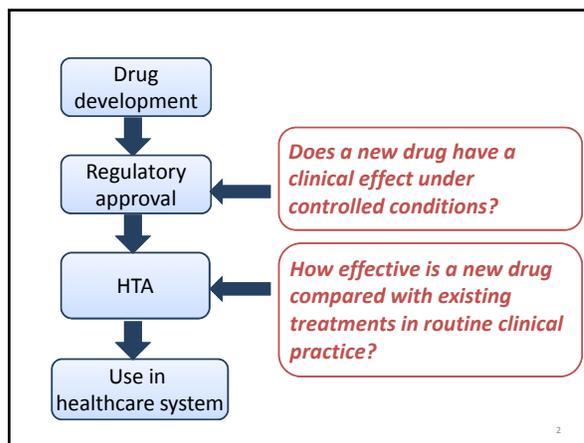


Relative efficacy and relative effectiveness – do regulatory agencies and reimbursement agencies have the same needs?

An HTA perspective
Dr Elisabeth George
NICE and EUnetHTA partner

1

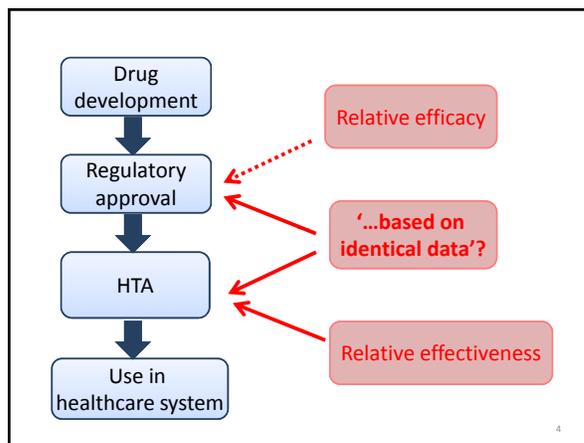


2

“Comparative/relative effectiveness”
for the purpose of our discussions...

- Establishing clinical value in routine practice
- HTA definition of ‘added therapeutic value’
 - ... in routine practice, a new drug offers better clinical outcome, and/or better safety and/or simpler administration, than existing alternatives
- Exploration and quantification of the magnitude of difference in health outcomes between new treatment and existing treatments
- To help decide if a new drug is made available within a (national) health care system

3



4

Question 1

Can decisions on the clinical value of a new medicine and its place in routine practice be made on an international basis/ EU basis?

- Routine practice is not identical across countries
- National responsibility for configuration of health services and medical care
 - Diverse funding of health care and organisation of service delivery

5

Question 2

Can REA be carried out across countries on an international basis/ EU basis?

- Not easily
- Information could be shared across countries
- Duplication of effort in information gathering and evidence collection could be avoided
- Methodological approaches could be shared
 - Could they be standardised?

... there are challenges

6

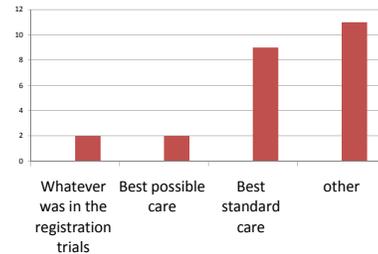
Some methodological challenges

- Comparators
 - differ between EMA/FDA and HTA
 - differ between countries
- Different organisational structures and pathways of care
- Quantifying and valuing health effects
- Acceptance of methodological approaches across countries

7

Comparator in HTA

- Preliminary results from EUnetHTA survey
- 16 European countries/ Canada/ Australia/New Zealand
- Multiple entries possible



8

Definitions 'Best standard care' and 'Other'

- usually the treatment(s) used in current clinical practice
- Most frequently used therapy
- 'routine care,' that is, the technology or technologies most widely used in clinical practice
- Most frequently used pharmaceutical in practice
- 'Currently accepted therapy' which is defined as the single most prevalent clinical practice
- Most commonly used alternative pharmaceutical
- Actually reimbursed treatments with the same therapeutic indication

9

Some methodological challenges

- Comparators
 - differ between EMA/FDA and HTA
 - differ between countries
- Different organisational structures and pathways of care
- Quantifying and valuing health effects
- Acceptance of methodological approaches across countries

10

Quantifying different health effects – a hypothetical example

	Treatment A	Treatment B
Diarrhoea	moderate	absent
Hot flushes	mild	moderate
Breast swelling	no problems	severe
Physical energy	severe fatigue	no problems
Life expectancy	12 months	11 months

Adapted from M Sculpher

11

Acceptance of methodological approaches across countries

- Approaches to single arm studies
- Acceptance of observational data or other non-RCT data
- Acceptance of secondary end points
- Indirect / mixed treatment comparisons
- Inclusion of qualitative evidence

12

Question 3:

If so, how should this be done and who should be involved?

- Identification of evidence and information that can be shared across countries
- Developing agreed scientific and methodological standards for REA and other evidence requirements
- Changes to the EPARs to allow clinical data to be more easily accessible for HTA evaluation

13

In conclusion

It is not helpful to blur boundaries between relative efficacy and relative effectiveness assessment

It is helpful to build a strong bridge between relative efficacy and relative effectiveness assessments

We need to develop consistent evidence standards for relative effectiveness assessment

14