



### Towards more Unmet Need-Driven Product Development and Healthcare Decision-Making

Stakeholder views on needs, challenges, and proposed approaches

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14 November 2023

ISPOR Europe 2023

Copenhagen, Denmark

### **Unmet Medical Need: EU policy development**



- Current incentive models do not provide a sustainable solution
- UMN as a cornerstone in R&D prioritisation
- Call for more alignment between the stakeholders (e.g. patients, HCP's, regulators)



- Adjusted UMN definition
- Distinction between UMN and high UMN in the context of rare diseases
- Link between UMN and regulatory protection period and EMA regulatory support



### **Unmet Medical Need: Open Questions**

- Agreement on the importance of focusing research and development on unmet needs but
- Varying interpretations and views towards meaning, and definition and its criteria of unmet needs; broad versus narrow definition
- How to practically embed in product evaluation and healthcare decision-making?
- Methods and frameworks for identification?
   Appropriate for different disease contexts? Possible to create generic tools? Risks? Case-by-case assessment?
- Stakeholder views?









### **EU Pharmaceutical Strategy for 2020**





## Delivering for patients

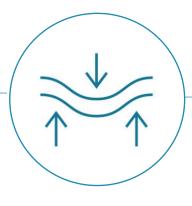
## Fair competition & innovation

### **Enhancing** resililience

### Ensuring a strong EU voice in the world









- Medine access & affordability
- Unmet medical need
- Technology and digitalisation
- Flexible regulatory framework

- Supply chain management •
- Environmental sustainability •
- Stakeholder cooperation
- Member state coordination

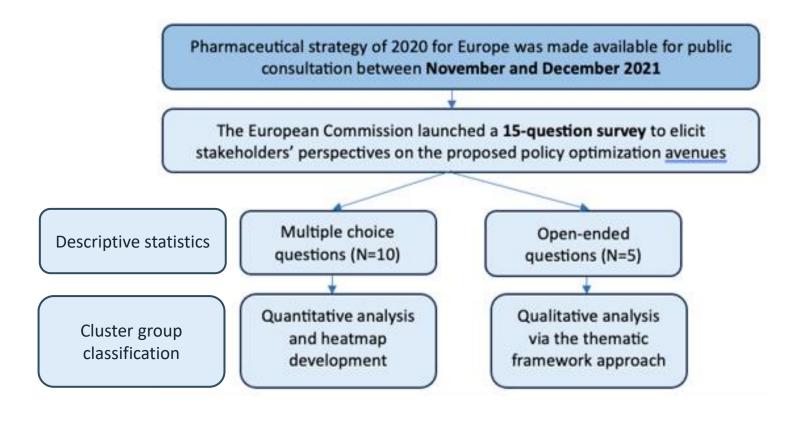


### **EU Pharmaceutical Strategy Survey**

### Analysis of responses







Stakeholder group	N (%)	
Developers	172 (36%)	
End-users	90 (19%)	
HCP	82 (17%)	
Public body	36 (7,5%)	
Research	33 (7%)	
Other	66 (13,5%)	
Total	478	

# **Defining UMN** - Disease severity & absence of authorised treatment important criteria to include





**Developers** 

Absence of a satisfactory treatment authorised in the EU

Seriousness of a disease

Major
therapeutic
advantage
over
existing
treatment(s)

Lack of access for patients across the EU to an authorised treatment

Other stakeholder groups

Absence of a satisfactory treatment authorised in the EU

Seriousness of a disease Major therapeutic advantage over existing treatment(s) Lack of access for patients across the EU to an authorised treatment

## **Defining UMN** - Disease severity & absence of authorised treatment important criteria to include





Meet one or multiple criteria to be considered an UMN?

Scale rather than binary decision?

Criteria should be made quantifiable

Definition should be updated over time

Patient satisfaction with current therapy?

Absence of a satisfactory treatment authorised in the EU

Seriousness of a disease

Major
therapeutic
advantage
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existing
treatment(s)

Lack of access for patients across the EU to an authorised treatment

Absence of a satisfactory treatment authorised in the EU

Seriousness of a disease Major therapeutic advantage over existing treatment(s) Lack of access for patients across the EU to an authorised treatment

# Proposals to support innovation, also in UMN areas – Varying stakeholder views





#### **Developers**

Early
scientific
support +
faster
review/MA

Public listing of priority areas

New incentive types, besides existing regulatory protection

Require transparent reporting of R&D costs & public funding

#### Other stakeholder groups

Early scientific support + faster review/MA

Public listing of priority areas

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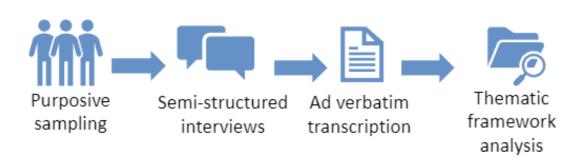
1-2	Not important
2-3	Fairly important
3-4	Important
4-5	Very important

### Stakeholder views on UMN concept

### Qualitative research study



- Identify stakeholder perceptions towards UMN, differences & commonalities
- **Provide recommendations** on the identification, and application of UMN in decision-making to support R&D in those areas with the highest needs
- Semi-structured **interviews with expert stakeholders**, incl. developers, policymakers, regulators, HTA representatives, payers, HCPs, and patient representatives, across Europe (2023)



N total =45	Pharma industry & researchers (N=13)	Policymakers, regulators, HTA bodies, payers (N=12)	HCPs (N=9)	Patient (- representatives) (N=11)
EU	8	7	1	5
National	5	5	8	6

Expertise in e.g. Oncology, Rare diseases, Paediatrics, Respiratory diseases, and Metabolic diseases

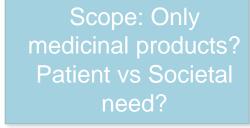


### Stakeholder views on UMN definition



**UMN** definition?

Application: How to bring the definition into practice?





- ↑ Transparency and predictability of decision-making
- ↑ **Alignment** between different stakeholders
- ↑ **Allocation of resources** to areas that need it most
- ↑ **Research** in areas that are unaddressed



Broadness/narrowness of definition: open for interpretation, practical difficulties in application vs risk of excluding diseases and negatively impacting access to some patients



Broad definition with more concrete **translation** in the different application settings, e.g. under the form of a guiding framework with appropriate criteria and case-bycase assessment

### Stakeholder views on application



**UMN** definition?

Application: How to bring the definition into practice?

Scope: Only medicinal products?
Patient vs Societal need?



Stakeholders in favour of an **UMN identification framework** consisting of

- UMN criteria (e.g. mortality, quality of life, severity of disease, urgency to a treatment, impact of condition on life expectancy, appropriateness of current standard of care)
- Robust methodology (e.g. survey, patient interviews, patient involvement)
- Adjustable to the decision-making context and disease context

### Stakeholder views on scope



**UMN** definition?

Application: How to bring the definition into practice?

Scope: Only medicinal products? Patient vs Societal need?



Some stakeholders emphasize need for a broader focus than only medicinal products intended to treat; e.g. clinical care needs, psycho-social needs

Several stakeholders suggest to make a distinction between patient (therapeutic) needs and societal needs UMN as part of the broader patient need

### **Concluding remarks**



**Definition** of UMN should be **sufficiently broad**, and go hand-in-hand with a well **thought out application framework**, allowing **case-by-case assessment** and tailoring to the respective drug life cycle phase



Development and piloting of **UMN identification frameworks** for application in practice is important; ongoing efforts, e.g. KCE NEED project



Meaningful patient involvement throughout the development of definition and framework, as well as involvement in the application process is crucial

#### **Acknowledgements**

Thank you to the KU Leuven team Alice Vanneste, Rosanne Janssens, Isabelle Huys, with special thanks to PhD researchers Zilke Claessens and Io Wens

### THANK YOU

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