

The Current Landscape of Patient Preference Studies: Are We Ready for Meta-Analyses and Benefit Transfers?

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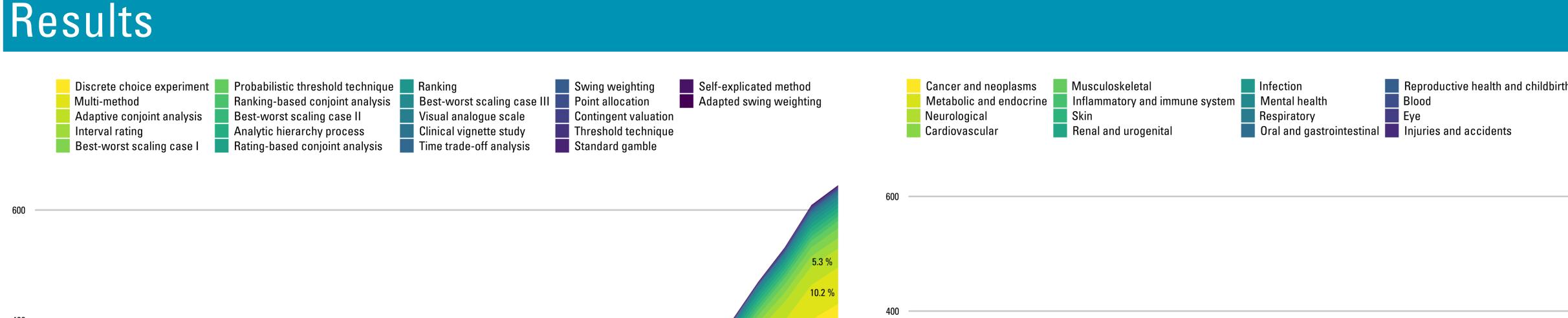
Background

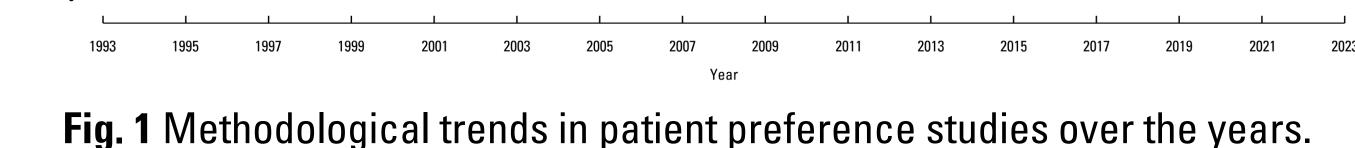
- Patient preference studies are costly and time-intensive
- Findings are rarely used beyond the goal of the original study
- Patient preference information (PPI) is possibly transferable to different contexts through meta-regression (benefit transfers)
- More methodological research on how to transfer PPI is needed

Aim: Identify promising areas for methodological advancements in benefit transfers of PPI to improve resource usage

Methods

- Systematic search through PubMed, Scopus, Web of Science
- Identified quantitative patient preference studies focusing on medical interventions (excluding screening)
- Promising areas for benefit transfers identified based on: (1) number of studies, (2) consistency in elicitation methods, (3) consistency in attributes, (4) consistency in reported PPI





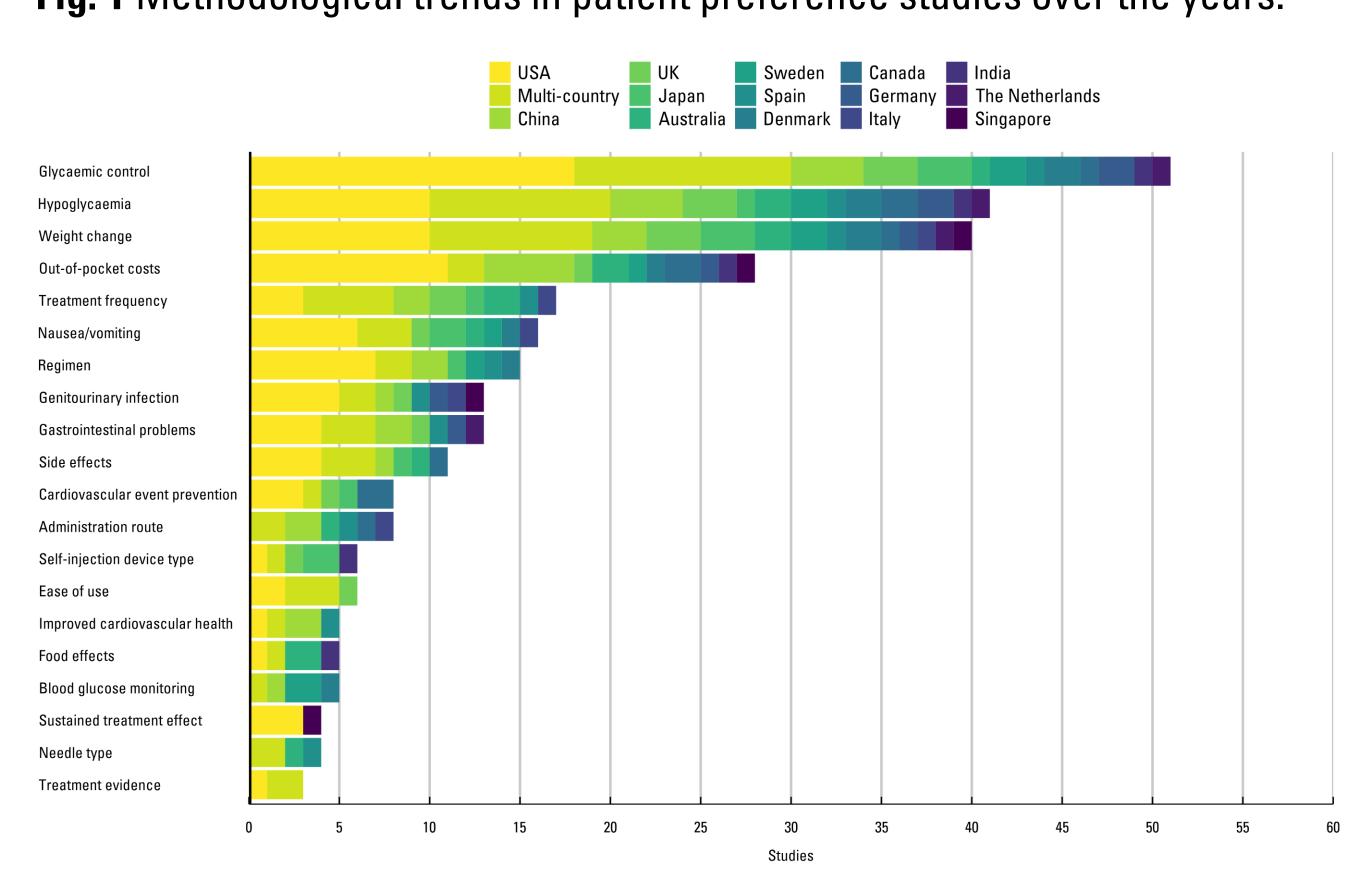


Fig. 3 Most commonly studied attributes in type 2 diabetes.

Fig. 2 Clinical trends in patient preference studies over the years.

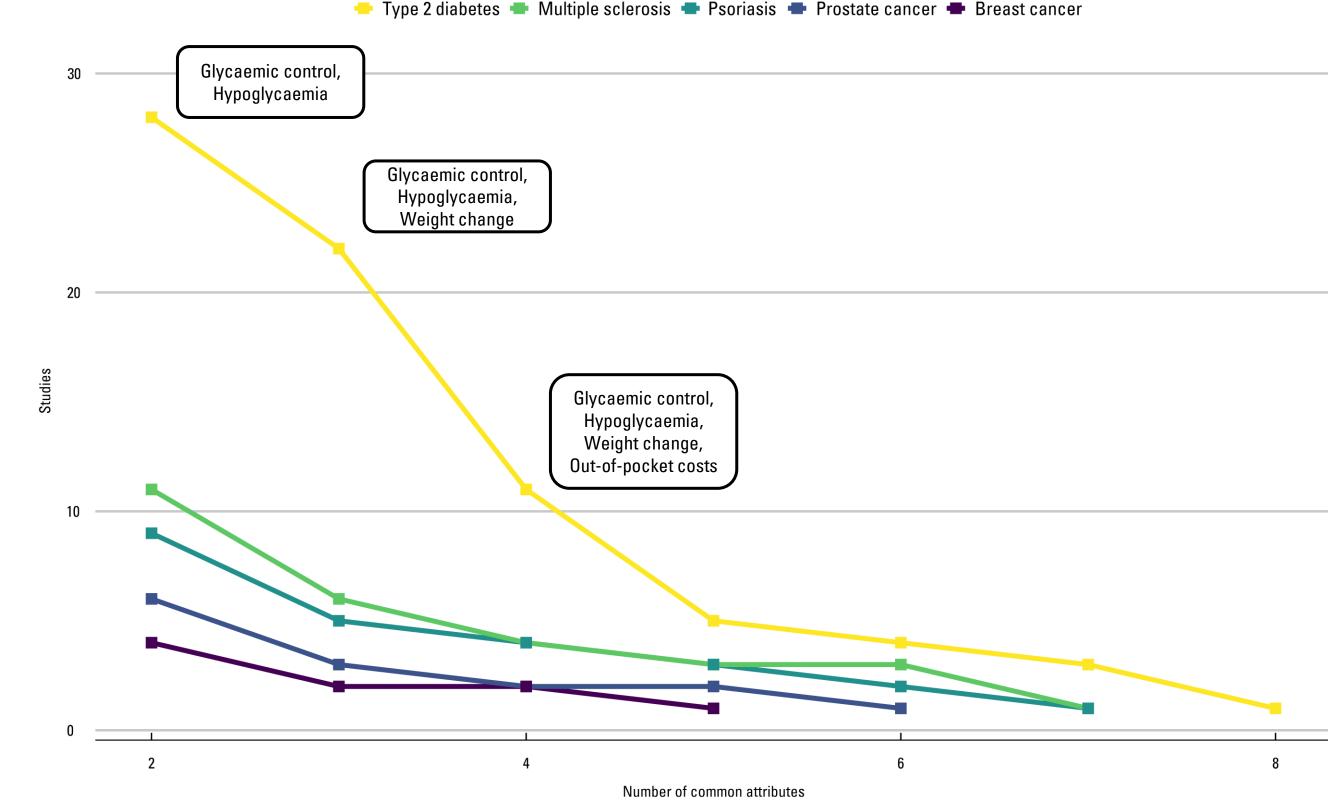


Fig. 4 Co-occurrences of attributes across DCEs in common indications.

- From the 4914 identified articles, 645 were included
- Methodologically, DCEs were most used (Fig. 1)

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- Clinically, the cancer and endocrine domains dominated (Fig. 2)
- At the single indication level, most studies were found in type 2 diabetes mellitus (T2DM): 43 DCEs, 7 non-DCEs
- In T2DM, glycaemic control, hypoglycaemia, weight change, and costs were consistently studied across countries (Fig. 3 & 4)
- Part-worth utilities were reported in most T2DM DCEs (35/43)

Conclusions

DCEs in T2DM provide the most promising starting point for methodological research on benefit transfers, because:

- They mostly examine similar sets of attributes
- They provide the largest number of studies using the same elicitation method
- They offer opportunities for benefit transfers aiming to support both endpoint selection and benefit-risk assessments based on the widespread availability of part-worth utilities











Generic health relevance

Congenital disorders