Opposer 1

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Old Wine in New Bottles:
Chateau Mouton Rothschild or 2-Buck Chuck?

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• **Same Methods:**
  – Comparison of treatments/interventions has guided clinical practice and policy decisions for a long time. Methods to elicit comparative evidence or synthesize existing evidence have existed for decades.

Oppose

- **A Natural Evolution – Not a Game-Changer.**
  - Designs of trials and observational studies have been changing even before the CER hoopla. (e.g. adaptive designs, smart trials and better observational methods).
  - The current focus on pragmatism and new methods is just a continuation of this evolution, albeit accelerated by new money.


- **Same People.**
  - With respect - people who would have conducted these comparative studies before CER would be the same people who would do them under current system. They have set preferences as to how to conduct these studies.
  - Unless we train a new set of people with new perspectives and methods to conduct these studies, we may see more of the same.
Oppose

• Patient-Centeredness.
  – New CER or PCOR is meant to capture and include what matters to patients. The behavioral health scientists say – “What took you so long?”
  – They have been conducting community participatory research for decades.
  – There is no evidence yet showing that what matters to patients as expressed by them is very different than the clinical endpoints studied in many previous head to head studies.

What’s in a name?

• Comparative Effectiveness Research (CER)

• Patient-Centered Outcomes Research (PCOR)

• Patient-Centered Comparative Clinical Effectiveness Research (CER) – Tuesday, May 7th – Press release on funding from PCORI.

• Even the experts can’t agree on the right name.
“Ei incumbit probatio qui dicit, non qui negat.”

Translation - The burden of proof is incumbent upon the one who asserts a proposition, not the one who denies it.

Julius Paulus Prudentissimus, 3rd century AD jurist