HTx – 3rd Forum Meeting

June 7, 2021

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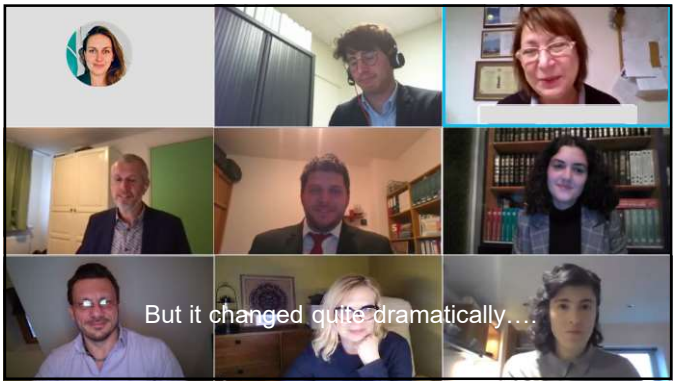

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Challenges 2020-2021

- Face-to-face meetings not possible anymore
  - Contributing to delays in deliverables
  - Were finally replaced by virtual meetings
  - But still missing the informal contacts between internal and external partners
- Data exchange became an even bigger issue
  - Slower processes to obtain data access
  - No possibilities for people to move around in order to get access
  - Also remote working was more difficult, for instance installing data servers

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Possibilities

- Much easier to link up and organise meetings
- Involving experts from all over the world
- More efficient use of working time, but…
- To get a better perspective on each other homes;-)
- Find different ways to interact.

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Some highlights from the work in HTx

- The HTx video (link)
- A lot of external activities in terms webinars, workshops, focus groups
  - HTx Pre-workshop Transferability (WP5, Syreon)
  - Workshop Technologies for COVID-19 (WP4, NICE)
  - HTx Webinar Case study 1 Proton Therapy (WP1, EORTC, UMCG, UMCU)
  - Focus groups interaction regulators, HTA, clinicians (WP4, UU)
  - Presentations (33), posters (11) and slide-decks (7) at conferences such as ISPOR & HTAi but also more 'technical conferences such on statistics, diabetes and AI
  - Peer reviewed publications (5)

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Conversation with the Forum members 1/2

In what way are the aims of HTx (using RWD, personalized medicine, prognostic models, patient centricity) part of the conversations you are having at your organisation? In whatway are theydiscussed? Withcaution/excitement?

What are the issues you are struggling with when collecting and analysing all the data you need? Can the case studies provideexamples for dealing with these struggles? In what way?

Is transparancy and building trust for your methods an issue at your organisation? How are you trying to achieve this?

Are you convinced that the outcomes of the case studies will be a good example of how new methodologies can be developed using RWD? Why or why not?

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Conversation with the Forum members 2/2

What would convince pharma companies to share more RCT-data?

What would convince patients to take part in research or make their data available?

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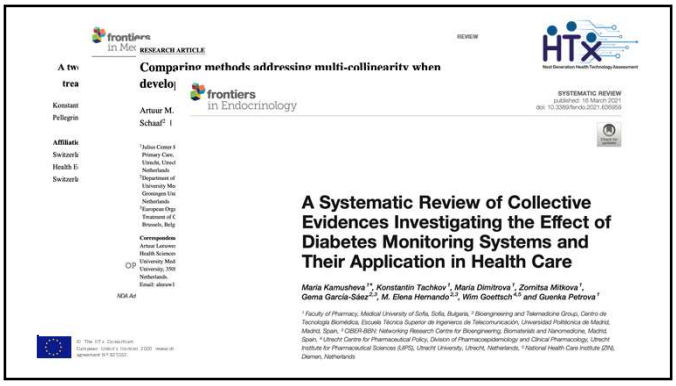

RESEARCH ARTICLE

Comparing methods addressing multi-collinearity when develo

Konstant
Pellegrin

Artuur M.
Schaaf[2] †

frontiers in Endocrinology

REVIEW

SYSTEMATIC REVIEW

published: 16 March 2021

A Systematic Review of Collective Evidences Investigating the Effect of Diabetes Monitoring Systems and Their Application in Health Care

Maria Kamusheva[1*], Konstantin Tachkov[1], Maria Dimitrova[1], Zornitsa Mitkova[1], Gema Garcia-Sáez[2,3], M. Elena Hernando[2,3], Wim Goettsch[4,5] and Guenka Petrova[1]

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HTx Introductory video

https://www.htx-h2020.eu/for-patients/

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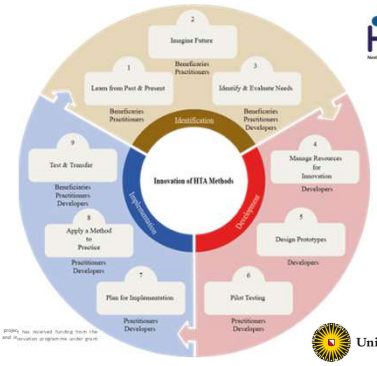
Process on how to innovate HTA methods



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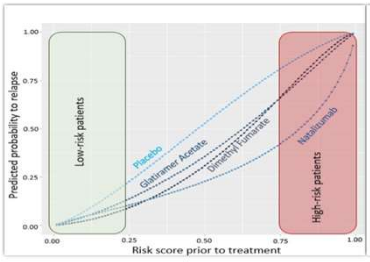
CS3 Pharmacological treatments for relapsing multiple sclerosis (MS)



Treatment	Mean	Less than 25% Risk	More than 75%
Natalizumab	29%	12%	48%
Glatiramer Acetate	41%	10%	60%
Dimethyl Fumarate	39%	9%	62%

Best treatment **Dimethyl fumarate - 3% Absolute benefit** compared to Natalizumab

Best treatment **Natalizumab- 14% Absolute benefit** compared to Dimethyl Fumarate

Konstantina Chalkou – University of Bern, Matthias Egger - University of Bern, Fabio Pellegrini – Biogen International GmbH, Andrea Manca – University of York, Salanti Georgia - University of Bern

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Developments in the coming year

- More results coming available from the methods WPs and CS
- Continuous focus on relevance of those methods for HTA organisations
- More involvement external stakeholders in HTx projects
- Increased collaboration with other international projects such as IMI-EHDEN
- Hopefully also more possibilities to physically interact
- Link to the HTAi meeting in 2022 in the Netherlands

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Identified challenges of using RWD in HTA

Based on a study of present RWD-use in 25 EU HTA-authorities:

"Overview of the development of the use of RWD including a review of international consensus methods currently developed." HTx deliverable 4.4

DOWNLOAD

Johan Pontén, Senior Advisor International Affairs, TLV

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Survey on use of RWD in HTA-authorities

- Survey on the use of RWD
- 67% (24/36)
  - 15 questions on RWD use
  - Basis for selection for interviews
- 9 (10) Interviews
  - Thematic overview of the answers
- Literature review
- European initiatives for methods development for RWD use

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Potential use of RWD

	Setting	Potential uses of RWE in decision making
Resolution of uncertainties in determination of value	Initial HTA	• describe current standard of care • create external comparator to contextualize efficacy • populate cost effectiveness and budget impact models
	Managed entry agreement	• evaluate outcomes in clinical practice • resolve uncertainties related to determination of value in the initial assessment
	Re-assessment	• complement the clinical and economic evidence base that was available in the initial assessment • monitor utilization and evaluate budget impact in clinical practice

Facey et al., 2020, Real-world evidence to support Payer/HTA decisions about highly innovative technologies in the EU—actions for stakeholders. International Journal of Technology Assessment in Health Care 1–10.

RWD-rapport TLV, 2020

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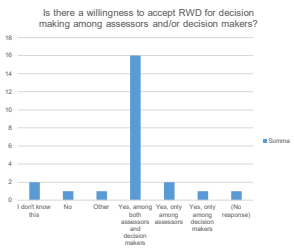
Results from the Survey

- There is a willingness to use RWD for decision making, as a complement to RCT
- A majority state that negative decisions have been made due to the difficulties to follow up in clinical practice.
- A majority of the surveyed agencies state that they do re-assessments
- 50% would like to be able to use RWD
- A majority assess that decisions on reimbursement have been influenced by the possibilities to follow up use and treatment effects in clinical practice
- RWD has the potential to allow for different decisions.



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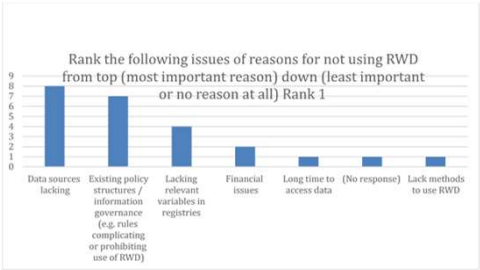
Reasons for not using RWD – 1st rank



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Current situation in HTA-authorities

- We see that many agencies (only) have access to claims data – some important questions can be answered by that, but not all
- Data on effectiveness is difficult to get
- Proxy data can be used for some effects
- Indication is a difficult variable to catch in many countries
- Effectiveness and resources use in clinical praxis are contexts where RWD is very interesting

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Data access and processing

- Many agencies are working to improve data access
- Legal frameworks for data access exist in some countries, but others are trying to put them in place.
- Infrastructure for gathering of data can often become a question about the burden on health care staff for additional filing
- Register study competencies can be found inhouse at some agencies but also competencies at registry holders are used

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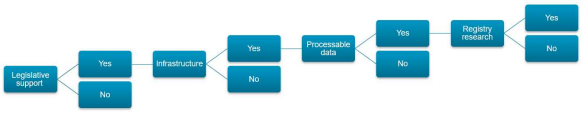
Theoretical Framework
Data Access and Processing



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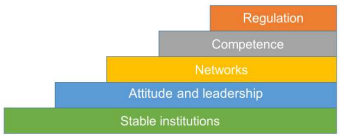
Theoretical Framework
Policy factors relevant to build the use of RWD



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Policy Conclusions

- Policy is ranked in the survey as prime hindrance for the use of RWD
  - Leadership and Vision is primordal – other factors can be changed with time
- Few autorities have reified knowledge that is a support for RWD processes (contracts, processes, guidelines and so on)
- Individuals can drive change – but not build a system if leadership is not there.
- Build networks to learn from others!
- In-house competence can be a key to success
- Access to data, low impact on the health care staff, legal support are other success-factors

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Challenges in HTA of 'complex' technologies

Milou Hogervorst, MSc, PharmD

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Before developing new methods in HTx

What exactly are the current challenges that require updated methods?

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Our aim

To which extent do European HTA organisations perceive HTAs of *complex therapies* as *challenging* and what are the main challenges are in these HTAs?

Identify which **health technologies** are considered complex

Identify challenges encountered in **HTA** of complex technologies

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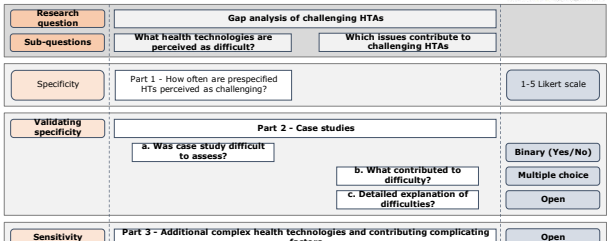
Survey to European HTA organisations



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Contributing HTA organisations

22 organisations from 21 countries completed the questionnaire!

Mix of Eastern & Western European countries

Most assess pharmaceuticals (95%); some medical technologies (45%)

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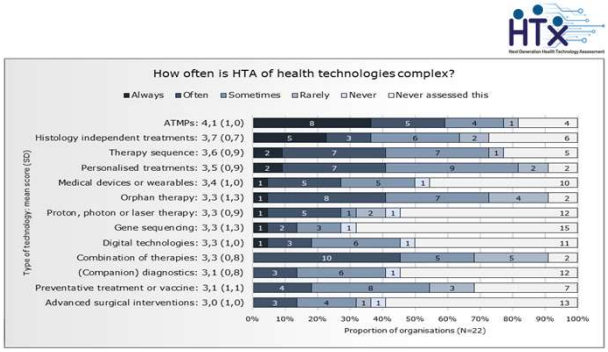

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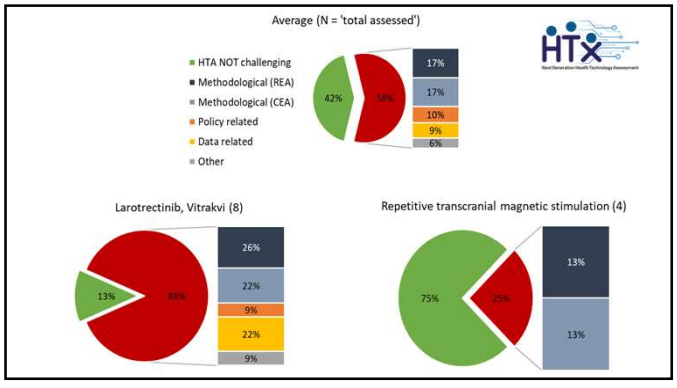

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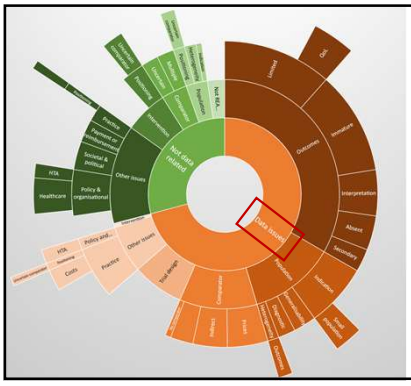

Summary of description why HTA was challenging

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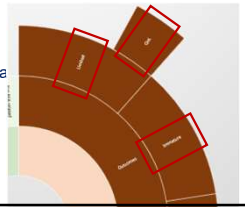
Describe challenges

2/3 arguments is data related
- First expressed during relative effectiveness assessment (REA)
- Result in uncertain input for cost-effectiveness assessment (CEA) and decision making

Most relate to immature data or 'limited' data
- Large share contributed to Quality of Life data



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PICOT

*"**IMMATURE DATA**: study period or follow-up too short or use of interim analyses"*

*"Data reported as **LIMITED, SCARCE, INSUFFICIENT**. In particular data on quality of life (QoL)"*

*"**INDIRECT COMPARISONS**, in case the performed RCT used a comparator which is no (standard) treatment in the*

*"Limited knowledge about treatment sequences in practice, thus the positioning of therapy, results in **MULTIPLE POSSIBLE COMPARATORS**"*

*"**NATURAL HISTORY** of disease development unclear, in particular small populations"*

*"**GENERALIZABILITY** of study population to real population, children or pregnant women"*

*"Most often **SINGLE ARM** trials, also '**BASKET** trial' was reported, results in indirect treatment comparisons"*

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To conclude

Challenges in HTAs of complex health technologies mainly root in data insufficiencies
- Results in outcome uncertainties during the REA
- In parameter uncertainty in the CEA
- Ultimately complicates decision making

Solutions
1. Improve data quality and quantity
2. Evidence-synthesis methods able to deal with data insufficiencies
3. Pricing and reimbursement schemes that mitigate risks

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THANK YOU!

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- TLV

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