

# Building a Reassessment Process for Cancer Drugs: Lessons Learned From the CanREValue Collaboration Mock Reassessment Exercise

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2020 CADTH Symposium

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# Disclosure

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**I have no actual or potential conflict of interest in relation to this topic or presentation.**

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The views expressed in this presentation do not represent the views of the organizations that I am affiliated with:

- University of Toronto
- Canadian Centre for Applied Research in Cancer Control



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# Background: New definition of HTA

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Movement towards broadening current HTA definition by INAHTA and HTAi to encompass the full ***lifecycle health technology assessment***<sup>1</sup>

- ❖ Managing a health product throughout its lifecycle from pre-market to post-market/post-funding, with the potential for disinvestment.

Central to lifecycle HTA is the process of ***reassessment***

- ❖ Re-evaluate funded drugs and/or technology as new evidence emerges

Abbreviations: INAHTA = International Network of Agencies for Health Technology Assessment; HTAi = Health Technology Assessment International

# Background: Why is reassessment important?

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1

Optimize quality of clinical care with emerging new evidence

2

Inform optimal allocation of healthcare resources

3

Ensure sustainability within the healthcare system

# CanREValue Collaboration: Overall Objective

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**Purpose:** To develop a framework for Canadian provinces to generate and use RWE for cancer drug funding decisions in a consistent and integrated manner

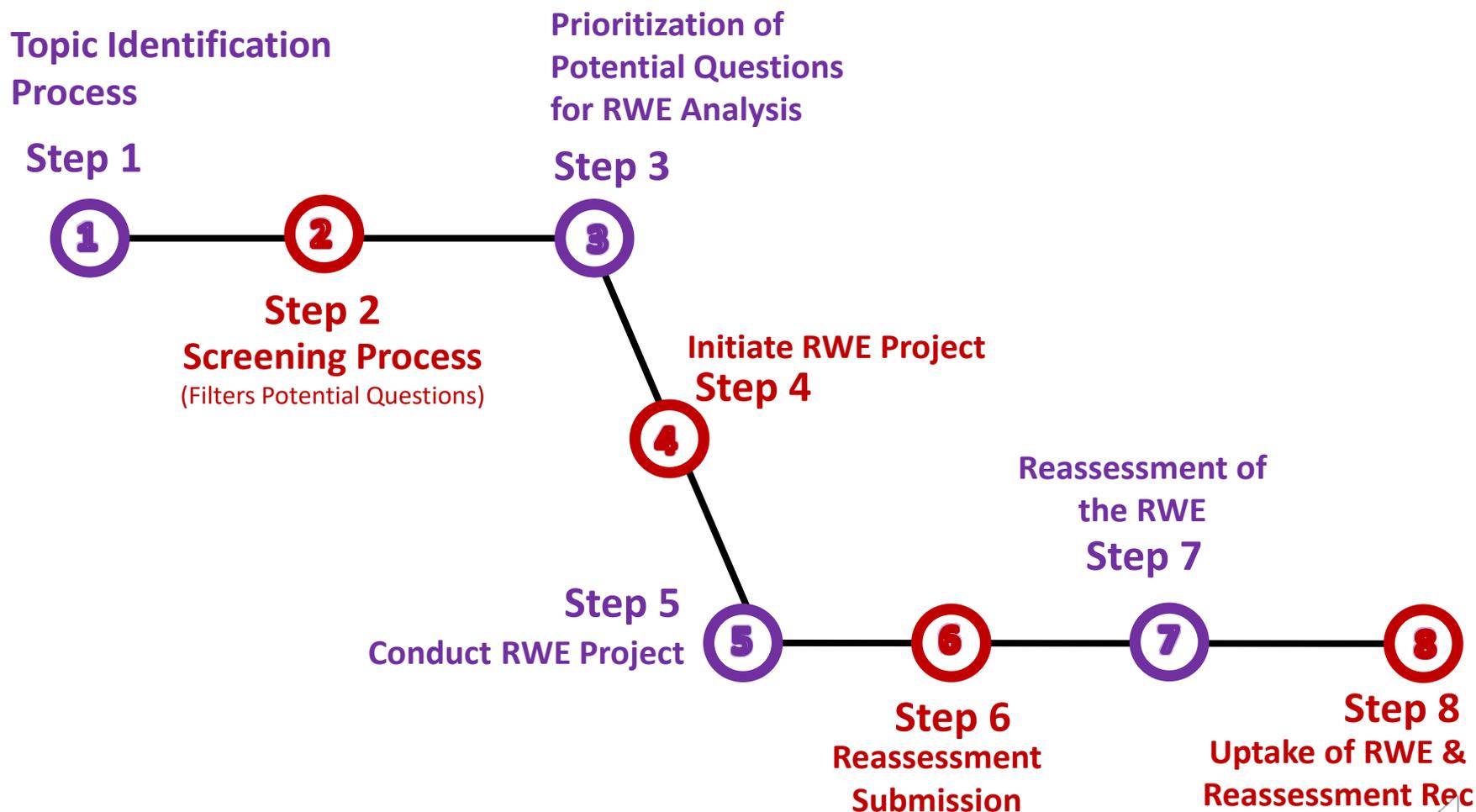


## Potential System Impact

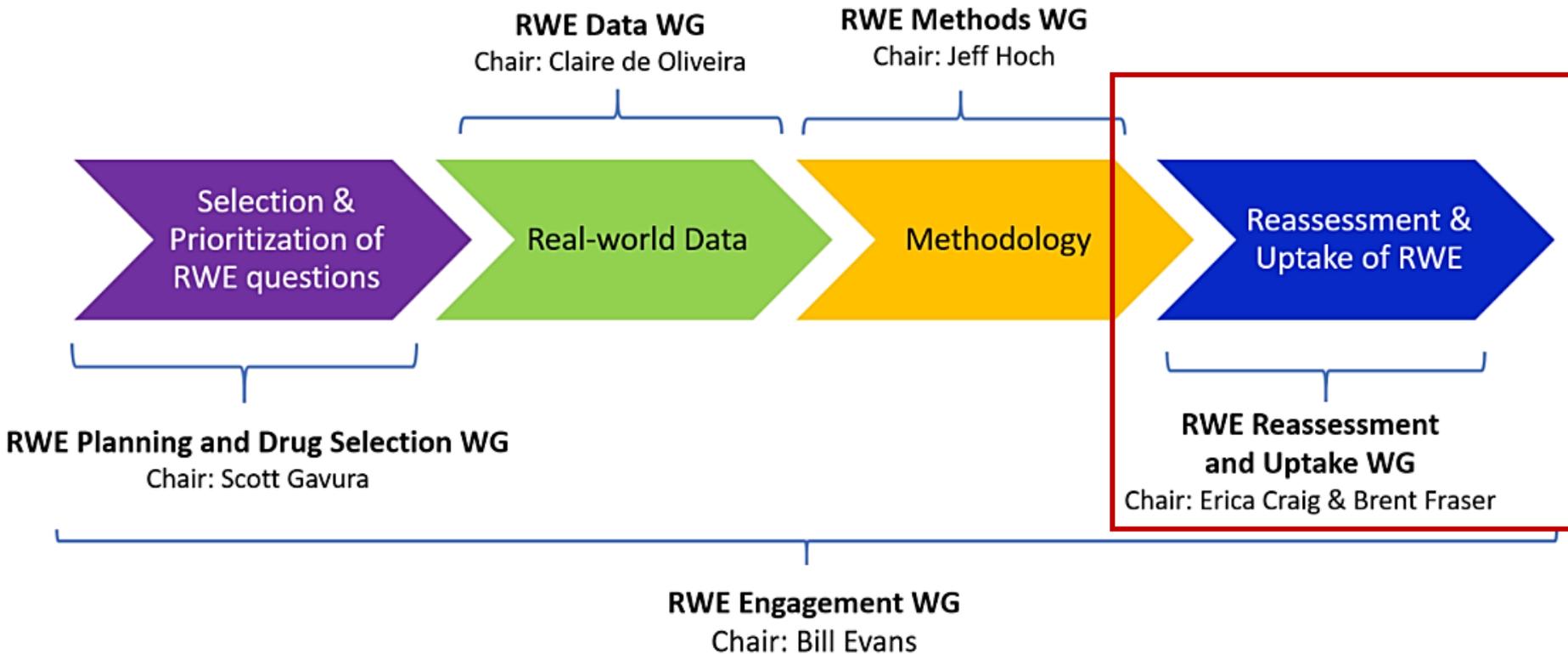
Reassessment of cancer drugs by recommendation-makers

Refinement of funding decisions or renegotiations/disinvestment by decision-makers/payers across Canada

# CanREValue Collaboration: Preliminary Framework



# CanREValue Collaboration: Working Groups



# Development of Reassessment Process

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CanREValue Collaboration's RWE Reassessment & Uptake WG members

- Perspectives: Health Canada, CADTH, INESSS, PMPRB, pCPA, Payers, Clinicians, and Patient representatives

Approach: Modified Delphi method

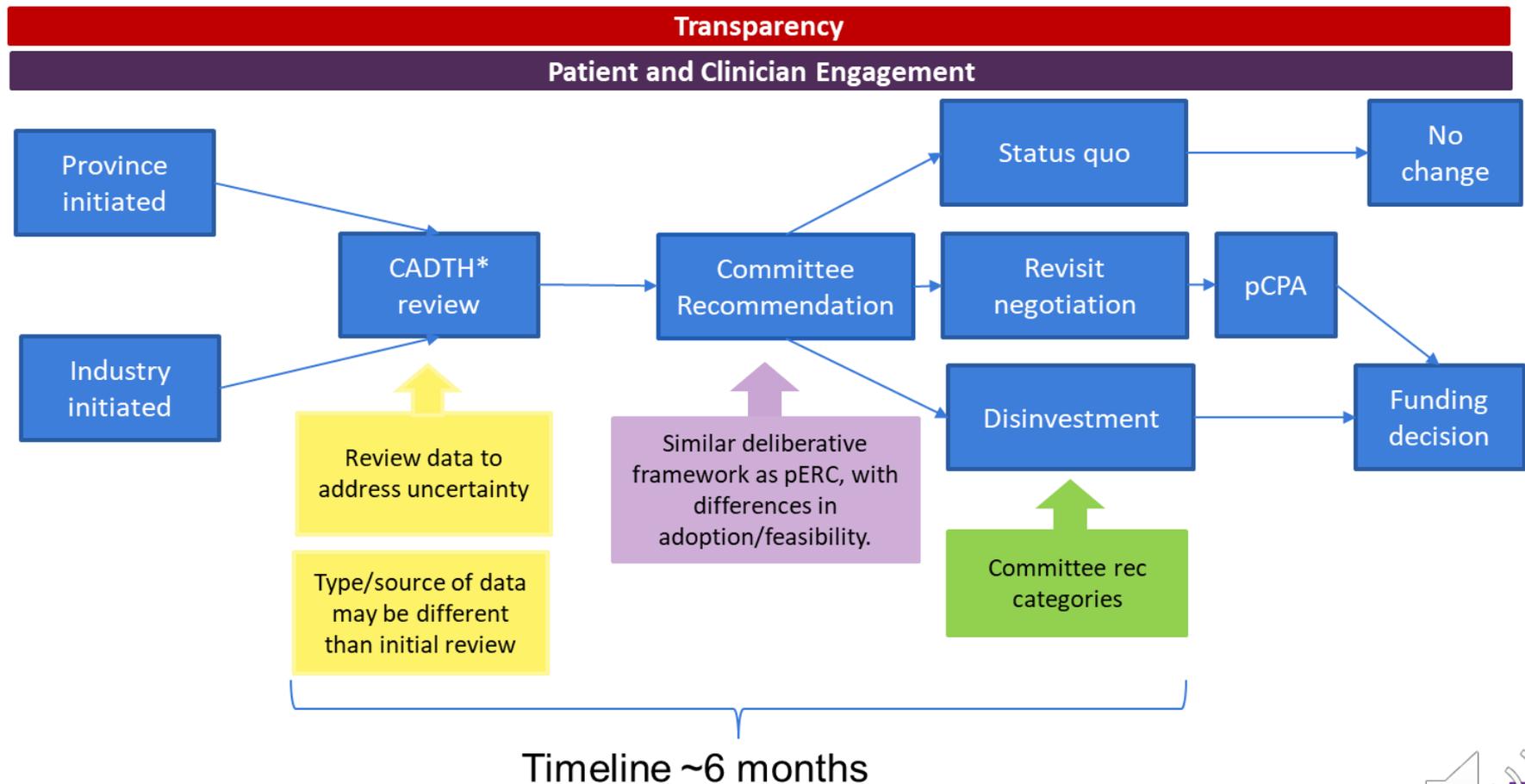
**1<sup>st</sup> Teleconference & Post meeting survey**



**2<sup>nd</sup> Teleconference & Post Meeting Survey**

**3<sup>rd</sup> Teleconference & Post Meeting Survey**

# Preliminary Reassessment Process



# Mock Reassessment Exercise: Objectives

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Objectives:

1. Evaluate the feasibility of the reassessment process
2. Identify relevant real-world evidence required for issuing an reassessment recommendation

# Mock Reassessment: mock reassessment exercise

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- Half-day mock reassessment exercise on May 29<sup>th</sup>, 2019
  - Format: modeled after the initial drug review conducted by CADTH-pCODR Expert Review Committee (pERC)
- Two sections:

## 1 Presentation of Case Study

- ***Clinical evidence:*** presented by a clinician
- ***Economic evidence:*** presented by a former pERC member
- ***Patient value evidence:*** presented by a patient representative
- ***Implementation & Sustainability:*** presented by payer decision-maker

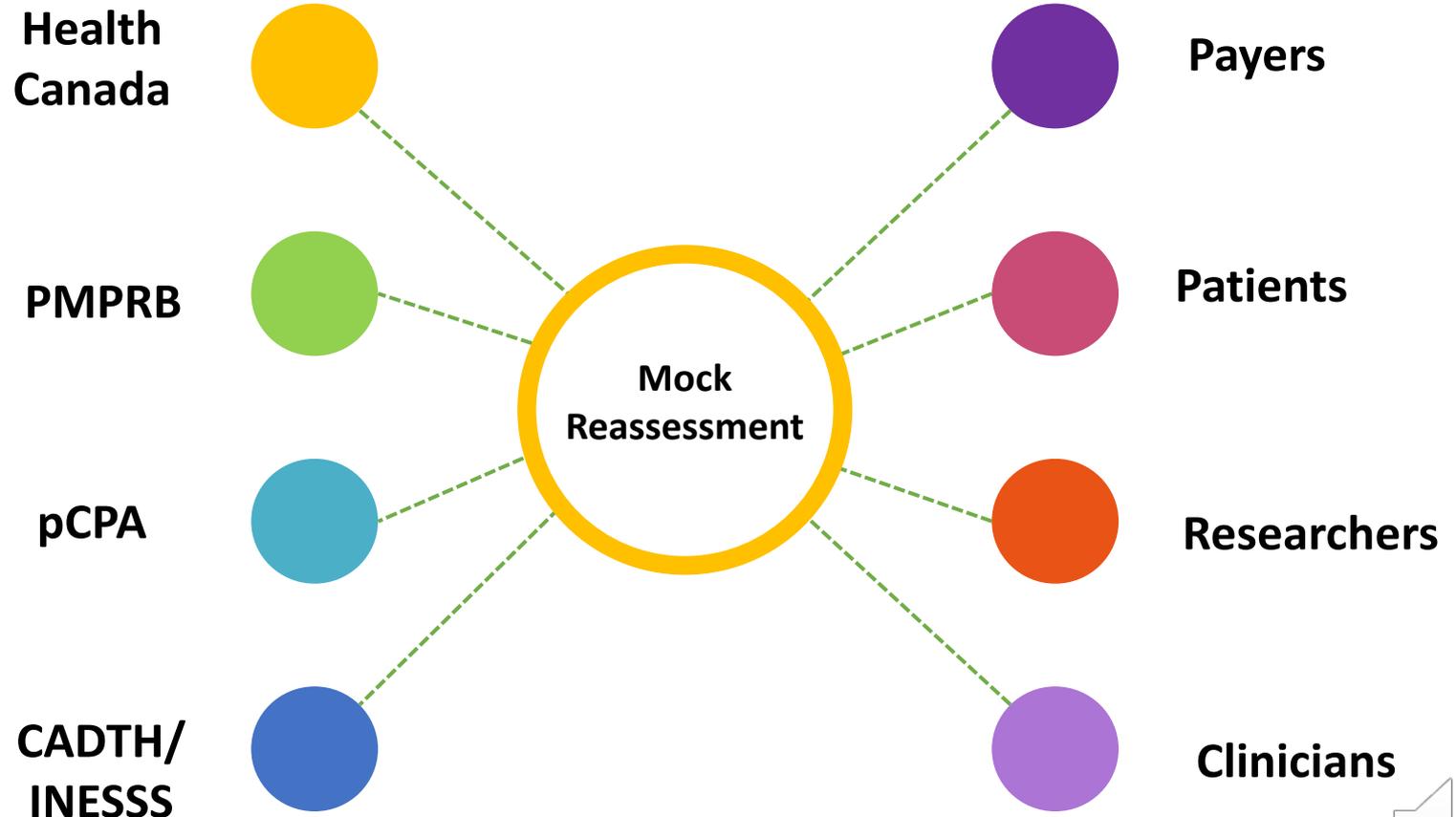
## 2 Breakout group discussion

- 8 – 9 attendees in each group
- Two main topics:
  - Topic 1: review evidence from the case to make a reassessment recommendation
  - Topic 2: feedback on the reassessment process

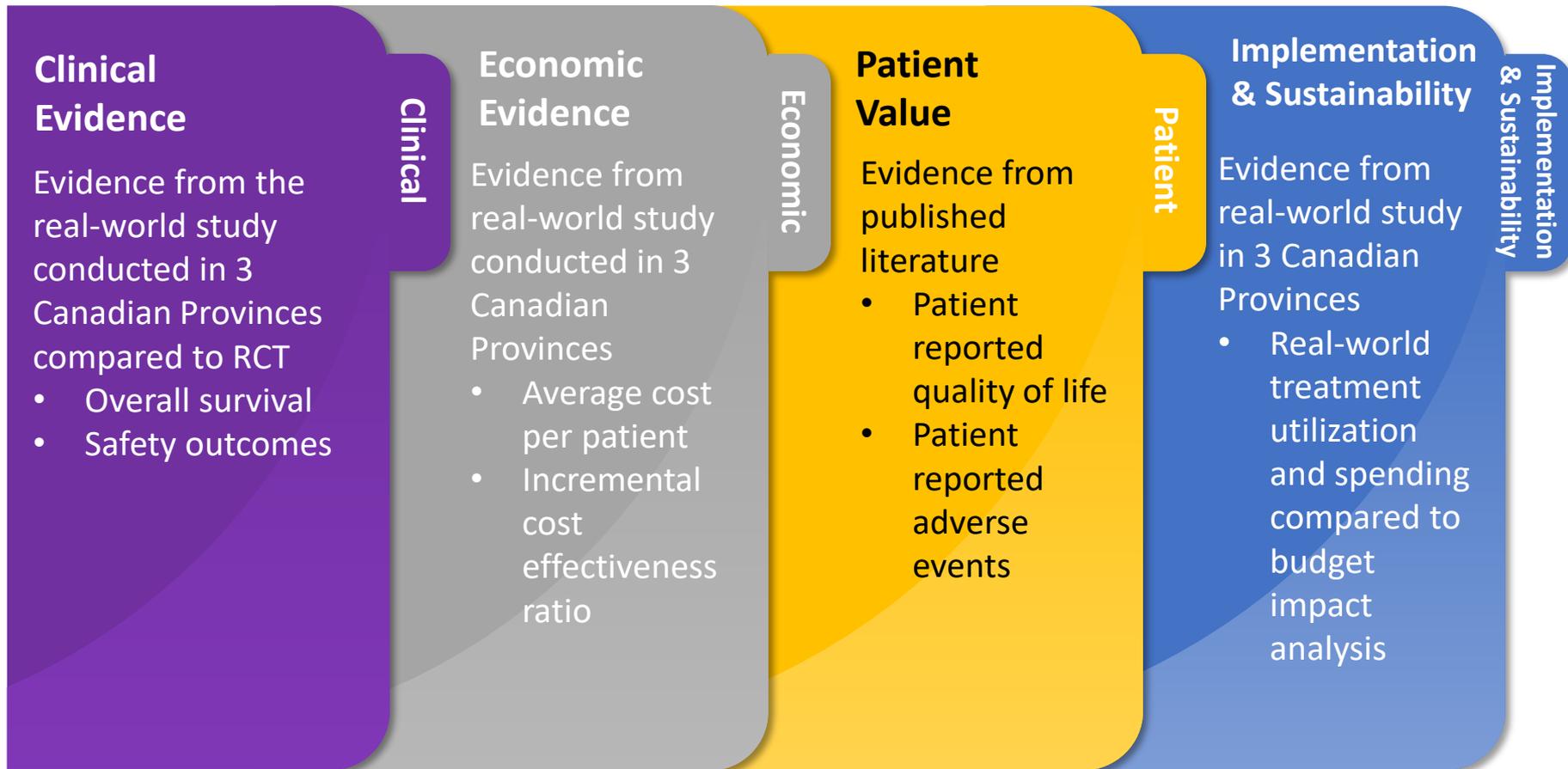


# Mock Reassessment: mock reassessment attendees

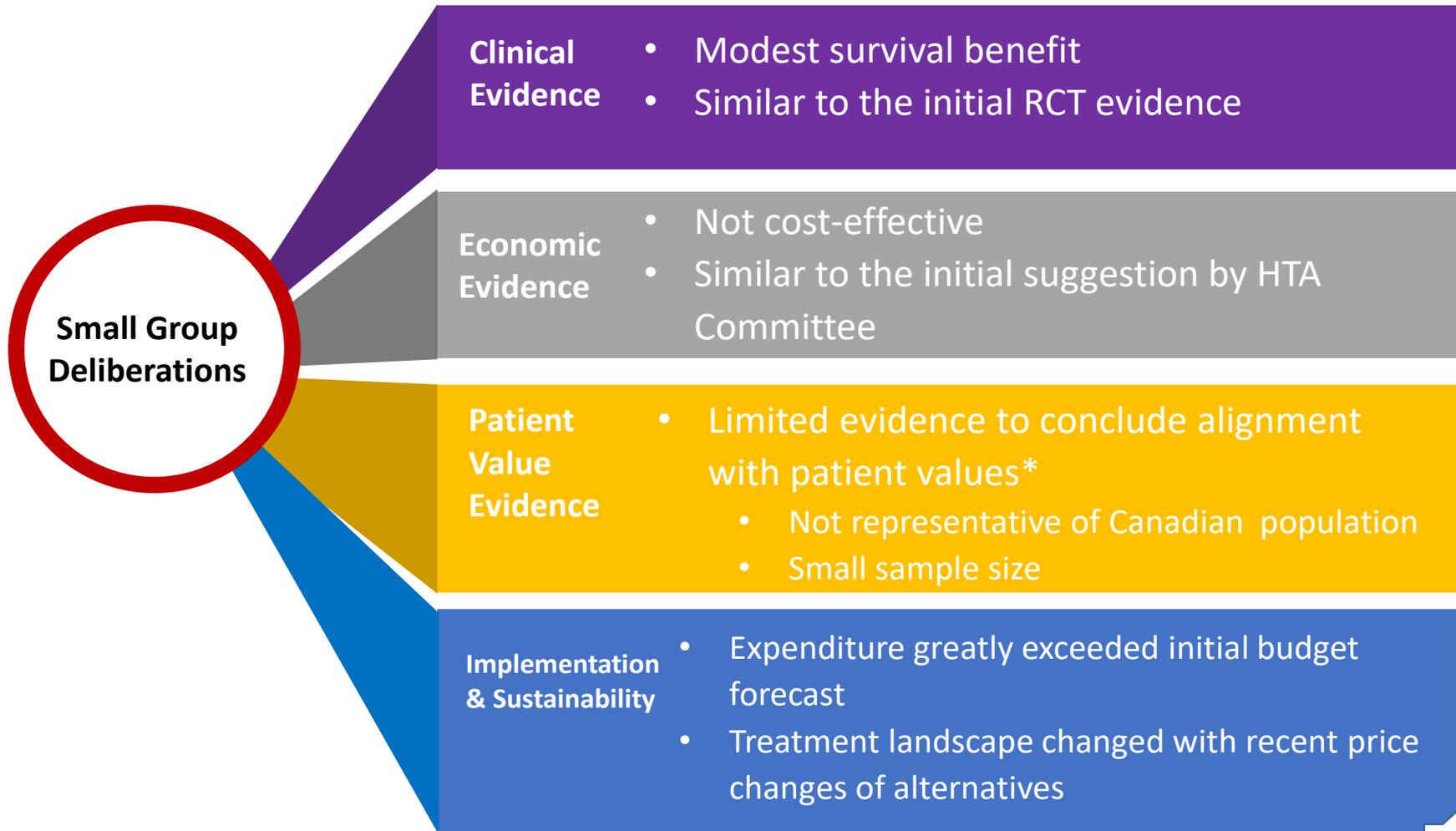
32 attendees from CanREValue Collaboration



# Mock Reassessment: Case Study Evidence

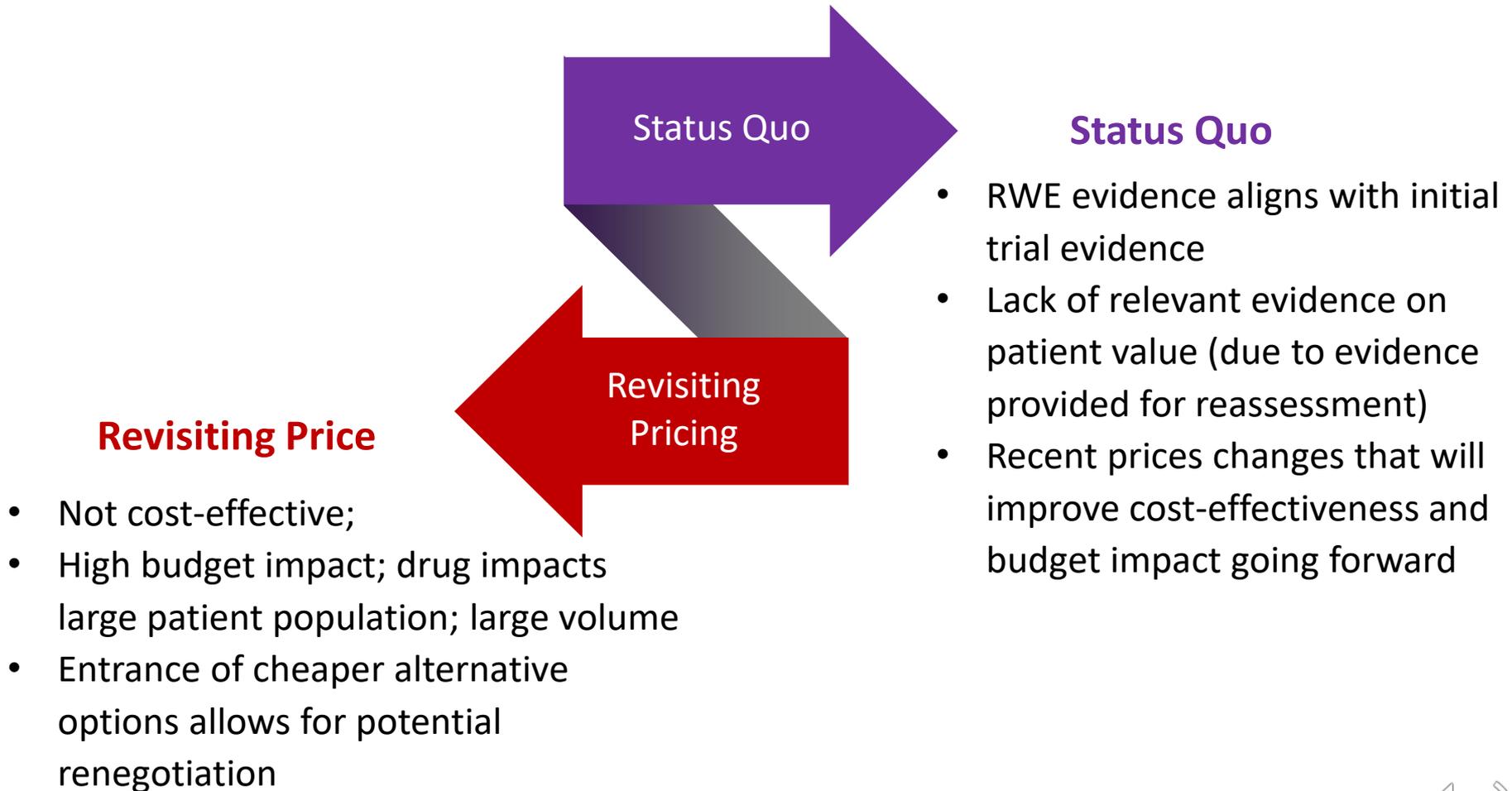


# Case Study: insights from deliberation



# Case Study: Reassessment Recommendations

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# Considerations for generating evidence for reassessment

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## 1. Source of real-world data

- Trust in the RWE is dependent on the source and method of data collection
- Generalizability of real-world evidence is perceived as a major strength

## 2. Collecting relevant evidence for reassessment

- Some evidence that were noted as important and relevant includes:
  - Quality adjusted life years
  - Patient experiences and expectations
  - Dose delays, dose intensity

# Considerations for process improvements

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## 1. Patient engagement

- Engage patients throughout the process of reassessment
  - Solicit patient input when conducting reassessment
- Transparency is key

## 2. Accounting for context and changing landscape

- Treatment landscapes are complex and ever evolving
- Timing of when reassessment review is conducted is critical and should address the needs of appropriate stakeholders

## 3. A priori study plan

- Develop standards for conducting RWE analysis
- Standards must be agreed upon by all the stakeholders affected by and involved within the reassessment process

# Current Work

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- Continuing to refine the reassessment process based on the lessons learned from the mock reassessment exercise
- Developing a process for the uptake of the reassessment recommendations
- Ongoing engagement with relevant stakeholders regarding the framework

# Thank you!

We would like to connect with you!

Please visit us at: <https://cc-arcc.ca/canrevalue/>

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Please follow us on Twitter at: @CanREValue