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Background

Research into the socioeconomic impact of cancer and cancer care from the perspective of patients and their relatives (CP&R) has been highly heterogeneous and has been hampered by an absence of standards for measuring their objective financial burden.

Objectives

Our aim is to contribute to the development of costing principles for effective socioeconomic impact research from the perspective CP&R, linked to established health economic theory.

Research Question

Which recommendations on costing are reported in published guidelines that can be applied to the assessment of the objective financial burden for the socioeconomic impact analysis from the perspective of CP&R in Europe?

Methods

As a subgroup of the Consensus Task Force on Socioeconomic Impact Analysis of the Organisation of European Cancer Institutes (OECI), we are developing a scoping review of current costing recommendations in the health economic theory, that could be applied to the assessment of the objective financial burden for the socioeconomic impact analysis from the perspective of CP&R.

The proposed scoping review is being conducted in accordance with the JBI methodology for scoping reviews (Peters et al. 2020) and reported using the Preferred Reporting Items for Systematic Review and Meta-Analysis extension for Scoping Reviews (PRISMA-P) (Moher et al. 2020).

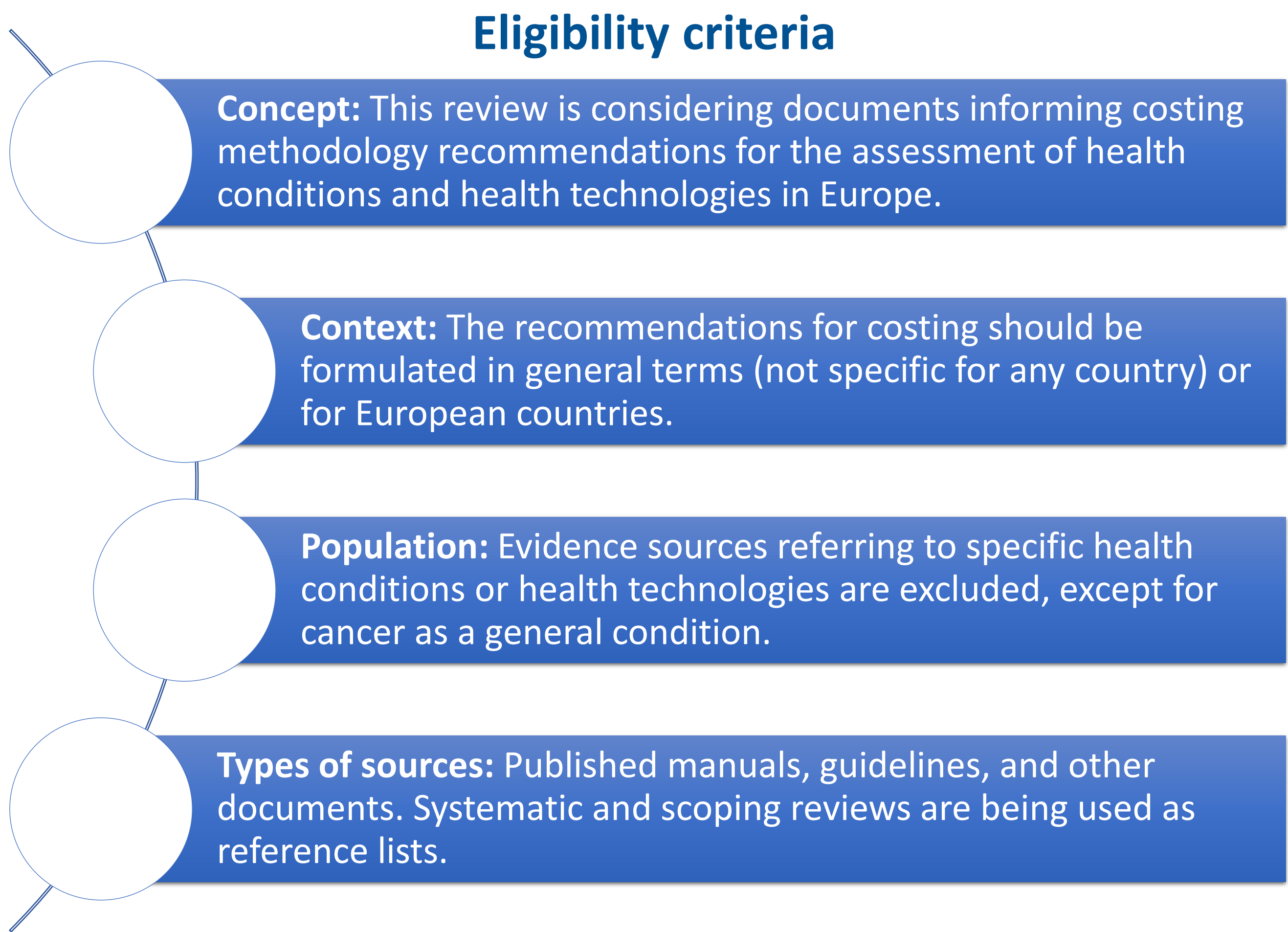


Figure 1: Eligibility criteria structured according to the PCC framework.

We developed a two-step search strategy, starting with an overview of systematic reviews or scoping reviews determined by the nature of our preliminary findings in Medline. Once identified the main studies on the topic, we established the timeframe and relevant keywords for the second search.

The search strategy, included all identified keywords, and were adapted for each included database and/or information source. The databases to be searched included MEDLINE, Embase, INAHTA and ISPOR pharmacoeconomic guidelines databases. Based on the preliminary search, the following keywords were used: “health economic evaluation” OR “cost-effectiveness” OR “cost-utility” OR “cost-benefit” OR “cost-of-illness” OR “economic burden” OR “economic impact” AND “guide*” OR “manual” OR “method*”.

Members of the OECI Task Force Subgroup provide additional evidence sources to be considered for inclusion.

Studies were selected and information extracted in duplicate through Rayyan software.

Preliminary results

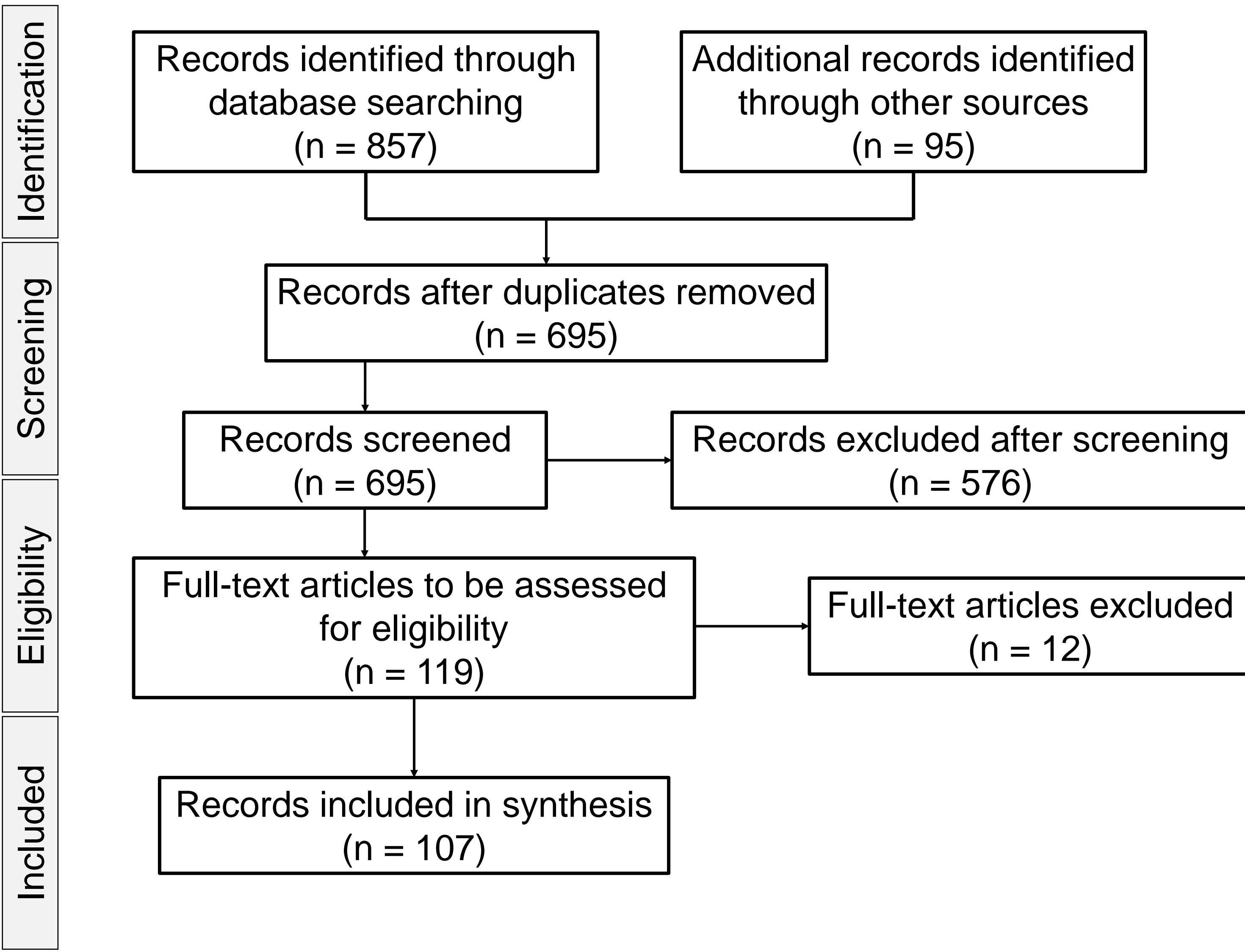


Figure 2: PRISMA Flow Diagram of information through the different phases of the scoping review of systematic reviews (first step).

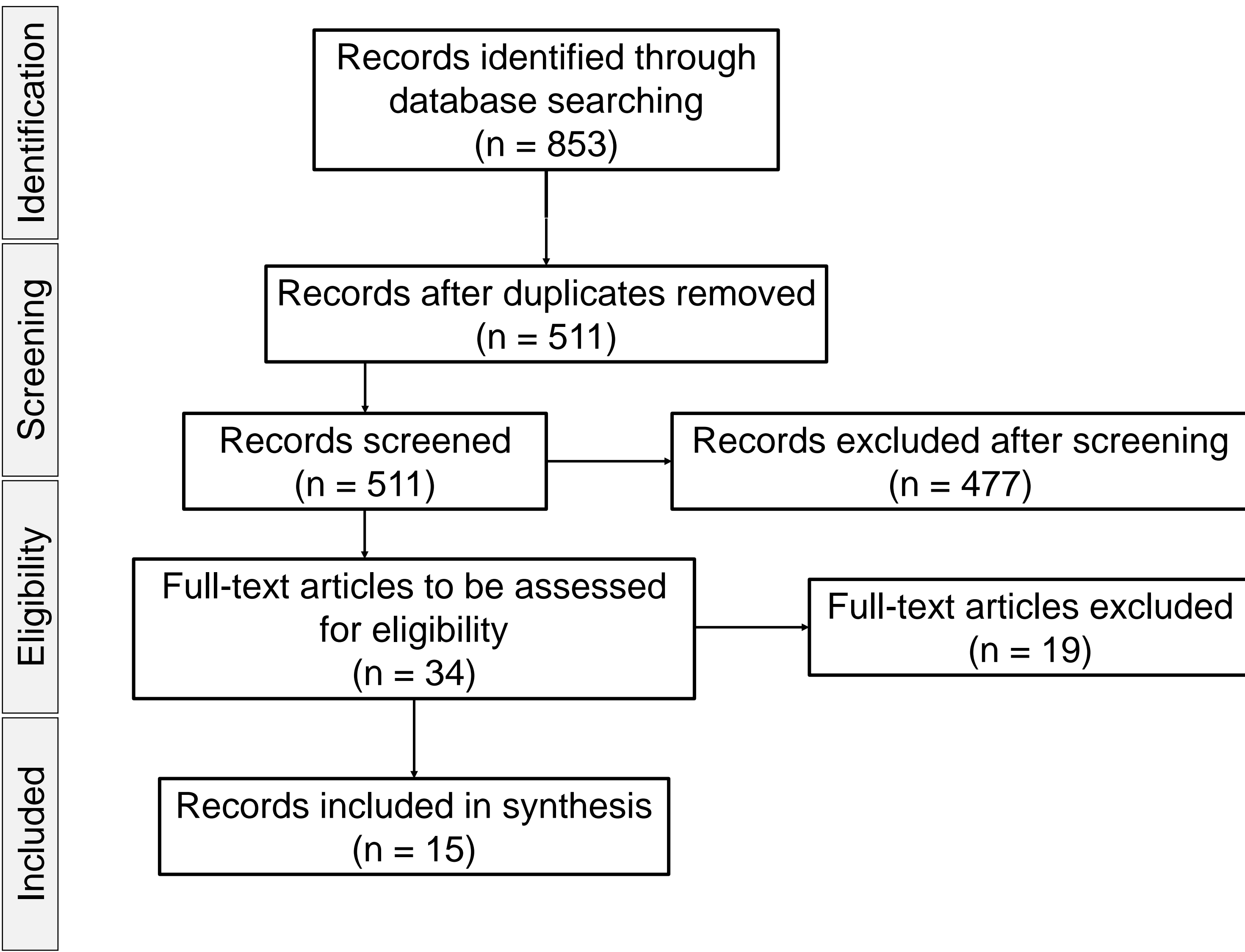


Figure 3: PRISMA Flow Diagram of information through the different phases of the scoping review from 2018 to 2022 for costing recommendations.

The final 122 references are being analyzed for information extraction. Nevertheless, some relevant issues are raising from the extraction process:

- Valid cost analyses from the perspectives of CP&R should reflect established health economic standards and terminology, including the cost categories proposed by the Washington Panels I (Gold et al., 1996) and II (Neumann et al., 2015).
- Existing methodological standards need to be adhered to, including but not limited to the process of identification, quantification, and valuation, and the distinction between bottom-up and top-down approaches.
- The complexity of adopting a CP&R perspective implies the need for a multi-dimensional framework, considering cost categories (e.g., direct/indirect, medical/non-medical), proximity from disease and interventions (e.g., patient, household, informal household network), and the continuum of care across stages of the disease (e.g., initial diagnosis, treatment planning, treatment, follow-up, disease-free survival, end-of-life).
- A multidimensional framework will need to integrate confounders (e.g., sociodemographic characteristics, self-management behaviors, institutional context), in order to support the research goal to identify vulnerable subgroups.