The Importance of Anchor-based Minimal Clinically Important Difference to Health Technology Assessment of Established Intranasal Allergic Rhinitis Treatments
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OBJECTIVES
The objective of this evaluation is to compare the outcomes of an anchor-based vs non-anchor-based methodology in the health technology assessment of intranasal allergic rhinitis treatments.

INCLUSION AND EXCLUSION CRITERIA
4 products met the inclusion and exclusion criteria below (Table 2)

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Intranasal Formulation?</th>
<th>Indicated for Seasonal Allergic Rhinitis</th>
<th>Recommended Dose (Ages ≥12 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azelastine</td>
<td>Yes</td>
<td>Yes</td>
<td>100 mcg per spray 2 sprays per nostril once daily</td>
</tr>
<tr>
<td>Ciclesonide</td>
<td>Yes</td>
<td>Yes</td>
<td>50 mcg per spray 2 sprays per nostril once daily</td>
</tr>
<tr>
<td>Fluticasone furoate</td>
<td>Yes</td>
<td>Yes</td>
<td>25 mcg per spray 2 sprays per nostril once daily</td>
</tr>
<tr>
<td>MPA-AzeFlu® (combinative</td>
<td>Yes</td>
<td>Yes</td>
<td>1 spray per nostril twice daily</td>
</tr>
</tbody>
</table>

RESULTS SUMMARY

Technical Expert Panel MCID Estimates
In July 2013, AHRQ disseminated a Comparative Effectiveness Review that evaluated treatments for SAR.1

The AHRQ report used technical panel estimates to determine MCID.

Inclusion Criteria
- Direct anchor-based MCID estimates derived by Barnes and colleagues ranged from 0.26 units (95% confidence interval [CI]) – 0.16, 0.73) and 0.23 units (95% CI – 0.16, 0.62).
- Comparison of the anchor-based MCID threshold to the observed treatment indicates a positive clinical benefit for each treatment option.
- In contrast, the AHRQ report implied that treatment options were equivalent to each other, to intranasal corticosteroids, and to placebo, in contrast to common patient beliefs.