Economic Analyses Alongside Phase III Cooperative Group Clinical Trials – Practical Issues

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# Criteria for selecting trials for economic analysis

- 1. There's a reasonable possibility that the trial results could influence practice
- 2. A change in practice could have non-trivial cost implications
- 3. The expected differences in clinical outcome are likely to be relatively modest

# Criteria for targeting RCTs for an economic companion

- 1. There is a reasonable possibility that the trial results could influence practice
  - comparator is standard of care
  - experimental intervention is feasible in the routine care setting
    - practitioners are likely to be interested in using the new therapy if it's effective

# Criteria for targeting RCTs for an economic companion

- 2. A change in practice could have non-trivial cost implications
  - i.e., the aggregate cost consequences of adopting one treatment over another as the standard of care are likely to be substantial...
    - because the difference in costs between treatment groups is large

and/or

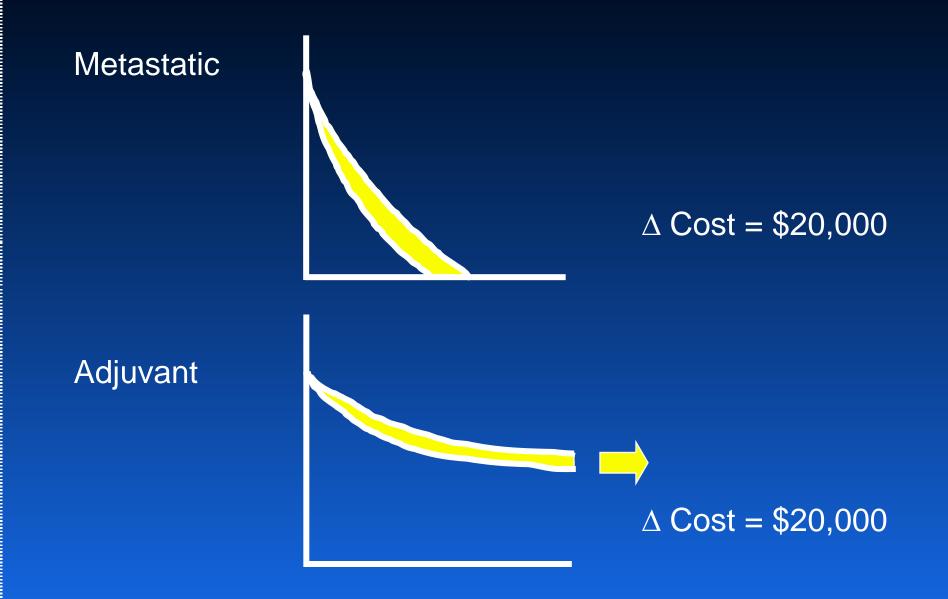
 the disease is so common that small differences in cost per patient could translate into large differences in cost for a population

# Criteria for targeting RCTs for an economic companion

3. The expected differences in clinical outcome are likely to be relatively modest

$$CER = \frac{\triangle Cost}{\triangle QALYs}$$

### Why does cost-effectiveness vary with the setting?



## Special challenges in the metastatic setting

Difference in cost between arms may be may be sensitive to second and later line therapy

 Requires information on treatment after progression

Difference in cost between arms may be sensitive to costs of care during added months of life

 Requires capture of total not just incremental costs Special challenges in the metastatic setting (cont'd)

 QOL during additional months of life is likely to be compromised so that ∆QALYs < ∆LYs

 Requires measurement of utilities to allow calculation of QALYs

## **Process for targeting RCTs for an** economic companion

#### **Requires:**

Systematic review of concepts to identify those that meet the pre-established criteria

Decision about whether to include an economic companion early in the protocol development process

True collaboration between the study chair and the individual leading the economic component

An economic companion must be designed and integrated during the clinical trial design phase

## CALGB economic component prototype

Emphasis on incremental cost and effectiveness Collection of resource use on all patients relying on clinical data collection mechanisms

- chart reviews by CRAs
- patient diaries [collected by QOL interviewer(s) when there is also a QOL component]

Unit prices derived from bills of trial patients and national sources

Collection of utility data from patients when costutility analysis is an appropriate analytic approach

Southwest Oncology Group	)		Page 1 of 3			
RESOURCE UTILIZATION First 25 Weeks	SUMMARY	SWOG Study No. S	Protocol Step			
		Patient Label				
SWOG Patient No. Patient's Name (LF.M)						
Institution / Member	Institution / Member Physician					
Amended data: 🛛 Yes, mark a	mended items in r	ed.				
	] Week 13 (for Week ] Week 25 (for Week	-				
I. LABC	RATORY TESTS	and MEDICAL PROCEDURES				
Were laboratory tests performed	l during this period	Were medical procedures perfor	med during this period?			
Laboratory Tests	Total Number Fo Summary Period		Total Number For Summary Period			
CBC with or without differential		Chest X-ray				
Platelets (Count as CBC unless		MRI/Chest				
only Platelets were ordered)		MRI/Abdomen				
Chem -23 (SMAC) (Count as Chem -23 unless individual tests ordered)		MRI/Brain				
Alkaline Phosphatase		CT/Chest CT/Abdomen				
LDH		CT/Brain				
Total bilirubin		Bone Scan				
SGOT/PT		Bone X-ray				
GGT		Audiogram				
Albumin		EKG				
Uric Acid		Other, specify:				
Total Protein						
Serum Creatinine						
Na+/K+		╢				
Ca++/Mg++						
			1			
CO2/CI- CEA		╢ ────				

RESOURCE UTILIZATION SUMMARY	SWOG Study No. S Protocol Step		
First 25 Weeks	Summ	ary period: 1	Week 13 (for Weeks 1-12)
SWOG Patient No.	Summ		<ul> <li>Week 25 (for Weeks 13-24)</li> </ul>
IV. OTHER Did the patient receive other medical care during t	MEDICAL CA his period?	ARE □No □Y	/es
A. Record Number of Days or Visits	Number of Ir ICU	Patient Days Non-ICU	Number of OutPatient Visits
Protocol Mandated Chemotherapy			
Nonprotocol Mandated Therapy (See Below):			
2nd line Chemotherapy			
3rd line Chemotherapy			
Other Systemic Therapy, specify type:			
Radiation Therapy (record total # of different sites:)			
Hospital-based Hospice			
Other Hospital Admissions, specify reason:			
B. Record Number of Days or Visits	Number of Days		Number of Visits
Emergency Room Visits			
Home-based Hospice			
Nursing Home Stay			
Home Care Visits			
Physician Office Visits (not chemotherapy, radiation, or systemic therapy related)			
Pain Service Visits			
. Record Number of Procedures			Number of Procedures
Minor Procedures			
Semi-Permanent Catheter Insertion (e.g., Hickman)			
Thoracentesis			
Other, specify:			
Other Procedures, specify type:			

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

#### Mobility

I have no problems in walking about	
I have some problems in walking about	
I am confined to bed	
Self-Care	
I have no problems with self-care	
I have some problems washing or dressing myself	
I am unable to wash or dress myself	
Usual Activities (e.g. work, study, housework, family or	
leisure activities)	
I have no problems with performing my usual activities	
I have some problems with performing my usual activities	
I am unable to perform my usual activities	
Pain/Discomfort	
I have no pain or discomfort	
I have moderate pain or discomfort	
I have extreme pain or discomfort	
Anxiety/Depression	
I am not anxious or depressed	
I am moderately anxious or depressed	
I am extremely anxious or depressed	

I would now like to think about your health in a different way. I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. The best health you can imagine is marked 100 (one hundred) at the top of the scale and the worst health you can imagine is marked 0 (zero) at the bottom. I would now like you to tell me the point on this scale where you would put your own health **today**. What number, from 0 to 100 would you give to the state of your health?

## What does it take?

### Institution

- CRA time to abstract resource use
- ?CRA time for chart review beyond progression
- . ?provision of bills

### Stat center

 Ability to conduct analyses of quality adjusted survival

### **Economic team**

- Study chair effort
- Analyst effort
- Funds to support the cost of patient surveys if they can't be piggy-backed onto a QOL companion