

EVALUATION OF ONCOLOGICAL INNOVATION FROM THE PERSPECTIVE OF THE PATIENT THROUGH THE REFLECTIVE MULTI-CRITERIA DECISION ANALYSIS IN SPAIN

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OBJECTIVES

- To understand which criteria is important to assess value of oncology innovation from patient perspective.

METHODS

multicriteria reflexive framework EVIDEM was used as a reference[1].

- During the first session criteria of oncologic innovation extracted from literature review and EVIDEM framework were validated by patient representatives and were weighted using a 5-point scale (1= lowest relative importance, 5= highest relative importance).
- The relative importance of the criteria from patient perspective were compared with Spanish decision-makers, national and regional evaluators perspective.
- During the second session, it was determine the scoring value of an hypothetical treatment for the treatment of squamous-Non-Small Cell Lung Cancer (sq-NSCLC). After a discussion developed throughs reflective multicriteria decision analysis methodology, a new framework of the value of oncology innovation from patient's perspective was proposed.

RESULTS

- 8 representatives from 8 patient associations participated in the first session of the study: 2 general patient associations, 2 general cancer patient associations and 4 cancer specific patient associations. 6 representatives from 6 patient associations participated in the second session of the study: 2 general patient associations, 1 general cancer patient associations and 3 cancer specific patient associations.
- The most important criteria considered from patient perspective were "comparative patient-perceived health/PRO", "comparative efficacy/effectiveness of intervention" and "disease severity". The less important criteria considered were those related with "costs of intervention" and "type of preventive benefit in oncology" (Figure 1).
- Weighting results were different among patients representatives and national and regional decision-makers and evaluators from NHS, for which the cost of the intervention has greater importance and patient-perceived health/PRO less importance (Figure 2).
- Figure 3 shows the results of the hypothetical scoring of a new drug for the treatment of sq-NSCLC compared to available chemotherapy. Determine the value of a oncology innovation with the proposed framework is feasible. However, some areas require further training, as analysis of adverse effects or the interpretation of quality of life scales used in the clinical trials.
- Table 1 shows a new framework of the value of oncology innovation from patient's perspective that could be use for patient empowerment.
- The results from the patients satisfaction survey 8.7 points of 10 points (maximum satisfaction).

Figure 1. Weighting of criteria from oncology innovation from the patient perspective framework.

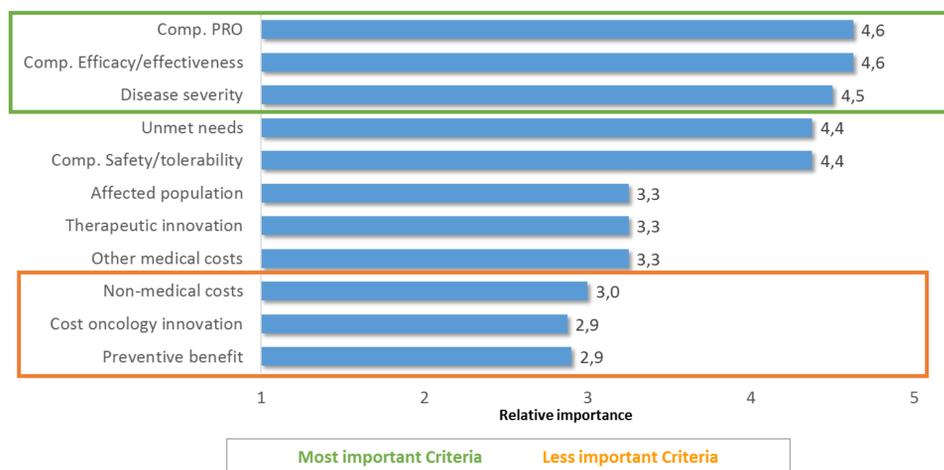


Figure 2. Comparison of criteria weighting between patient perspective and national and regional evaluators/decision-makers in Spain.

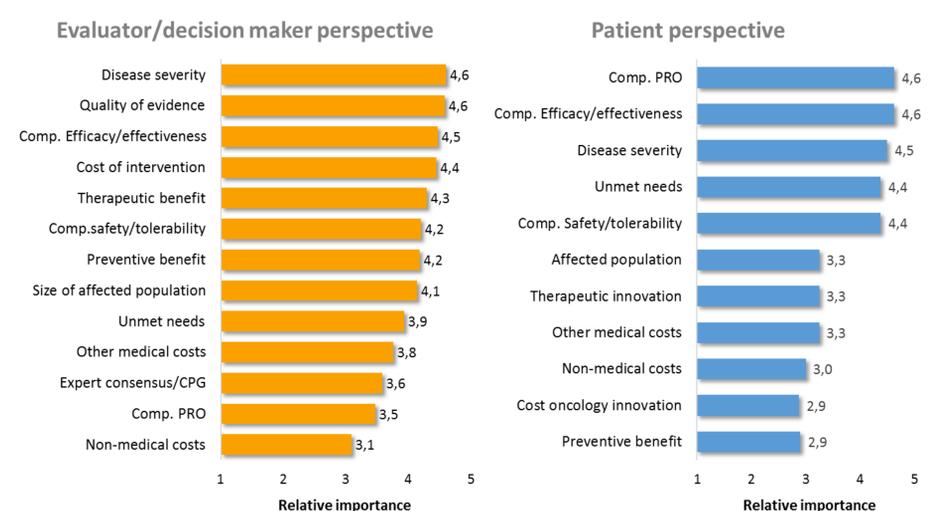


Figure 3. Scoring of drug A vs. B: hypothetical example

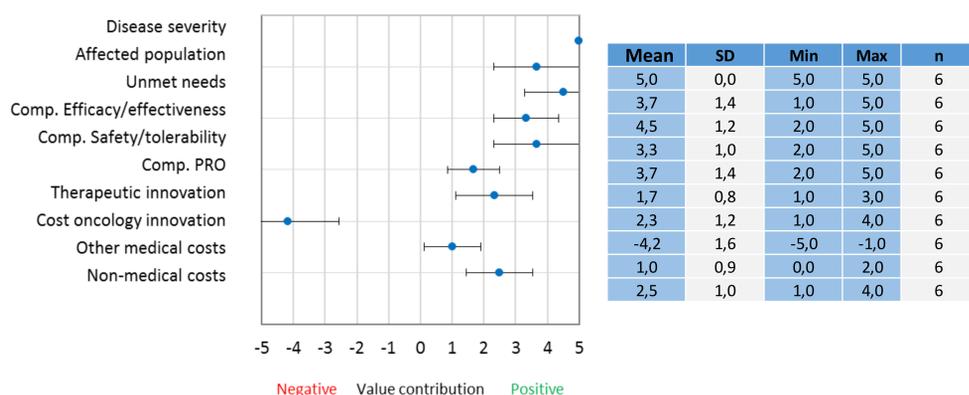


Table 1. Proposed framework to determine the value of oncology innovation from the patient perspective.

QUANTITATIVE Criteria	
1. DISEASE IMPACT	
• Disease Severity	• 0: Not severe – 5: very severe
• Unmet needs	• 0: not unmet needs – 5: many & serious unmet needs
2. COMPARATIVE RESULTS OF ONCOLOGY INNOVATION	
• Comparative efficacy/effectiveness	• -5: much worse than existent alternatives - +5 much better than existent alternatives
• Comparative safety/tolerability	• -5: much worse than existent alternatives - +5 much better than existent alternatives
• Comp. PRO	• -5: much worse than existent alternatives - +5 much better than existent alternatives
3. THERAPEUTIC VALUE	
• Contribution of oncology innovation	• -5: much worse than existent alternatives - +5 much better than existent alternatives
4. USE OF RESOURCES OF ONCOLOGY INNOVATION	
• Medical and non medical (productivity loss) use of resource	• 0: no contribution to the innovation. 5: highly contribution to the innovation
CONTEXTUAL Criteria	
5. NORMATIVE CRITERIA	
• Degree of Priority and Access	0: no priority – 5: highly priority

CONCLUSIONES

- A new framework for the evaluation of oncology innovation value from the patient perspective was proposed. The framework was formed with 7 quantitative criteria and 1 contextual criterion.
- The new tool developed could be use for patient empowerment: Evaluating and positioning oncology innovation from patient perspective and support the dialogue with healthcare system institutions such as regional commissions or hospitals, Support document for the allegations/reviews of the official documents (f. ex. TPR), patient involvement in healthcare decision making
- The new tool developed could be use to spread the treatment value from patient perspective: Patient information by means of patient associations, Sharing the positioning of the oncology innovation value between patients patient empowerment to participate, jointly with his doctor, in decisions about their care regard to oncology innovation

REFERENCES

[1] Goetghebeur M, Wagner M, Khoury H et al. Combining multicriteria decision analysis, ethics and health technology assessment: applying the EVIDEM decisionmaking framework to growth hormone for Turner syndrome patients. *Cost Eff Resour Alloc.* 2010;8:4. [2] Comparación de valores asignados a criterios de evaluación por parte de decisores y evaluadores del SNS español. Asociación de Economía de la Salud, 2017