WORKING GROUP MEETING MINUTES: Cost Effectiveness Working Group

17th December 2020

Meeting details		
Meeting location	MS Teams online	
Meeting date	Thursday 17th December 2020	
Meeting time	16.00-17.00 CET	
Chair(s)	Job Van Boven	
Attendees	Job Van Boven Brett McQueen Mohsen Sadatsafavi	Julia Slejko Graham Lough
Objectives		
1	New project possibilities	
2	Possibilities for extension of REG network	

Items	

New project possibilities	**1. <u>GSK Nucala (mepolizumab) project.</u>**
	• REG were approached by Armando Partida from GSK about reproducing Campbell, McQueen & Briggs (2014) Case study of Omalizumab Efficacy & Effectiveness.
	• Currently, GSK have their own Nucula mepolizumab biologic licensed for severe eosinophilic asthma patients > 12 y.o.
	• Brett talked about the 2014 study.
	  ○ Compared only efficacy from 3 years RCT with RW data. How did impact results? RW vs trial evidence bounds the estimate of value.
	  ○ GSK would need to have some sort of RW evidence.
	  ○ Asthma ISAR report: expected to generate RW evidence to be included, which was difficult.
	  ○ Previous study didn't use patient level data, but from literature data already published.
	• This was 2 years ago so we maybe have more data now drug is on market.
	Suggestions for GSK study:
	• We could generate input from ISAR data but wouldn't be patient level simulation modelling.

	• We would want to use asthma model previously used in paper.
	• We would use standardized modelling process: Less of a lift and less funding would be required.
	• Maybe some data could be generated from ISAR and existing publications.
	• 1st phase could be an epidemiology study. Output from that could be 2nd phase of CE analysis.
	
	2. <u>REG ICS stepdown project.</u>
	• Project developed by Sarah Lucas in the REG Child Health working group.
	• Aims to assess ICS step down and cessation in population of children with asthma routinely managed in primary care using real-world data from UK primary care records
	• Also permits assessment of outcomes in children using as-required ICS/SABA and compare these to children where ICS treatment is stopped. Would allow us to produce results in fraction of time taken for RCTs & in a large sample size for a longer follow up period.
	
	Suggestions for ICS stepdown study:
	• Database exercise.
	• If any utilization of healthcare records, then could be CE analysis.
	• All depends how much data are available and from which databases.
	• Getting enough statistical power on exacerbation rates would be tough.
	• For data source, would commercial claims data would be available?
	• People and their dependents e.g. maybe get a subset. French data and CPRD have all patients included so not bias for subset.
	• Could get data from British Colombia.
	  ○ Mohsen using a population of 5 million in his study of costs in asthma. Could add some CE part to it. Would be straightforward.
	  ○ Would want someone involved in the database and need to know which database to use.
	
	3. <u>REG/Novartis Breezhaler project.</u>
	• Project developed project by Graham in REG Technologies working group.
	• In discussion with Novartis and new proposal expected.
	• Assess impact of **Enerzair® Breezhaler®** (*new triple formulation*), **Propellor® digital sensor** (*tracks adherence & correct medication uptake*) & **Propeller Health® app** (sends

	reminders/advice/adherence) package on **uncontrolled asthma** patient **outcomes**, inhaler **technique** & **adherence.**
	• Aims to describe patient **acceptability/usability**, **engagement** and **compliance** with package, from *patient perspective*
	• Brett working in area of diabetes. CGMs. Database: DL data, claims data and EMR. Challenges significant. Patient perspectives.
	  ○ 3 different types of people:
	  ▪ High health literacy. Hack device to fit better,
	  ▪ Middle group – familiar enough with technology they'll use,
	  ▪ Another group - won't integrate.
	
	Suggestions for Novartis study:
	• Who will own data? Provider or patient?
	• How do patients derive different value from their treatment? Better value. Done collection of preferences for COPD patients.
	• Could be a setting for understanding patients QoL?
	• Who would you prescribe biologic given these data? What percentage move onto biologics?
	• What would have happened if patients did not get this treatment?
	• Could use utilization costs etc. Systems usability scale. Quantitative measure to include could be: work absence or productivity at work.
	
	4. <u>Merck chronic cough project.</u>
	• Merck looking for research ideas to collaborate with REG.
	• Chronic cough economic model development by Jonathan Schelfhout.
	• Challenges of how to integrate clinical trial data with real world evidence into model.
	• Brett was the primary model builder for Merck.
	• Challenges: they don't have a lot of evidence beyond phase 2.
	• Submitted abstract to REG Summit last year.
	
	Suggestions for the Merck chronic cough study:
	• Connections between Health CQ and Health utilities.
	• Treatment durability. If discontinue, to get benefit afterward?
	• REG could identify gaps in data and collect. Cross-product.
	• Do we need original data collection?

Possibilities for extension of REG network	**<u>New member recommendations</u>** • Suggested can speak to colleagues to see who is interested in joining. **<u>New funding companies</u>**

	• If need for BC data 20,000 USD, take year to get access. But Mohsen will facilitate.
Action Points	• Graham to follow up with Armando Partida about collaboration with GSK and develop a research proposal draft if GSK are positive. • Graham to send suggestions/advice from the group to Sarah to identify which database need to use for ICS stepdown • Graham will follow up with Novartis about the Breezhaler project • Brett to share REG Summit abstract and get in touch with Jonathan Schelfhout about collaboration with Merck chronic cough project.