

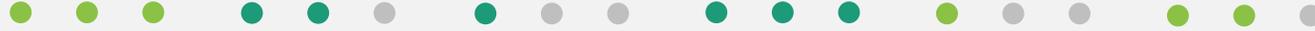


Incorporating Real-World Evidence into Cancer Drug Funding Decisions in Canada:

A Qualitative Study of Stakeholders' Perspectives

Marc Clausen,
Li Ka Shing Knowledge Institute,
St. Michael's Hospital

RESEARCH TEAM



Project Lead: Yvonne Bombard, Li Ka Shing Knowledge Institute, St. Michael's Hospital

- Marc Clausen, Li Ka Shing Knowledge Institute, St. Michael's Hospital
- Chloe Mighton, Li Ka Shing Knowledge Institute, St. Michael's Hospital
- Ruhi Kiflen, Li Ka Shing Knowledge Institute, St. Michael's Hospital
- Wei Fang Dai, CancerCare Ontario
- Rebecca Mercer, CancerCare Ontario
- Jaclyn Beca, CancerCare Ontario
- Wanrudee Isaranuwatjai, Li Ka Shing Knowledge Institute, St. Michael's Hospital
- Kelvin Chan, Sunnybrook Odette Cancer Centre

The team has no conflicts of interest to disclose

Cancer Drug Funding and Real World Evidence (RWE)

Rising Cost of
Cancer Drugs



RWE
How?



Limitations of
Clinical Trial
Data



Gaps in Cancer
Drug Funding
Process

Can REValue

Value-based decisions from Real World Evidence



ARCC
Canadian Centre
for Applied Research
in Cancer Control



CIHR IRSC
Canadian Institutes of
Health Research
Institut de recherche
en santé du Canada

Objective: Collaboration to develop a framework for the generation and use of Real-World Evidence for cancer drug funding decisions in Canada

Phase One: Understand Current State of RWE in Canada

AIMS AND METHODS

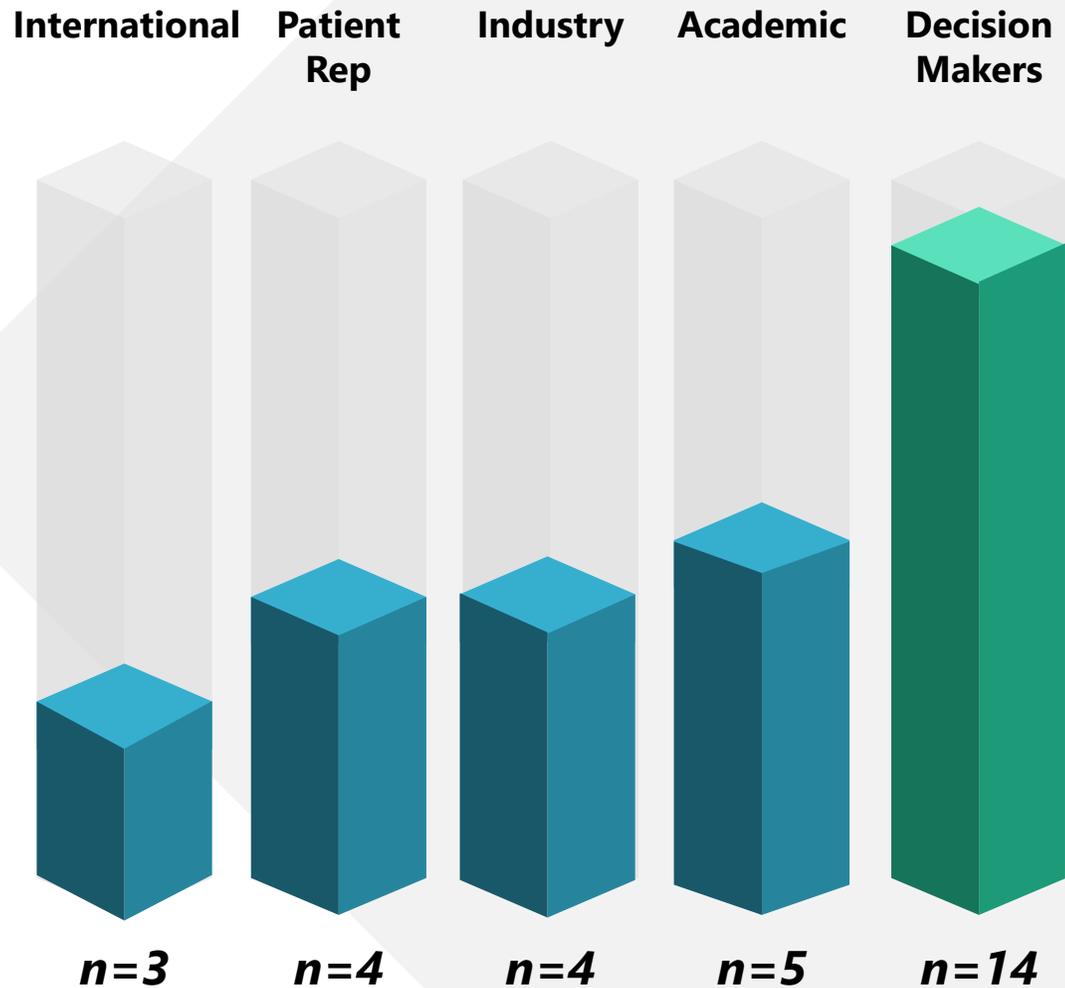
Aim

Explore stakeholders' views regarding the development and implementation of a framework to incorporate RWE in cancer drug funding decisions in Canada

Methods

- Semi-structured interviews (in person / phone)
 - Pan-Canadian and international sample of stakeholders
 - Convenience / Snowball Sample
 - Thematic analysis
-

Results



N=30

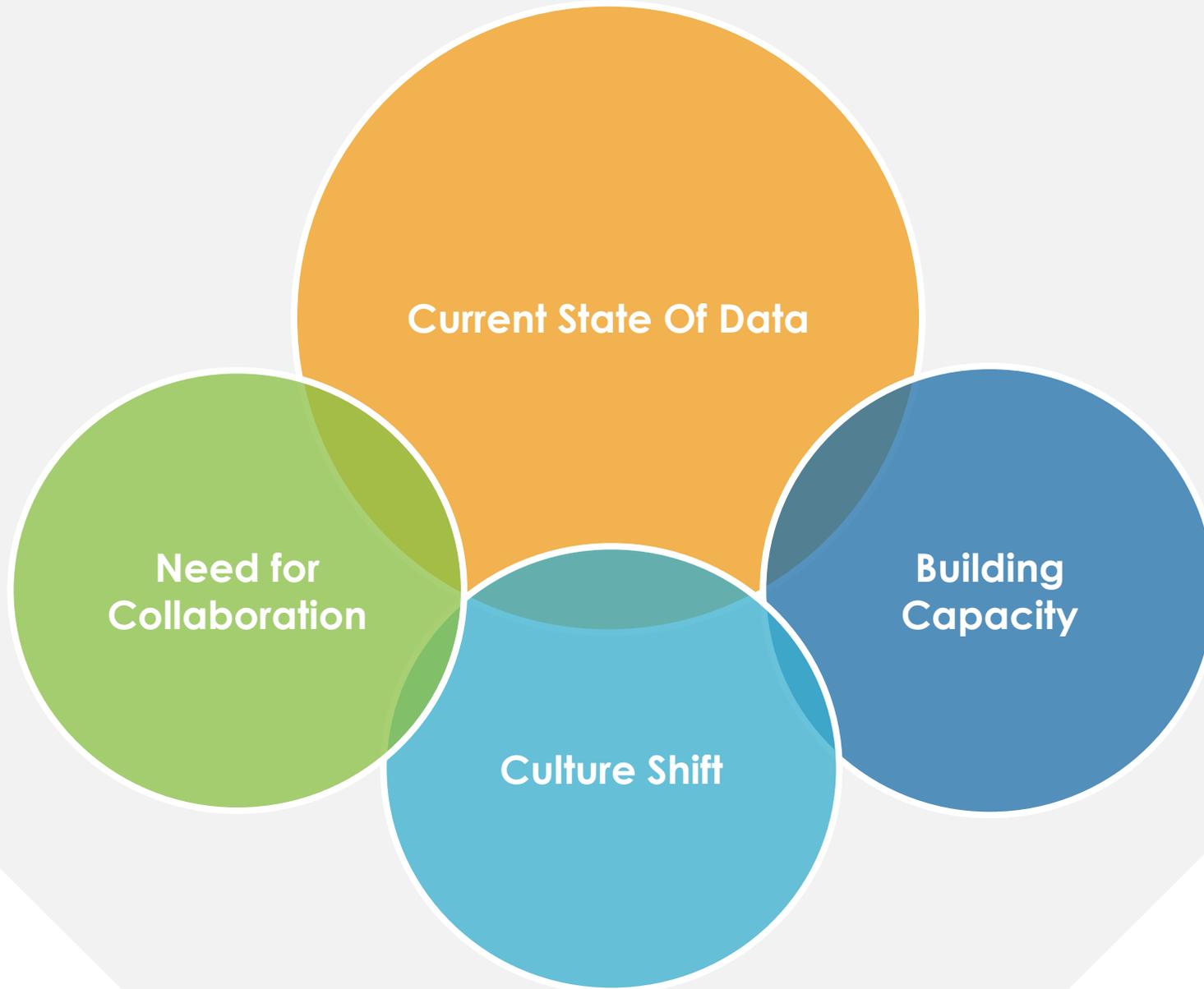
April – December 2018

Atlantic, Central (minus Quebec),
Prairies, West Coast

Stakeholders:

- Provincial and federal decision-makers
- Academics
- Industry
- Patient group representatives
- International users

Results



Theme 1: Culture Shift

- Enthusiasm
- Close RCT evidence gaps / shortcomings

- Delisting, renegotiations, supporting current drug funding

However...



“I guess it's just easier with randomized controlled trials, because I think the approach and the accepted analytical methods are much better known. I think people are more comfortable with them. And there's a lot more debate, and I guess uncertainty about what the best methods would be in real world evidence because there's so many variables. I'm not sure that there's one way. It creates a situation where it's, I guess easy to criticize any analysis that's done. I would say, in general, they work very hard to make sure that it's an appropriate analysis, but they could still be quite subject to criticism” -#014

risks inherent to RWE



• Theme 2: Current State of Data •

Current Data Insufficient for Decision-Making



Collection:

- Incomplete (“patchy”) datasets
- Varied data collection practices
- Lacking key decision-making measures?

Access:

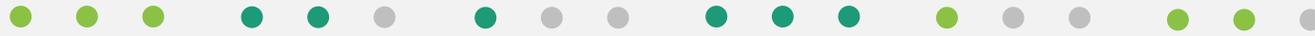
- limited / time and resource intensive / Privacy vs. access

“I also think that there’s still a scarcity of data, that we don’t have data for everything yet. We have a lot of data, but it seems to be unorganized and lack of consistency of how people are gathering data. So, until we really can get our data together, and that it’s shared, it’s consistent, it’s gathered in the same way, and it’s pool-able, until that is done I think it can be challenging to really use the data” -

#010

Theme 3: Building Capacity

Investment in Building Capacity

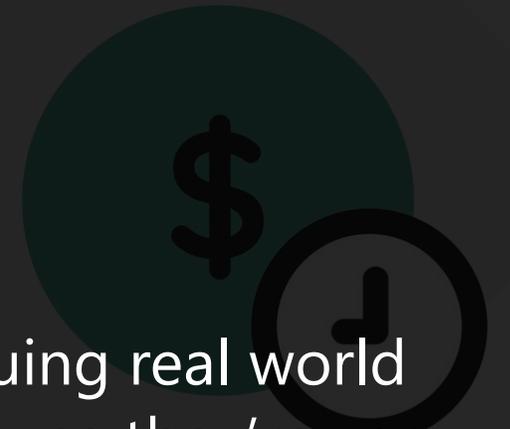


- Few with RWE experience in public setting
- Requires time and cost intensive investment (staff, systems, etc). Who Pays?
- Who leads?



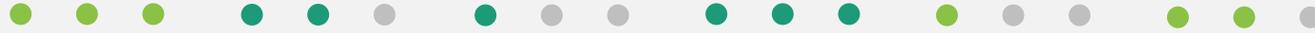
“So it’s a kind of problematic issue right now to be pursuing real world evidence based agreements for too many products because they’re very complex and it takes a long time and it takes a lot of resources because capacity is very stretched” -#07

A barrier to adoption, but also opportunity: tangible objectives that will lead to successful implementation



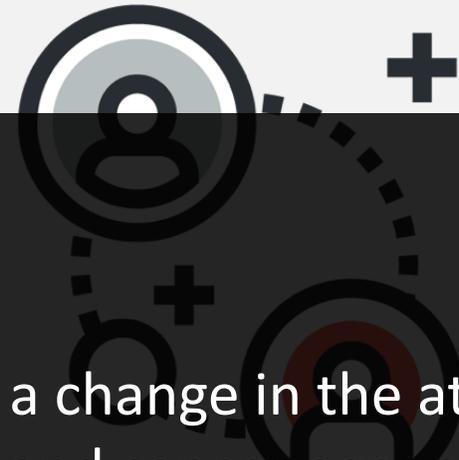
Theme 4: Need for Collaboration

Increase Collaboration Among Stakeholders



Systems currently operating in “silos”:

- Clinicians, patients, industry, policy-makers
- Leads to duplication, inefficiencies



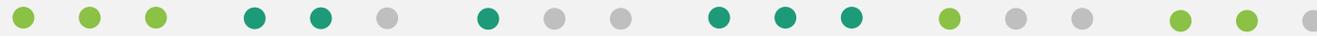
Public / Industry Relations:

- Hesitant
 - Opportunity to improve relations
 - Industry will need to have a role in RWE
- “If you're going to do these studies, there has to be a change in the attitudes between the players. Like, the payers, government, and cancer agencies, typically don't have a really good relationship with industry...only if you have that kind of collaborative environment, would you actually be able to undertake some of these studies efficiently and effectively.” - #002

RWE an opportunity to evolve how stakeholders work together: revisit collaboration with industry?

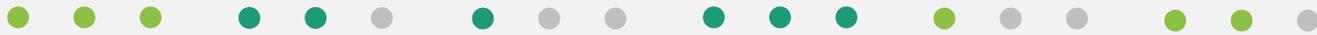
• Opportunities for Implementation •

Leverage Decision-Makers' enthusiasm for RWE and desire for systems transformation



Lack of understanding of how RWE is operationalized

- Address gaps in understanding how RWE works in application



Work done to address barriers to adoption

- Provide transparency on what has already been achieved
- Clarify perceived barriers that will not actually impact adoption

