conducted to identify economic evaluations of IBD therapy reporting incremental cost-effectiveness ratios (ICERs) and cost-utility ratios (QALYs). The literature search was performed using electronic databases. Searches were limited to full economic evaluations published in English or French between 2003 and 2013. Cross-reference of retrieved articles was also performed to identify additional publications. Results: A total of 15,424 potentially relevant studies were identified. After pruning titles and abstracts, 43 full-text articles were assessed according to the eligibility criteria, and 35 studies were included. Among those, 3 studies assessed the economic impact of IBD treatment with a combination diagnostic test. A high proportion of the economic evaluations was performed from a third party payer perspective (91%) and had time horizons of 1 year or less (46%). European, American and Canadian economic evaluations accounted for 66%, 17% and 11% of the studies respectively. Treatment options under evaluation included azathioprine, infliximab, adalimumab, anti-TNF alpha, mesalamine and ustekinumab. Most included studies were cost-utility analyses (94%), with ICERs ranging from dominant to C$50,000/QALY and C$100,000/QALY threshold in 31% and 65% of the analyses respectively. Conclusions: Several economic evaluations were conducted in the past years, with different parameters and results. As more economic evaluations are conducted, sensitivity analyses will be performed to further improve the utility of these evaluations.