Quality in Cancer Care: Activities in and Experiences from Austria

December 16th, 2014
Krakow
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3 chapters

1. Method: HSO/ Horizon Scanning in Oncology
2. National Roadmap for Coordinated Cancer Care
3. Indicators to measure quality of cancer care
Comparator Report on Patient Access to Cancer Drugs in Europe

February 15, 2009

Nils Wilking MD PhD, Karolinska Institutet, Stockholm, Sweden
Bengt Jönsson, Professor, Stockholm School of Economics, Stockholm, Sweden
Daniel Högberg, i3 Innovus, Stockholm, Sweden
Nahila Justo, i3 Innovus, Stockholm, Sweden
Figure 3-27. Usage of bevacizumab in 2007, expressed as sales in mg/100,000 inhabitants in E13 as well as 24 European countries. Please note that bevacizumab is also indicated for breast-, lung- and renal cell cancer.

Figure 3-45. Usage of sorafenib in 2007, expressed as sales in mg/100,000 inhabitants in E13 and 24 European countries.

Figure 3-47. Usage of sunitinib in 2007, expressed as sales in mg/100,000 inhabitants in E13 and 25 European countries

2008: “early assessment”

(horizon scanning, early awareness & alert systems, early warning systems)

- To identify anticancer drugs with relevant therapeutic and financial impact
- To provide information to decision makers
  - Contribute to rational decision making
  - Facilitate estimation of budget implication for „real“ innovations
1. Scanning
2. Identification
3. Filtration
4. Prioritisation
5. Assessment
6. Dissemination

Source: "A toolkit for the identification and assessment of new and emerging health technologies*. EuroScan 2009
## 1. Scanning

<table>
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<tr>
<th>Source</th>
<th>E-Mail notification</th>
<th>once/week</th>
<th>once/month</th>
<th>once/6-12 months</th>
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<td>ASCO, ASH, ESMO annual meeting</td>
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</table>
2. Identification

Data extraction
3. Filtration

- Phase III results available OR application submitted to FDA/EMA
- 2 researchers
### 4. Prioritisation

- **Quarterly**
- **8 experts** *(5 Oncologists, 3 Pharmacists)*
- **6 criteria**

<table>
<thead>
<tr>
<th>Drug XY</th>
<th>Choose Category</th>
<th>Highly relevant – assessment</th>
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</thead>
<tbody>
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<td></td>
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<td>Relevant – monitor</td>
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<tr>
<td></td>
<td></td>
<td>Not relevant – drop off</td>
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<tr>
<td>Are there already other treatment regimen(s) available for this specific indication or is this drug a completely new therapy?</td>
<td>Treatment available</td>
<td>New therapy</td>
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<tr>
<td>Will the new drug replace a current drug regimen or is it an add-on therapy for this indication?</td>
<td>Add-on</td>
<td>Replacement</td>
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<tr>
<td>Is there potential for a significant health benefit to the patient group (high clinical impact)?</td>
<td>Major</td>
<td>Minor</td>
</tr>
<tr>
<td>Is there potential for a significant impact on drug budgets if the technology diffuses widely (because of expected moderate to high unit costs and/or because of high patient numbers)?</td>
<td>Major</td>
<td>Minor</td>
</tr>
<tr>
<td>Is there potential for inappropriate use (off-label) of the technology?</td>
<td>Major</td>
<td>Minor</td>
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**Expert’s Comment(s)**
## Horizon Scanning in Oncology

### Results

20\textsuperscript{th} Prioritisation – 3\textsuperscript{rd} quarter 2014

<table>
<thead>
<tr>
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<th>Filtered Drugs - 20\textsuperscript{th} prioritisation 3\textsuperscript{rd} quarter 2014</th>
<th>Overall category</th>
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<td>1.</td>
<td>Ramucirumab (Cyramza\textsuperscript{®}) for the second-line therapy of stage IV NSCLC</td>
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<td>2.</td>
<td>Exemestane (Aromasin\textsuperscript{®}) for premenopausal women with endocrine responsive breast cancer</td>
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<td>Idelalisib (GS-1101) for relapsed chronic lymphocytic leukaemia</td>
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<td>4.</td>
<td>Lenalidomide (Revlimid\textsuperscript{™}) induction/maintenance therapy in patients with newly diagnosed multiple myeloma</td>
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<td>5.</td>
<td>Lenalidomide (Revlimid\textsuperscript{™}) for first line therapy in transplant-ineligible patients with multiple myeloma</td>
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<tr>
<td>6.</td>
<td>Trebananib (AMG 386) for recurrent epithelial ovarian, primary peritoneal or fallopian tube cancers</td>
<td>Relevant</td>
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<tr>
<td>7.</td>
<td>Enzalutamide, MDV3100 (Xtandi\textsuperscript{®}) in chemotherapy-naive patients with castration resistant prostate cancer</td>
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</table>
5. Assessment

- Drugs rated „highly relevant“ by majority of experts
- English
- ~14 p
- Efficacy and Safety (only)
- Literature search: EMBASE, OVID, CRD Database, Cochrane Library, free text search, manufacturer
- No grading of quality of evidence, no recommendations

- Discussion on patient-relevant endpoints: Prolongation of survival, Relief/ prevention of symptoms/ complications of disease, Improved quality of life, Reduction of symptomatic toxicity compared with standard therapy, prolongation of disease-free survival
Synopses of current research projects
Synopses of completed research projects
Horizon Scanning in Oncology - Reports
Horizon Scanning in Oncology - Prioritisation of new and emerging oncologic drugs
Evaluation of Individual medical procedures - Reports
All projects in an overview

Decision Support Documents

Within the scope of the Horizon Scanning in Oncology project, the LBI-HTA periodically publishes assessments on novel cancer drugs with a likely therapeutical and/or financial outcome. These assessments serve as decision aids for funding agencies and the decision-making network "HTA In hospitals" alike.

Publication series (in English):

DSD HSO No. 48
Bevacizumab (Avastin®) for platinum-resistant recurrent, epithelial ovarian, fallopian tube or primary peritoneal cancer. Now!

DSD HSO No. 47
Bosutinib (Imbruvica®) for relapsed or refractory chronic lymphocytic leukaemia. New!

http://hta.lbg.ac.at/page/horizon-scanning-in-der-onkologie-berichte

Nov 2014:
48 Early Assessment + 3 Priorisation Documents
Ca 10-12 p.a.
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25% no add-on in OS

50% several days to 3 months

25% more than 3 months
Challenges (= problems)

1. Not-representativeness of study population
2. Study-designs (cross over, comparators)
3. Validity of surrogate endpoints
4. Severity of AE/discontinuation due to AE
5. Orphan drugs – lack of evidence
6. Validity of Companion Diagnostics
Clinically for patients meaningful outcomes: at least (relative) + 20% OS

- At least 3-5 months OS add-on
- If less, good data on better QoL necessary
“Financial Toxicity” Scale For Cancer Treatments Suggested.

*Medscape* (9/12, Castellino) reports Nandita Khera, MBBS, MPH, from the Division of Hematology/Oncology at the Mayo Clinic in Phoenix proposed in an essay published online September 8 in the Journal of Clinical Oncology “a provocative and novel use of the Common Terminology Criteria for Adverse Events (CTCAE) from the National Cancer Institute” to grade cancer treatment’s “financial toxicity.” S. Yousuf Zafar, MD, MHS, associate professor of medicine at Duke Cancer Institute, Durham, North Carolina, said that identifying the issue early allows physicians to advocate for patients and connect them with resources. The American Society of Clinical Oncology’s (ASCO) “Quality Care Symposium next month will highlight this issue in its opening session.” Also, ASCO “is developing a cost-benefit score card for cancer drugs with the intent that ‘drugs that offer borderline benefits to patients, but sell at a premium, would find themselves without ASCO backing.’” Dr. Zafar said, “ASCO’s Value in Cancer Care Task Force has been focused on this issue for quite some time. The Task Force is working to integrate value considerations into medical decision-making.”
### Nov 2014:
56 Onco-Drug Assessments in EUnetHTA POP Db

2 von 3 Institutionen
15 von 2 Institutionen zeitgleich

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<th>Topic (Drug and indication)</th>
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<th>Agency 2</th>
<th>Agency 3</th>
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<td>Dabrafenib for the treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma</td>
<td>ZIN</td>
<td>NICE</td>
<td>AHTAPol</td>
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<tr>
<td>Pertuzumab for breast cancer (HER2 positive, metastatic)</td>
<td>NICE</td>
<td>ZIN</td>
<td>Reg.Veneto</td>
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# Environment analysis
( Worldwide, engl./german only !)

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<tr>
<th>Drug</th>
<th>Indication</th>
<th>FDA approval date</th>
<th>EMA approval date</th>
<th>Early assessment reports of other HTA institutes</th>
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| Gefitinib | 1st-line NSCLC              | 03/2003           | 06/2009          | NHSC 01/2003 (before EMA approval)  
CADTH 02/2004 (before EMA approval)  
NICE 07/2009 (1 month after EMA approval)  
NETSCC 11/2009 (5 months after EMA approval)  
HAS 11/2009 (5 months after EMA approval)  
**LBI-HTA 12/2009 (6 months after EMA approval)**  
NCPE 11/2010 (17 months after EMA approval)  
Ontario Ministry of Health 12/2010  
MSAC 12/2010  
BCRS 03/2011  
CADTH 04/2011 |
| Everolimus | Advanced/metastatic kidney cancer | 03/2009           | 08/2009          | NHSC 04/2008 (before EMA approval)  
**LBI-HTA 09/2009 (1 month after EMA approval)**  
AKDAE 11/2009 (3 months after EMA approval)  
HAS 01/2010 (5 months after EMA approval)  
NETSCC 03/2010 (7 months after EMA approval)  
NICE 04/2011 (19 months after EMA approval) |
| Lapatinib | 1st-line advanced/metastatic breast cancer | 01/2010           | 06/2010          | NHSC 07/2005 (before EMA approval)  
HAS 07/2007 (before EMA approval)  
NCPE 01/2008 (before EMA approval)  
NOKC 06/2008 (before EMA approval)  
NHSC 01/2010 (before approval)  
**LBI-HTA 05/2010 (around EMA approval)**  
AKDAE 12/2010 (7 months after EMA approval)  
CVZ 06/2011 (13 months after EMA approval)  
SMC 01/2012 (20 months after EMA approval) |
13 Collabs on onco drugs (among 5 agencies)

1. **LBI-HTA + AHTAPol:** Dasatinib (Sprycel®) for the 1st-line treatment of Philadelphia-chromosome positive chronic myeloid leukaemia in the chronic phase; April 2011

2. **LBI-HTA + HTA Centre Bremen:** Second-line chemotherapy with Cabazitaxel (Jevtana®) for the treatment of castration-resistant metastatic prostate cancer; May 2011

3. **LBI-HTA + AHTAPol + UVEF (Reg. Veneto):** Eribulin (Halaven®) as third- or late-line monotherapy for advanced/metastatic breast cancer, July 2011

4. **LBI-HTA + HTA Centre Bremen:** Abiraterone acetate (Zytiga™) as 2nd-line therapy for the treatment of metastatic castration-resistant prostate cancer after docetaxel therapy; December 2011

5. **LBI-HTA + ULSS20:** Vemurafenib for patients with BRAF V600E mutation positive advanced/metastatic melanoma; January 2012

6. **LBI-HTA + ULSS20:** Axitinib (Inlyta®) for the 2nd-line treatment of metastatic renal cell carcinoma; February 2012

7. **LBI-HTA + UVEF (Reg. Veneto) + AHTAPol:** Lenalidomide (Revlimid®) for the treatment of low/intermediate-1 risk myelodysplastic syndrome with chromosome 5q deletion; May 2012

8. **LBI-HTA + ULSS20:** Ipilimumab for the first line therapy of advanced/metastatic melanoma; July 2012

9. **LBI-HTA + ULSS20:** Lenalidomide (Revlimid®) for the first-line therapy of transplant-ineligible patients with multiple myeloma; November 2012

10. **LBI-HTA + ULSS20:** Trametinib for advanced or metastatic BRAF V600E mutation-positive melanoma; January 2013

11. **LBI-HTA + AHTAPol + ULSS20:** Trastuzumab emtansine (Kadcyla™) for previously treated patients with HER2-positive advanced/metastatic breast cancer; June 2013

12. **LBI-HTA + ULSS20 + AHTAPol:** Radium-223 dichloride (Xofigo®) for the treatment of patients with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastatic disease; March 2014

13. **LBI-HTA + ULSS20 + AHTAPol:** Obinutuzumab (Gazyva®) for previously untreated patients with chronic lymphocytic leukaemia; June 2014
1. Method: HSO/ Horizon Scanning in Oncology
2. National Roadmap for Coordinated Cancer Care
3. Indicators to measure quality of cancer care
Poland 2014, Germany 2012, Switzerland 2010 etc.
http://www.iccp-portal.org/cancer-plans
Programme Elements:

• Analysis of „State-of-the-Art“
• 5 (to 10 year) Planning
• Concrete goals (step-by-step)
• Implementation, follow-up, updating and adapting

Aims of all cancer plans

• Advancement of prevention and early detection
• Advancement of care infrastructure
• Quality and efficiency of care
• Enforcement of patient orientation
Data !!

- Cancer Registries!
- Poland (Measure 2.7): Systematic monitoring of treatment (costs) and treatment outcomes
- Austria: From compulsory epidemiological registries (Focus Population) to clinical registry (focus individual patient)!
- Routine data from Admin/ Accounting, from clinical patient files
Health Policy Question

Measuring the effects of (reform-) initiatives

• Establishment of interdisciplinary tumorboards
• Introduction of Certifications of Cancer Centers (CCC/ Comprehensive Cancer Centers = Centralization of Decision-Making and Decentralization of Care)
• Introduction of „care-pathways“, evidence-based guidelines, SOPs
• Specification of minimal quantities/ volume-quality
Further aims of monitoring

Long-term:
  • Improvement of Care (mortality, morbidity, QoL)

Short-term:
  • Benchmarking
  • Accrediation
  • Remuneration
  • Health Services Research (Under-/Oversupply, Identification of good-practices, allocation of resources for best results etc.)
  • Development of Quality Indicators
1. Method: HSO/ Horizon Scanning in Oncology
2. National Roadmap for Coordinated Cancer Care
3. Indicators to measure quality of cancer care
Measuring quality in cancer care: overview of initiatives in selected countries

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Measuring quality in cancer care: overview of initiatives in selected countries

To estimate the Australian National Cancer Plan to possible generic quality indicators that might be derived from existing data a systematic literature search in three databases, followed by extensive hand-searching of other initiatives and their publications was carried out in spring 2011. Twenty-one initiatives that developed indicators for measuring quality of cancer care were identified. Larger and smaller decentralised initiatives are characterized by the USA. The Canadian province of Ontario publishes the Cancer System Quality Index, centralised audit and peer review programmes are underpinning the National Health Service in the UK, Methodologically sound cancer care-specific pilot projects in Belgium have been implemented, the Netherlands and Denmark are running national initiatives. Germany recently started quality measurement activities, too. Generic indicators stem on level of life care, adjuvant care, planning and documentation. Indicators measuring the quality of care during an entire episode of cancer care are rare, as are those for low common cancers and for care in the outpatient setting. Access, equity and the patient’s perspective are only beginning to be incorporated into indicators. After having identified a range of candidate indicators that can be implemented with routinely collected data alone, piloting them in Austria would be the next step to go.

Keywords: health technology assessment, evidence-based medicine, quality indicators, quality measures.

INTRODUCTION

In most Western countries national committees have been formed to develop national ‘cancer plans’—‘cancer care strategies’ (Aarts et al. 2009; Dumontier et al., 2009). Some countries moved to plan, develop and implement cancer programmes already in the late 1990s (Canada, France, England, Ireland, Denmark), whereas (Germany, Australia) are still in the process to structure a ‘roadmap’ for more coordinated efforts. They all share the goal to reduce cancer mortality and incidence.

http://eprints.hta.lbg.ac.at/946/1/HTA-Projektbericht_Nr.049b.pdf
LBI-HTA Report on Quality Indicators

Only GENERIC (not cancer-specific)

**22 Initiatives in 7 countries** (USA, CAN, GB, G, NL, BE, DK)

17 detailed Indicatorlists with examples from
e.g.

- **USA**: American Society of Clinical Oncology/ ASCO, National Comprehensive Cancer Network/ NCCN, National Quality Forum/ NQF
- **CA**: Cancer Quality Council of Ontario/ CQCO, Cancer System Quality Index/ CSQI
- **NL**: Nationaal Programma Kankerbestrijding/NPK
- **DK**: Det Nationale Indikatorprojekt
LBI-HTA Report on Quality Indicators

Good practice examples for

1. Operationalisation on Denominator (group of population) + Nominator (percentages)
2. Presentation of Results to Public (NPK-Monitor/ NL)
3. methodologically sound process
### Indicator domains: Top 10

1. End-of-Life Care
2. Symptom Management
3. Documentation
4. Waiting times
5. Multidisciplinarity
6. Advanced Care Planning
7. Guideline adherence
8. Clinical trial participation
9. Reporting to registries
10. Patient communication
End-of-Life Care

Key findings
Cancer patients at the end of life and their families may not have adequate access to the resources and supports they need to live and die in the setting of their choice. More up-to-date data and a cohesive province-wide strategy is urgently needed to support quality improvement initiatives in this area.

What is end-of-life care?

- End-of-life care is the care provided to people in their final stages of life. It incorporates the principles of hospice and palliative care.

**Figure 1:** Of the patients who died of cancer, the percentage who were admitted to the intensive care unit (ICU) in the last two weeks of life, Ontario, 2004-2007, by LHIN.

**Figure 2:** Percentage of cancer patients in Ontario who visited the emergency department (ED) in the last 2 weeks of life, by LHIN, 2004-2007.

**Figure 3:** Percentage of lung cancer patients in Ontario who visited the emergency department (ED) in the last 2 weeks of life, by LHIN, 2004-2007.

**Figure 4:** Percentage of Ontario cancer patients who died in acute care hospital, by LHIN, 2004-2007.

**Figure 5:** Median length of stay (days) in acute care for last 6 months of life, for patients who died of cancer in Ontario, by LHIN, 2005-2006.
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Figure 5: Median length of stay (days) in acute care for last 6 months of life, for patients who died of cancer in Ontario, by LHIN, 2000-2006
End-of-Life Care
Of the patients who died of cancer, the percentage who were admitted to the ICU in the last two weeks of life, by LHIN, 2004-2007

Report Date: January, 2011
Data source: Discharge Abstract Database (CIHI), Ontario Cancer Registry, Registered Persons Data Base (MOHLTC)
Prepared by: Institute for Clinical Evaluative Sciences, Cancer Program
Notes: Crude rates shown.
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HTA as decision support instrument

HTA / Health Technology Assessment...
How HTA operates?

The best currently available knowledge on the real life benefit of medical interventions is presented...
HTA as decision support instrument

... which services bring the most benefit to patients.
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