Relative Effectiveness Assessment An international perspective

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Recommendations- High Level Pharmaceutical Forum

- Enhance quality of information
- Increase accessibility and dissemination of information
- Generation of information by making the best of all actors
- Continued momentum on information to patients
- Implement agreed good practice principles for Relative Effectiveness assessments

Recommendations-High Level Pharmaceutical Forum

- Promote the exchange of information on relative effectiveness assessments in order to improve the data availability and transferability
- Access to medicines for EU citizens
- Expect, Identify and Reward valuable innovation
- Optimal use of resources
- Continued momentum on Pricing and Reimbursement

Recommendations

- These recommendations are applicable to every country/agency undertaking Health Technology Assessment
- The question to be addressed is common ie how does a technology compare with another technology in terms of patient relevant outcomes and what data and methodologies are needed to undertake the comparison.
- While a decision as to whether to accept a new technology (and at what price) will be at a national/local level, the principles upon which the assessment is made are universal

Requirement of general guidance

- General but detailed
- Allow flexibility while providing direction
- Identify accepted practice but allow development of new methods/concepts
- Provide advice on managing uncertainty in both clinical and economic analyses

Facts

- A common guidance does not mean constraint or devolution of decision making by individual agencies
- Basic scientific facts are universal
- The pharmaceutical industry is global
- Internationally HTA agencies must become more strategic and develop a network which provides a unified voice in regard to data requirements and methodologies for relative effectiveness evaluation. The regulators have worked together to develop ICH Guidelines

International Focus

- The consideration of data requirements of HTA agencies has been secondary to that for regulators but the dynamic has changed such that registration based on efficacy considerations is no longer a guarantee to market and payers, based on HTA considerations of relative effectiveness ,are now the critical players who have specific data requirements. These requirements should be considered to be international so that comparisons between agencies can be made and industry has some framework in which it can plan drug development programs

International Perspective

- The need for greater international cooperation between HTA agencies/countries has been recognised and loose collaborations have been developing over recent years. These activities have been involved Government Agencies (Vancouver Group), Professsional Societies (HTAi/ISPOR), and dialogue between regulators and Payers
- Development of clinical trial designs which address the data requirements of regulators and HTA (Green Park Initiative)
- The EUnetHTA JA WP5 on relative effectiveness assessment is a major step forward in consolidation of requirements and methodological development. It provides an excellent model to enable international dialogue and development

What is Common?

- The continuum of HTA involves a number of fundamental sequential steps

  Applicability of data provided

  Extrapolation of trial results

  Transformation to patient relevant

  outcomes

Trial versus Clinical Setting APPLICABILITY

- The participants and circumstances of use in a trial may not be the same as the proposed population for subsidised treatment (and might therefore have different expected risk). The results have to be **APPLIED** to the proposed population and expected risk eg the severity of the disease in the patients in the trial, prior exposure to other therapies etc may determine the evaluation by the payer

Trial versus Clinical Setting EXTRAPOLATION

- The length of follow-up of participants in the trial may be less than the expected duration of treatment .Results may need to be **EXTRAPOLATED** to the proposed duration of treatment (eg 6 week trial of an antidepressant, extrapolation of survival beyond the duration of the trial) in order to determine cost effectiveness

Trial versus Clinical Setting TRANSFORMATION

- The outcomes measured in the trial might not be the patient-relevant outcomes of treatment. Results generated in this way need to be **TRANSFORMED** to take account of patient-relevant final outcomes (eg QALY)

  eg use of surrogate outcomes, progression free survival etc

TRANSLATION

- Therefore the results of trials need to be applied, extrapolated and transformed (collectively referred to as ‘translated”) into a decision analysis appropriate for the proposed clinical use.
- The principles and science upon which this translation is performed is universal and should be able to provide the basis for an international framework

Examples of Specific Data issues for HTA requiring urgent attention by researchers internationally

- Indirect Comparisons
- Early cross over in oncology trials
- Post Marketing data-observational data
- Surrogate endpoints
- Measurement of quality of life
- Continuation beyond disease progression although trial ceased and no data is available

Guidelines

- Provide a framework of the fundamental approach to HTA-what needs to be addressed and in what way the submission should be constructed to enable the logical approach to the development of an argument

Examples of Guidelines for HTA

- Guidelines for submissions NICE,CADTH,PBAC,European agencies
- Guidelines for economic evaluation of pharmaceuticals (CADTH)
- Guidelines (Reports) on evidence synthesis eg indirect and mixed treatment comparisons eg NICE,CADTH,PBAC
- Guidelines on specific issues eg oncology products (CADTH)

Examples from Europe

- Core Principles on relative effectiveness- EUnetHTA
- Guidelines for PE Research in the Netherlands
- General methods for the Assessment of the relation of benefit to Costs (Germany)
- Pharmacoeconomic evaluations in Belgium
- Sweden,Switzerland,France, etc
- NO LACK OF GUIDANCES but a LACK OF INTEGRATION

CONCLUSION

Edward O Wilson

"Consilience. The Unity of Knowledge"

'The greatest enterprise of the mind has always been and always will be the attempted linkage of the sciences and the humanities.'

'The ongoing fragmentation of knowledge and the resulting chaos in philosophy are not reflections of the real world but artifacts of scholarship'

'I think it is inevitable that we will accept the adventure, go there, and find out