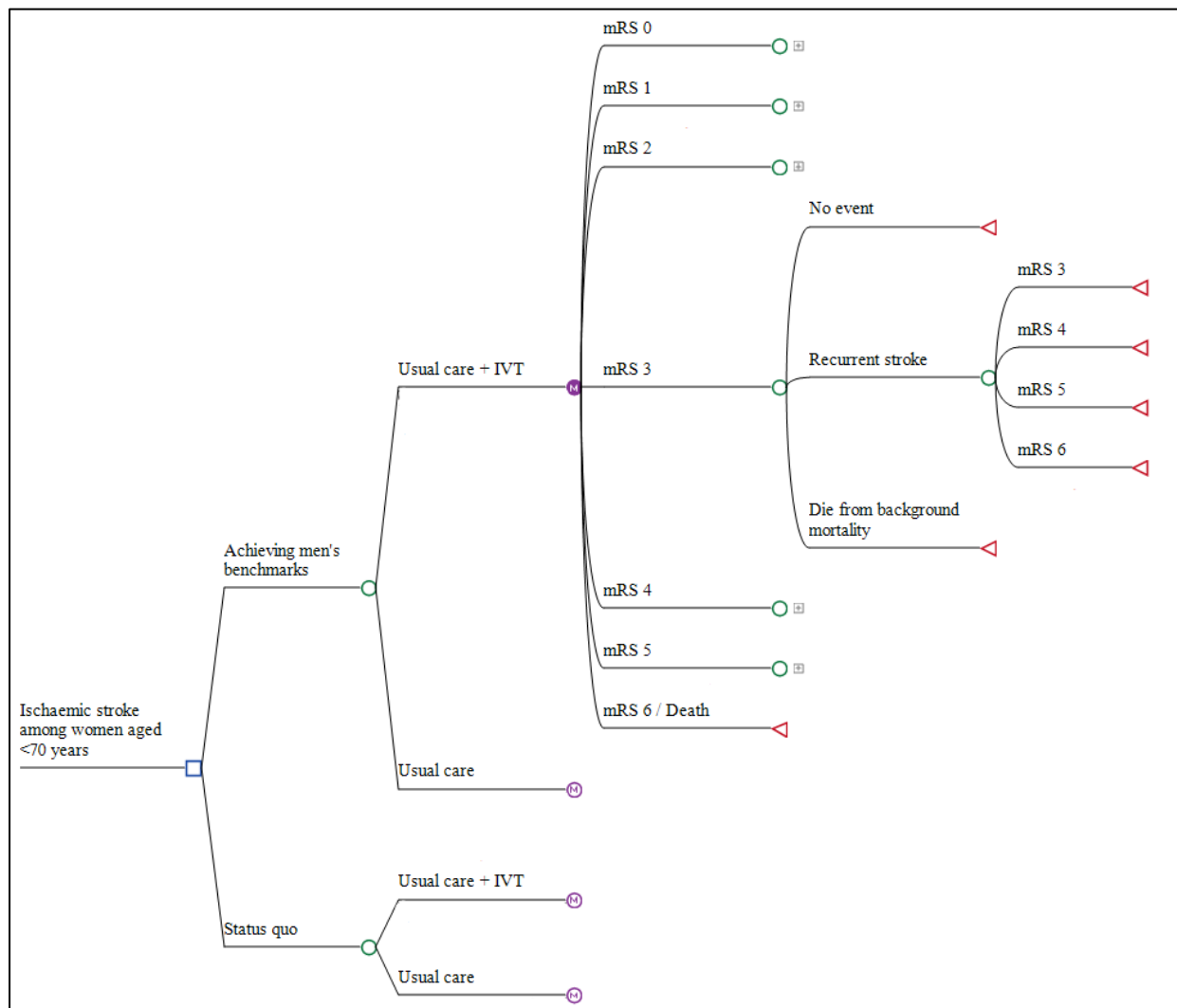
Topic	Item	Page #
Title	Identify the study as an economic evaluation and specify the interventions being compared.	1
Abstract	Provide a structured summary that highlights context, key methods, results, and alternative analyses.	3
Introduction		
Background and objectives	Give the context for the study, the study question, and its practical relevance for decision making in policy or practice.	5/6
Methods		
Health economic analysis plan	Indicate whether a health economic analysis plan was developed and where available.	n/a
Study population	Describe characteristics of the study population (such as age range, demographics, socioeconomic, or clinical characteristics).	8
Setting and location	Provide relevant contextual information that may influence findings.	7
Comparators	Describe the interventions or strategies being compared and why chosen.	8
Perspective	State the perspective(s) adopted by the study and why chosen.	7
Time horizon	State the time horizon for the study and why appropriate.	7
Discount rate	Report the discount rate(s) and reason chosen.	10

Selection of outcomes	Describe what outcomes were used as the measure(s) of benefit(s) and harm(s).	11
Measurement of outcomes	Describe how outcomes used to capture benefit(s) and harm(s) were measured.	11
Valuation of outcomes	Describe the population and methods used to measure and value outcomes.	11
Measurement and valuation of resources and costs	Describe how costs were valued.	10
Currency, price date, and conversion	Report the dates of the estimated resource quantities and unit costs, plus the currency and year of conversion.	10
Rationale and description of model	If modelling is used, describe in detail and why used. Report if the model is publicly available and where it can be accessed.	7
Analytics and assumptions	Describe any methods for analysing or statistically transforming data, any extrapolation methods, and approaches for validating any model used.	7
Characterising heterogeneity	Describe any methods used for estimating how the results of the study vary for subgroups.	n/a
Characterising distributional effects	Describe how impacts are distributed across different individuals or adjustments made to reflect priority populations.	n/a
Characterising uncertainty	Describe methods to characterise any sources of uncertainty in the analysis.	12
Approach to engagement with patients and others affected by the study	Describe any approaches to engage patients or service recipients, the general public, communities, or stakeholders (such as clinicians or payers) in the design of the study.	n/a

Results		
Study parameters	Report all analytic inputs (such as values, ranges, references) including uncertainty or distributional assumptions.	13
Summary of main results	Report the mean values for the main categories of costs and outcomes of interest and summarise them in the most appropriate overall measure.	13
Effect of uncertainty	Describe how uncertainty about analytic judgments, inputs, or projections affect findings. Report the effect of choice of discount rate and time horizon, if applicable.	13/14
Effect of engagement with patients and others affected by the study	Report on any difference patient/service recipient, general public, community, or stakeholder involvement made to the approach or findings of the study.	n/a
Discussion		
Study findings, limitations, generalisability, and current knowledge	Report key findings, limitations, ethical or equity considerations not captured, and how these could affect patients, policy, or practice.	16/17
Other relevant information		
Source of funding	Describe how the study was funded and any role of the funder in the identification, design, conduct, and reporting of the analysis.	22
Conflicts of interest	Report authors conflicts of interest according to journal or International Committee of Medical Journal Editors requirements.	22

From: Husereau D, Drummond M, Augustovski F, et al. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Explanation and Elaboration: A Report of the ISPOR CHEERS II Good Practices Task Force. Value Health 2022; 25: 10-31. [doi:10.1016/j.jval.2021.10.008](https://doi.org/10.1016/j.jval.2021.10.008)

Figure 1: The Markov Model Simulation in This Study



IVT: intravenous thrombolysis. mRS: Modified Rankin Scale.