

**RTI HEALTH SOLUTIONS®**

## **ISSUE PANEL IP1**

**The United Kingdom's National Institute for Health and  
Clinical Excellence**

**NEW DEVELOPMENTS**

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**LEADING RESEARCH...**

**MEASURES THAT COUNT**

# Panel Members

**Moderator** | **Stephen Beard, MSc**

Head of Health Economics, RTI Health Solutions,  
Manchester, UK

**Panelists** | **Carole Longson, PhD**

Director, NICE, Centre for Health Technology Evaluation,  
London, UK

**Matt D Stevenson, PhD**

Technical Director, University of Sheffield, School of Health  
and Related Research Technology Assessment Group  
(SchARR-TAG), Sheffield, UK

**Sorrel Wolowacz, PhD**

Senior Health Economist, RTI Health Solutions,  
Manchester, UK

# Overview

## 1. Recent developments at NICE

**Carole Longson**  
NICE

## 2. The Evidence Review Group Perspective

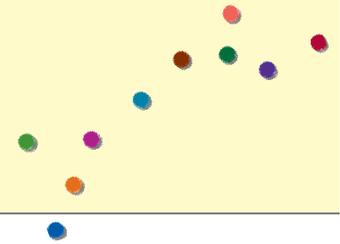
**Matt Stevenson**  
ScHARR-TAG

## 3. Recommendations for Research Planning

**Sorrel Wolowacz**  
RTI Health Solutions

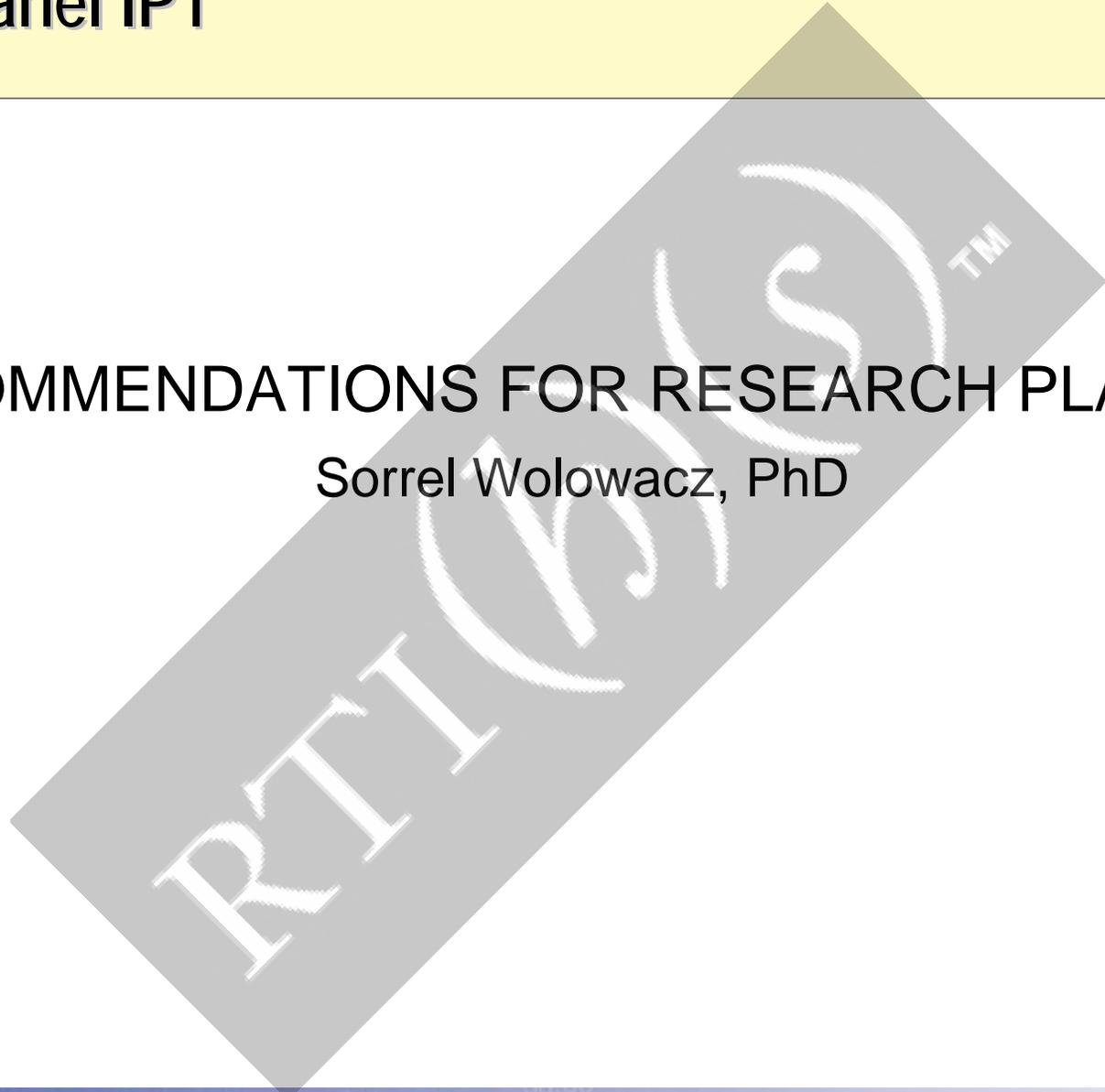
## 4. Open Session for Audience Questions, Discussion, and Debate

**Open Session**

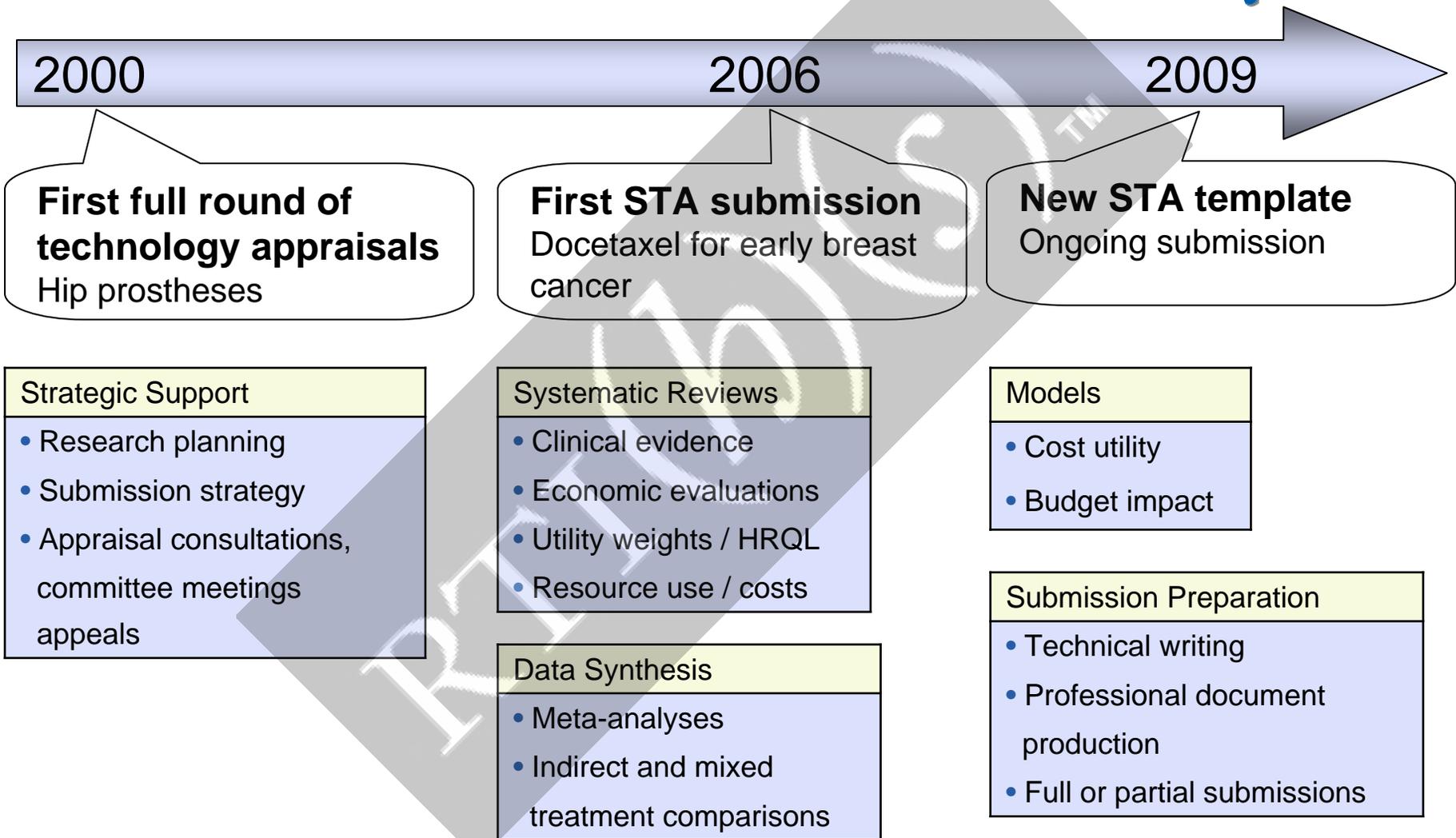


# RECOMMENDATIONS FOR RESEARCH PLANNING

Sorrel Wolowacz, PhD



# RTI Health Solutions' Experience in NICE Submissions



# Recent Developments Impacting Research Planning

- Recent developments
  - Updated methods guide, June 2008 (supported by briefing papers)
  - Updated STA template, October 2009
  - Expanded process (expected end: October 2009)
  - PPRS Rapid Reviews
- Impact on research requirements
  - No fundamental changes
  - More explicit guidance to encourage “standardisation”

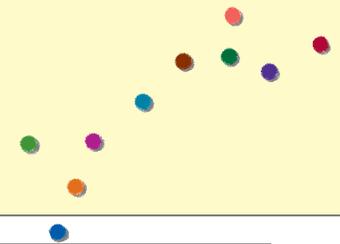
# Recent Developments Impacting Research Planning

- Stronger steer towards utility estimates based on EQ-5D measured in Trials or by TTO
  - Careful consideration of inclusion of EQ-5D in pivotal trials
  - Careful consideration of timing of assessments and selection of analyses
- Greater emphasis on systematic review for published utility and resource use and cost estimates
  - Formalisation of searches, study inclusion, and selection of data
- Possibility of inclusion of cost-savings to government departments other than NHS and/or PSS
  - Requires prior agreement
  - High-quality estimates needed

# STA Research Planning: Key Research Requirements

Research Requirement	Main Purpose
1 Data describing current practice	Identification of relevant comparators
2 Systematic review of clinical evidence	Identification of all relevant efficacy and safety evidence for the intervention being appraised and its comparators
3 Meta-analysis and/or indirect and/or mixed treatment comparison (if appropriate)	Synthesis of all relevant clinical evidence for the intervention being appraised and its comparators
4 Systematic review of relevant economic evaluations	Identification of all relevant economic evaluations of the intervention being appraised
5 Economic evaluation	Estimation of cost-utility ratios in accordance with the NICE Reference Case
6 Systematic review of published utility estimates and HRQL studies	Identification of all relevant utility estimates, justification of selected values, and characterisation of uncertainty
7 Systematic review of resource use and cost estimates	Identification of all relevant resource use and cost estimates, justification of selected values, and characterisation of uncertainty
8 Evidence of association between intermediate and final outcomes	Support for estimates of final outcomes (if estimated from intermediate outcomes)
9 Budget and population health-impact analysis	Estimation of the impact of a positive recommendation on NHS budgets

# Key Research Requirements



## Research Requirement

## Main Purpose

1 Data describing current practice in England and Wales

Identification of relevant comparators

## Recommendations

Timing Early, update prior to submission

Needed to identify comparators to include in systematic review of clinical evidence and economic model

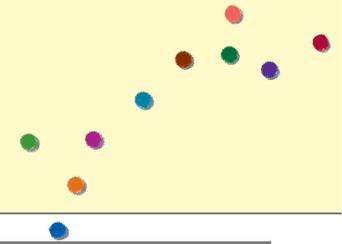
Issues Relevance

Needed to reflect current practice in the population of interest

Level of detail

Detailed information, for example, about dosing may be important (e.g., in cancer chemotherapy, efficacy may vary by dose and number of cycles)

# Key Research Requirements

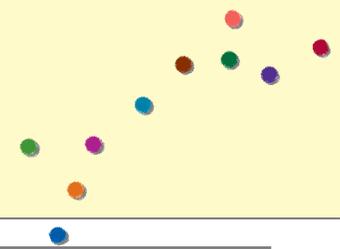


Research Requirement	Main Purpose
2 Systematic review of clinical evidence	Identification of all relevant efficacy and safety evidence for the intervention being appraised and its comparators

## Recommendations

Timing	<p>Early, especially if a large evidence base is anticipated</p> <p>Update prior to submission to ensure recent data are included</p>	<p>Quality assessment and data abstraction can be time-consuming if a large number of trials are identified</p> <p>Data are needed before meta-analysis or indirect treatment comparison can begin</p>
Issues	<p>Searches must be performed for the intervention being appraised as well as for the comparators</p> <p>Searches, study inclusion, and quality assessment must be performed to a prespecified protocol and fully documented</p> <p>Study selection criteria should be fully justified with respect to the decision problem</p>	<p>The main purpose is to demonstrate to the ERG and appraisal committee that all relevant evidence for the intervention and comparators have been identified</p> <p>NICE define a systematic review as “research that summarises the evidence on a clearly formulated question according to a predefined protocol”</p> <p>The systematic review will be validated by the ERG</p> <p>Example: date or language limits on searches or study inclusion, number of participants, type of study (randomised, non-randomised, observational)</p>

# Key Research Requirements



## Research Requirement

## Main Purpose

3 Meta-analysis and/or indirect and/or mixed treatment comparison (if appropriate)

Synthesis of all relevant clinical evidence for the intervention being appraised and its comparators

## Recommendations

Timing Mid-phase activity

Results usually required for the economic model; analyses may be sophisticated and time-consuming

Issues Collaboration between researchers

Close collaboration between researchers performing data extraction, meta-analysis, and modelling is crucial

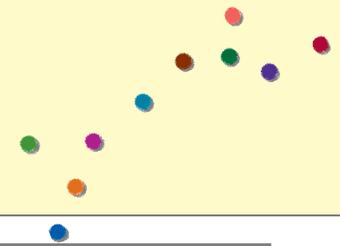
Comprehensiveness of analyses

Prepare for requests for additional analyses from NICE if potentially relevant analyses are not submitted

Appropriate selection of methods

Careful consideration of the available data, the known or putative treatment-effect modifiers, and the needs of the economic analysis are required

# Key Research Requirements



## Research Requirement

## Main Purpose

4 Systematic review of relevant economic evaluations

Identification of all relevant economic evaluations of the intervention being appraised

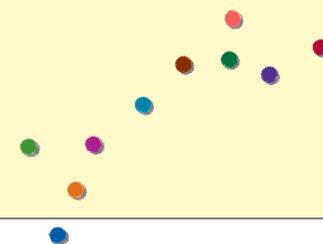
## Recommendations

Timing Early, update prior to submission

Often helpful in design of model structure and identification of some parameter estimates  
Needs to be up to date at time of submission

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# Key Research Requirements



## Research Requirement

## Main Purpose

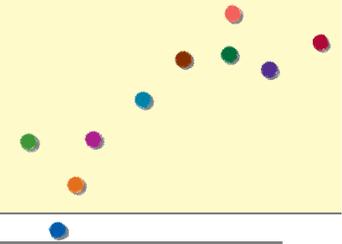
5 Economic evaluation

Estimation of cost-utility ratios in accordance with the NICE Reference Case

## Recommendations

Timing	Mid- to late-phase activity (Early-phase models also are recommended to inform research planning for data collection supporting key model parameters)	Model-specification stage is best performed in parallel with systematic review of clinical evidence and statistical analysis plan for meta-analysis and/or MTC to ensure best use of available data  Finalisation usually occurs shortly before submission, when the confirmed price is available
Issues	Research planning for key parameter estimates  Pre-existing global models	Identify key drivers of cost-utility estimates and plan to ensure availability of high-quality data  Global HE/MA functions give full consideration to NICE Reference Case and fully involve UK affiliates in development of global models
	Should conform as far as possible to the NICE Reference Case	<i>Guide to the Methods of Technology Appraisal</i> , June 2008 (N1618)

# Key Research Requirements



## Research Requirement

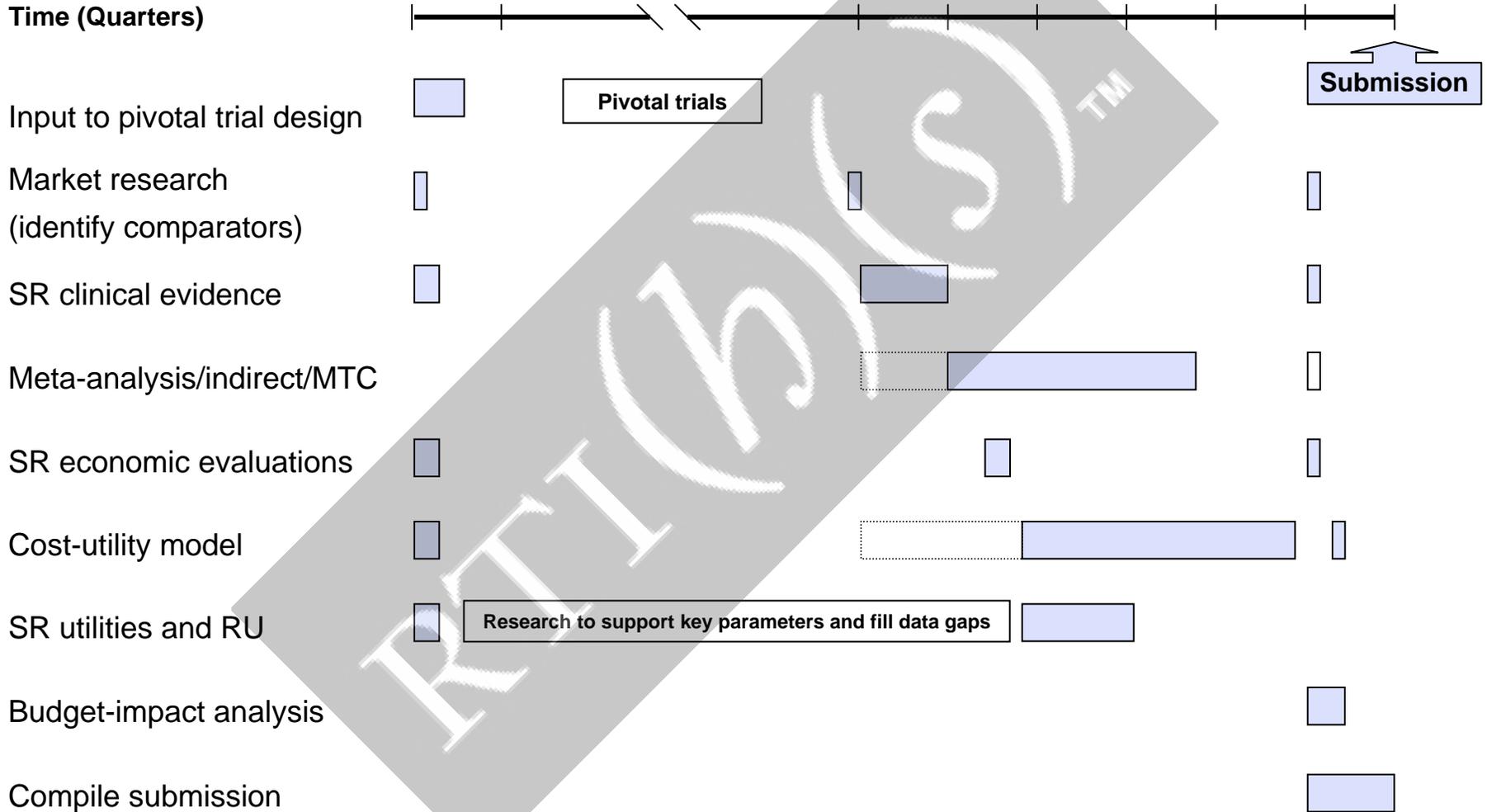
## Main Purpose

6 and 7	Systematic review of published utility and RU estimates	Identification of all relevant utility and RU estimates
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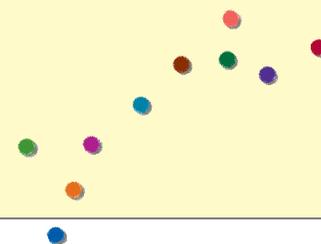
## Recommendations

Timing	Mid-phase activity (Early work recommended to inform research planning for data collection supporting key model parameters)	In parallel with model-specification and early-model development
Issues	Selection and synthesis of alternative estimates	Briefing papers ( <i>PharmacoEconomics</i> 2008;26(9)) and good published examples (e.g., Peasgood et al., <i>Osteoporosis Int.</i> 2009;20:853-868)  In general, national cost estimates and public listings are most appropriate (e.g., NHS reference costs, MIMS); payment by Results Tariff may provide more specific costs in some cases
	Potentially substantial piece of work	Pragmatic approach is appropriate

# Research Schematic: Key Submission Requirements



# Open Discussion Session



## Moderator

**Stephen Beard, MSc**

Head of Health Economics, RTI Health Solutions,  
Manchester, UK

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**Debate**

**DISCUSS**

**Questions?**