2018 UPDATE OF HEALTH TECHNOLOGY ASSESSMENT DECISIONS ACROSS THE GLOBE: A FOCUS ON ONCOLOGY

BACKGROUND
- Cancer is a highly burdensome condition affecting many individuals globally, with an estimated 13.7 million new cancer cases, 8.7 million deaths, and 103.8 million living with cancer worldwide in 2018.
- Oncology innovation shows no signs of de-escalating, developers continue to produce therapies with more niche indications, and the treatment landscape is becoming increasingly complex.
- In 2021, 7923 publications of the European Medicine Agency’s (EMA) EMA-positive recommendations were made for cancer therapies, an increase from 6852 in the previous year.
- Similarly, the National Institute for Health and Care Excellence (NICE) approved 16 cancer therapies in 2017.

Although the decision-making process differs between nations, health technology assessments are generally driven by oncologic clinical benefit alongside increased expense to produce policies that achieve optimal value.

OBJECTIVES
- To examine the updates to 2016 and 2018 publications presenting results of recent oncology-related HTA decisions and the associated rationale in select countries.

METHODS
- Data was manually collected for oncology-related therapeutic agents, evaluated by primary site of origin, disease, and rationale for the decision.
- Data was categorized as favorable (defined as a decision that advances the product’s medical value), unfavorable (defined as a decision that blocks no added benefit), or mixed (a combination of favorable and unfavorable).

RESULTS

• 53 oncology-related HTA decisions were published in the study time frame for 11 different therapeutic agents across six primary sites of origin.

- Across all countries, the most common primary sites of origin included breast cancer (45%), colorectal cancer (18%), and lung cancer (14%).

- Across the studied nations, 34% (49/121) of decisions were favorable, 15% (19/121) were unfavorable, and 51% (63/121) were mixed decisions.

- The rationale for each decision was examined to discern global trends in components of the study.

CONCLUSIONS
- Economic model uncertainty plays a significant role in the level of success for a submission.
- Related to other countries, NICE frequently decides to allow the manufacturer to提交 additional evidence, while France requires all HTA bodies to make a final decision.

RESULTS (cont.)
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)

CONCLUSIONS
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)

CONCLUSIONS
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)

CONCLUSIONS
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)

CONCLUSIONS
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)

CONCLUSIONS
- The majority of unfavorable decisions could be attributed to a small or uncertain net clinical benefit, though nearly all Canadian approvals are dependent upon the cost-effectiveness being within the CDF’s range.
- An approximate two-thirds of decisions were considered to have an important medical benefit (as defined by the study), but had no HTA body specify a threshold.

Figure 5. Service Medical Rendu (SMR; n=123)

Figure 6. Amélioration du Service Médical Rendu (ASM; n=112)

Figure 8. Percentage Breakdown of Decision Favorability by Country (Germany)

Figure 8. Percentage Breakdown of Decision Favorability by Year (Germany)