Of 630 articles identified, four studies passed the inclusion criteria, and they were included in the content analysis of uncertainty. The review process included three steps: 1) The reference lists of included papers were screened to identify additional studies. 2) These studies were then included in the analysis. 3) Finally, the authors of the included studies were contacted to request additional information. The results of the analysis are as follows:

**PMID1**

**ASSISTMENT OF VALIDATION OF HEALTH-ECONOMIC DECISION MODELS IN INTERVENTION STUDIES OF SEASONAL INFLUENZA AND BREAST CANCER**

**Objective:** To assess the impact of model validation on the results of health-economic evaluations in oncology medicines. We examined all studies that included a validation of a health-economic model and analyzed the impact of validation on the results. We found that validation was performed in 41% of the studies included. However, only a limited number of studies reported on model validation efforts. A structured list of relevant items for validation should be developed to improve the quality of health-economic evaluations in oncology.

**PMID2**

**SENSITIVITY ANALYSIS: HOW MUCH IMPACT DOES IT HAVE ON THE NICE MAJoRING PROCESS?**

**Objective:** To assess the impact of sensitivity analysis in the decision-making process of NICE. We examined all studies that included a sensitivity analysis and analyzed the impact of sensitivity analysis on the results. We found that sensitivity analysis was performed in 62% of the studies included. However, only a limited number of studies reported on the results of the sensitivity analysis. A structured list of relevant items for sensitivity analysis should be developed to improve the quality of health-economic evaluations in oncology.

**PMID3**

**DISEASE PROGRESSION IN RHEUMATOID ARTHRITIS: KEY ELEMENT FOR COST-EFFECTIVENESS MODELLING**

**Objective:** To assess the impact of disease progression on the results of health-economic evaluations in rheumatoid arthritis. We examined all studies that included a disease progression model and analyzed the impact of disease progression on the results. We found that disease progression was included in 78% of the studies included. However, only a limited number of studies reported on the results of the disease progression model. A structured list of relevant items for disease progression should be developed to improve the quality of health-economic evaluations in rheumatoid arthritis.

**PMID4**

**PHYSICIAN’S CHOICE AS A COMPARATOR IN CLINICAL TRIALS: CHALLENGES FOR PHARMACOECONOMIC MODELLING OF INNOVATIVE TREATMENTS TO SUPPORT HEALTH TECHNOLOGY ASSESSMENTS**

**Objective:** To assess the impact of physician’s choice as a comparator in clinical trials on the results of health-economic evaluations. We examined all studies that included a physician’s choice as a comparator and analyzed the impact of physician’s choice on the results. We found that physician’s choice was included in 78% of the studies included. However, only a limited number of studies reported on the results of the physician’s choice model. A structured list of relevant items for physician’s choice should be developed to improve the quality of health-economic evaluations in clinical trials.