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Abstract ID 130249: 'Evolving Principles for Defining and Assessing the Economic and Societal Value of Cancer Therapies'

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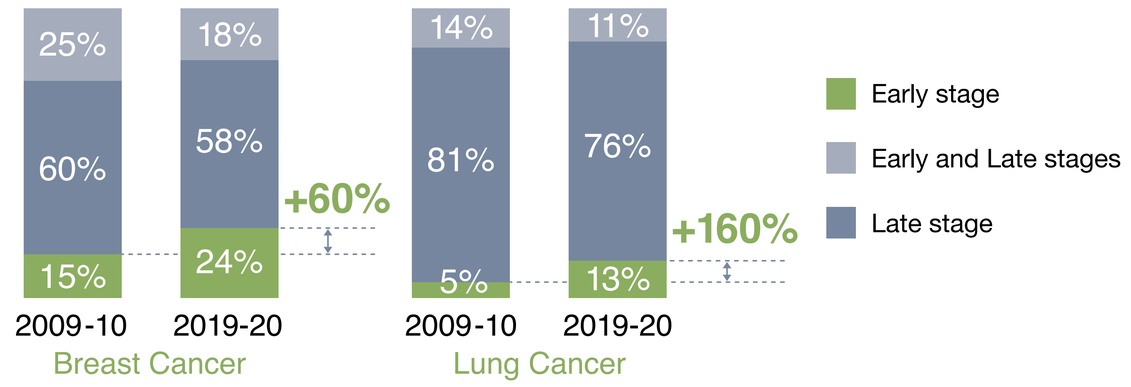
Introduction

Earlier cancer diagnosis and advances in science are resulting in improved patient and societal outcomes.[1] Research and development into early-stage cancer medicines (stages I and II) has likewise accelerated, as shown by the growth in Phase II/III clinical trials in these settings for breast and lung cancers between 2009-10 and 2019-20 (See Figure 1).

However, payer frameworks can find it difficult to assess the wider value of these advances in particular in earlier stage disease where time to access needs to be balanced with maturity of the endpoints.

Without a proper evaluation, there is a risk that people with cancer will not have access to the valuable transformative treatments they need.

Figure 1: Cancer research is increasing in earlier disease stages in lung and breast cancers based on percent of early-stage cancer clinical trials starting in 2009-10 vs 2019-20



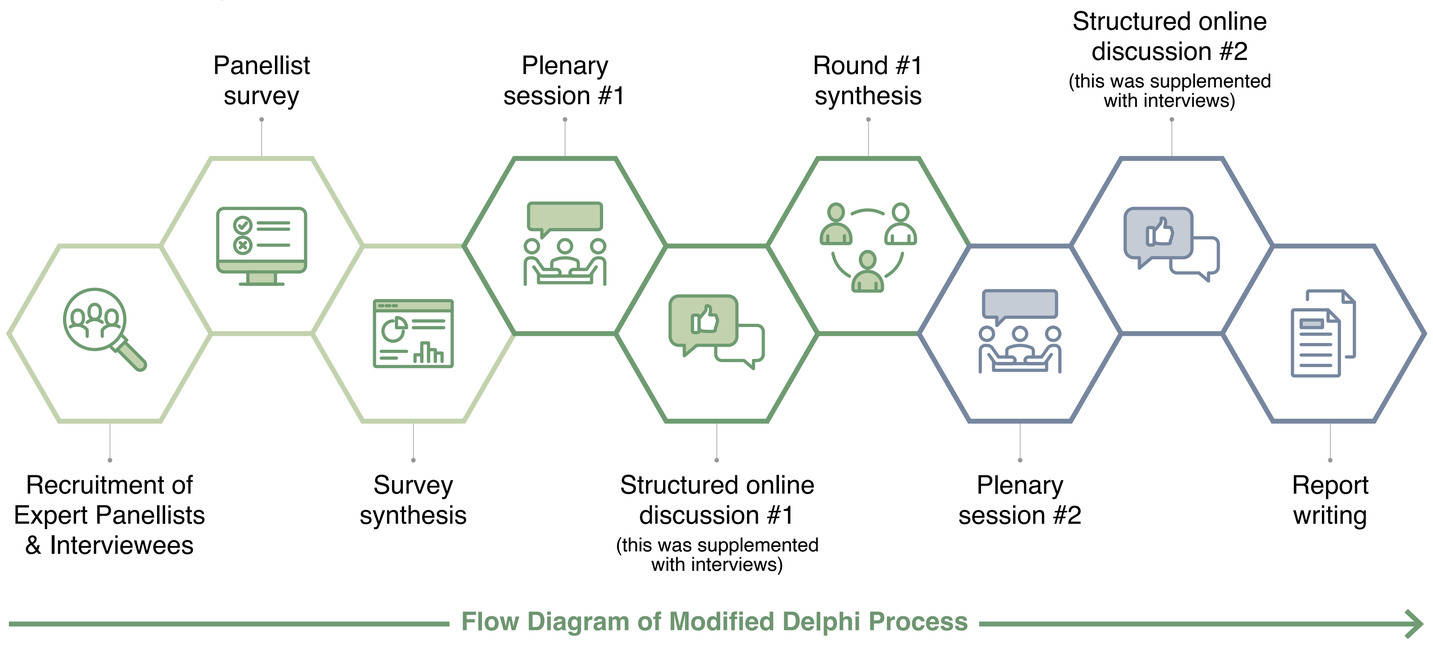
Percentage of Ph II/III breast and lung trials from the period 2009-10 vs 2019-20

Source: ClinicalTrials.gov, including all Ph.2 and Ph.3 trials that included breast or lung cancer patients

Method

To define the clinical and economic value of oncology medicines from the perspectives of patients, physicians, health economists, regulators, and payers, an international group of 24 leading cancer community experts came together to develop principles for defining and assessing the value of cancer therapies. The expert group engaged via interviews, surveys, virtual discussion panels, and live discussion over five months (see Figure 2).

Figure 2: Flow Diagram of Modified Delphi Process.



Results

Among the seven identified principles, two focused on the broader economic value and build on the ISPOR value flower with specific consideration to the application for cancer medicines:

Assess the broad economic impact on the cost of healthcare resources that a patient needs, as well as the socio-economic impact (paid and voluntary work) for both patients and those in a caregiving capacity.

The economic impact of medicines should consider the downstream effect a medicine can have on:

the amount and associated cost of healthcare resources a patient eventually needs

the socio-economic impact (paid and voluntary work) for patients and those in a caregiving capacity

Formalized analyses of economic benefit are often limited to costs within the healthcare system.[2]

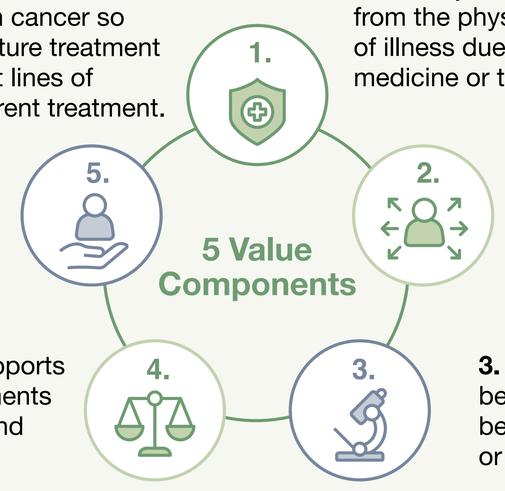
Additional economic value components suggested by the ISPOR framework,[3] should be considered.

Consider other value aspects of relevance to patients and society including insurance value, the value of choice, scientific spillovers, equity of access, and real option value, which are particularly relevant in earlier stage disease where final outcomes are difficult to assess.

The group highlighted five value components:

5. Real option value is generated when treatments extend the lives and wellbeing of people with cancer so they can benefit from future treatment options and subsequent lines of treatment after their current treatment.

1. Insurance value captures the value to healthy individuals of being protected from the physical and financial burden of illness due to availability of a new medicine or technology.



2. Value of choice (sometimes also called value of hope) reflects the value of having multiple treatment options available.

4. Equity of access supports access to cancer treatments across demographics and geographies.

3. Scientific spillover benefits enable advances beyond the current product or indication.

Conclusion

This research, based on the consensus of a broad group of cancer community experts, recommends further efforts to develop mechanisms to capture and measure both the downstream benefits of cancer care as well as the broader value components. This will support more holistic payer frameworks in the evaluation of treatment options for people with cancer (not the least for those with earlier cancer diagnosis), including the socio-economic effects to people with cancer, those in a caregiving role, and society at large.

Acknowledgements and Disclaimers

*This poster is based on "The Evolving Value Assessment of Cancer Therapies: Seven Principles from the Cancer Community", by K Abrams, A-M Baird, S Brown, J Bruns, J Cleland, R Clark, J Cortes, G Curigliano, A Ferris, L.P Garrison, J Grueger, A Igarashi, H Larose, M Lee, G Lyman, L Pani, Z Pemberton-Whiteley, T Salmonson, P Sawicki, B Stein, D-C Suh, S Vaidyanathan, G Velikova, R Vines and J Williams[1]

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