

Towards Understanding the value of consequences in the context of watch-and-wait versus surgery for people with rectal cancer achieving clinical complete response

Shabnam Thapa^{1,2}, Katherine Payne¹, Praveen Thokala³, Lee Malcomson², Andrew G Renehan²

¹ Manchester Centre for Health Economics, Division of Population Health Services Research and Primary Care, ² Manchester Cancer Research Centre, Division of Cancer Sciences, The University of Manchester, Manchester, UK

³ School of Health and Related Research, The University of Sheffield, Sheffield, UK

Background & Objective

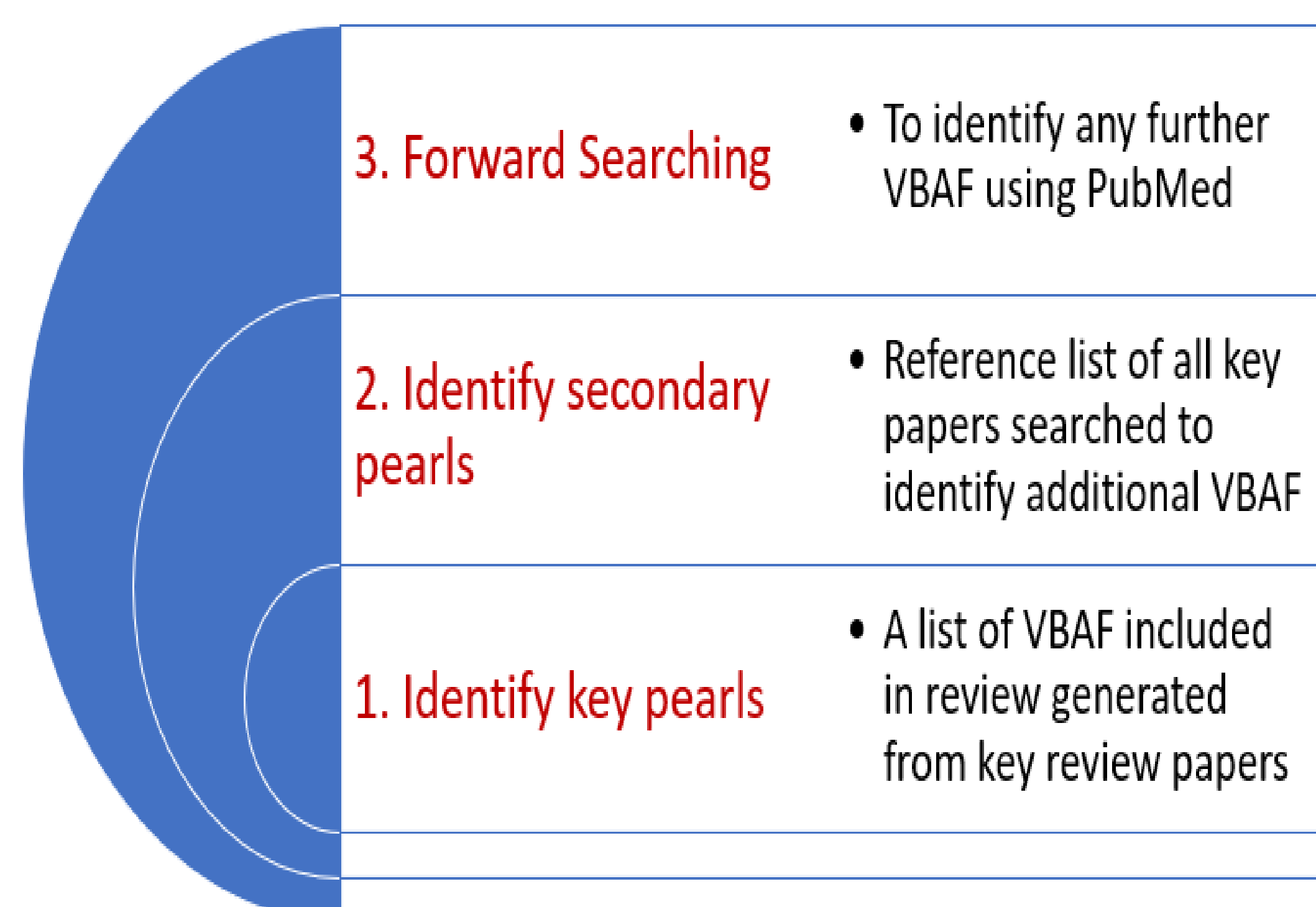
Patients with locally advanced rectal cancer with clinical complete response have two options: (i) resection surgery or (ii) watch-and-wait which is an emerging strategy. There are potential benefits and risks associated with both of these treatment strategies (1). It is yet unknown what value is attached to consequences relevant to surgery and watch-and-wait.

This study aimed to generate a list of potentially relevant consequences to enable subsequent understanding of their relative value to inform decision-makers about the role of watch-and-wait

Methods

Potential consequences relevant to rectal cancer were identified from existing Value-Based Assessment Frameworks (VBAFs) covering oncology. Relevant VBAFs were identified using comprehensive pearl growing with bidirectional searching (2). Figure 1 summarises the process of identifying VBAF.

Figure 1 Process of comprehensive pearl growing



A bespoke data extraction tool was used to describe each VBAF and the consequences (benefits, harms and costs) mentioned. A thematic approach was taken to group similar consequences into a labelled category. These categories were then collated into core domains. Two reviewers (ST, KP) completed the analysis. A third reviewer (AR) was involved if there were differences of opinion.

Results

- Six VBAFs relevant to oncology were identified (see Figure 2) and a total list of 86 individual consequences were defined.

Figure 1: Identified VBAFs

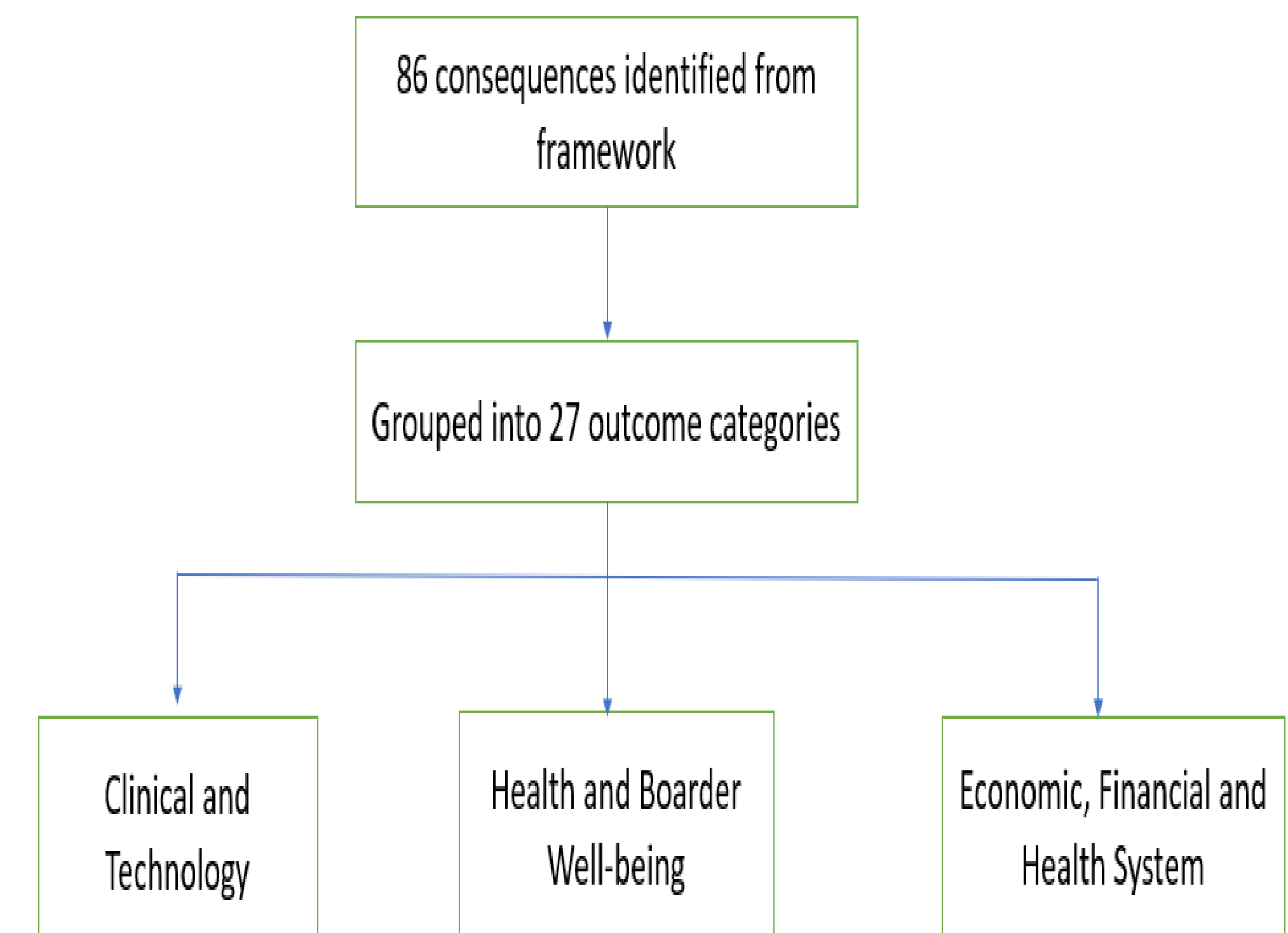


Footnote: 1) Institute for Clinical and Economic Review, Boston; 2020 . 2) Cherry NI, Sullivan R, Dafni U, Kerst JM, Sobrero A, Zielinski C, et al. Ann Oncol. 2015;26(8):1547-73. 3) NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) with NCCN Evidence Blocks™. Available from: <https://www.nccn.org/guidelines/guidelines-with-evidence-blocks> 4) Schnipper LE, Davidson NE, Wolins DS, Tyne C, Blayney DW, Blum D, et al. J Clin Oncol. 2015;33(23):2563-77. 5) National Institute for Health and Care Excellence. 2013. 6) Drug Abacus Methods - Drug Pricing Lab .Available from: <https://drugpricinglab.org/tools/drug-abacus/methods/>

Results

These 86 consequences were then grouped into 27 categories capturing similar themes and then collated into three domains.

Figure 2: Categorisation of outcomes identified in each VBAF



The three domains included:

- Clinical and Technology included clinical outcomes (e.g. overall survival, adverse events) and outcomes related to the technical aspects of the intervention (e.g. time to treatment).
- Health and Broader well-being included outcomes that are beyond clinical endpoints (e.g. health related quality of life).
- Economic, Financial and Health System included outcomes that have economic impact and impacts in organisational level (e.g. budget impact, implementation).

Conclusion

A large number of disparate consequences relevant to oncology were identified. The relative value attached to these consequences is unknown. Subsequent studies could use a Delphi followed by multi-criteria decision-analysis to quantify the value weights of relevant consequences in the context of rectal cancer interventions.

References

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