Incorporating Real-World Evidence into Cancer Drug Funding Decisions in Canada: A Qualitative Study of Stakeholders’ Perspectives

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Cancer Drug Funding and Real World Evidence (RWE)

RWE: Data gathered outside of RCT in real world setting (admin data, registries, etc)
**Objective:** Collaboration to develop a framework for the generation and use of Real-World Evidence for cancer drug funding decisions in Canada

**Phase One:** Understand Current State of RWE in Canada
AIMS AND METHODS

**Aim**
Explore stakeholders’ views regarding the development and implementation of a framework to incorporate RWE in cancer drug funding decisions in Canada

**Methods**
- Semi-structured interviews (in person / phone)
- Pan-Canadian and international sample of stakeholders
- Convenience / Snowball Sample
- Thematic analysis
N=30
April – December 2018
Atlantic, Central, Prairies, West Coast

Stakeholders:
• Decision-makers
• Academics
• Industry
• Patient group representatives
• International users
Results

Current State Of Data

Need for Collaboration

Building Capacity

Culture Shift
Culture Shift

- Enthusiasm
- Close RCT evidence gaps / shortcomings
- Delisting, renegotiations, supporting current drug funding

However...
- RCTs gold standard
  - "I guess it’s just easier with randomized controlled trials, because I think the approach and the accepted analytical methods are much better known. And there’s a lot more debate, and I guess uncertainty about what the best methods would be in real world evidence because there’s so many variables. I’m not sure that there’s one way. It creates a situation where it’s easy to criticize any analysis that’s done." - #014

A shift in culture on the use of non RCT generated data: Accept risks inherent to RWE
Current State of Data

Current Data Insufficient for Decision-Making

Collection:
• Incomplete ("patchy") datasets
• Varied data collection practices
• Lacking key decision-making measures?

Access:
• Limited / time and resource intensive / Privacy vs. access

“I also think that there’s still a scarcity of data, that we don’t have data for everything yet. We have a lot of data, but it seems to be unorganized and lack of consistency of how people are gathering data. So, until we really can get our data together, and that it’s shared, it’s consistent, it’s gathered in the same way, and it’s pool-able, until that is done I think it can be challenging to really use the data” - #010
Building Capacity

Need for Investment in Building Capacity

• Few with RWE experience in public setting

• Requires time and cost intensive investment (staff, systems, etc). Who Pays?

• Who leads?

“So it’s a kind of problematic issue right now to be pursuing real world evidence based agreements for too many products because they’re very complex and it takes a long time and it takes a lot of resources because capacity is very stretched” -#07
Need for Collaboration

Increase Collaboration Among Stakeholders

Systems currently operating in “silos”:

- Clinicians, patients, industry, policy-makers
- Leads to duplication, inefficiencies

Public / Industry Relations:

- Hesitant
- Opportunity to improve relations
- Industry will need to have role in RWE

“If you're going to do these studies, there has to be a change in the attitudes between the players. Like, the payers, government, and cancer agencies, typically don't have a really good relationship with industry...only if you have that kind of collaborative environment, would you actually be able to undertake some of these studies efficiently and effectively.” - #002

RWE an opportunity to evolve how stakeholders work together: revisit collaboration with industry?
Opportunities for Implementation

**Leverage**
- Perceived value of RWE
- Systems transformation

**Demonstrate**
- Address gaps in understanding of how RWE is operationalized

**Clarify**
- Provide transparency on what has already been achieved
- Clarify perceived barriers that will not actually impact adoption