The Path to the Future: Updates from the RWE Core Action Team (CAT) on the progress of RWE in Canada

CAPT Conference 2019

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- overview of joint-RWE Workshop
- development of RWE Core Action Team (CAT)
- objectives of the RWE CAT
- use of RWE by CADTH
- next steps for CADTH and RWE CAT

Overview of joint-RWE Workshop

Defining “Decision-Grade” Real World Evidence and its Role in the Canadian Context: A Design Sprint

Joint-RWE Workshop

- held in Toronto October 2018 at the CAPT conference
- joint collaboration between Health Canada/CADTH/IHE/CAPT
- a total of 87 participants including representation from:
  - regulators
  - public payers
  - academia
  - patient advocates
  - HTA
  - clinicians/HCPs
  - industry

Joint-RWE Workshop

- the objectives of the workshop were to:
  - identify the value and applications of RWE in supporting pharmaceutical regulatory and reimbursement decision-making
  - identify the conditions upon which RWE will be considered of sufficient quality to inform decision-making

Joint-RWE Workshop

- participants were divided into two groups by case studies:
  - one scenario in the oncology space
  - another in the rare disease domain

Joint-RWE Workshop

- summary of key points:
  - current **evidentiary requirements** are challenging and potentially not feasible for drugs used in the treatment of rare diseases and in oncology
  - RWE should be used as a supplement or complement to current evidence standards and not "*in lieu of*"
  - regulatory and HTA bodies should **engage with manufacturers** pre- and post market for RWE initiatives as appropriate

Joint-RWE Workshop

- summary of key points:
  - prescriptive guidance is challenging so instead articulate **good process and guidance on quality of evidence** to ensure useful RWE
  - Health Canada and CADTH expressed commitment to working with all stakeholders across a product's full life cycle and to ensure a consistent and transparent approach

Development of RWE Core Action Team (CAT)

RWE Core Action Team

- established in November 2018 after RWE workshop

RWE Core Action Team

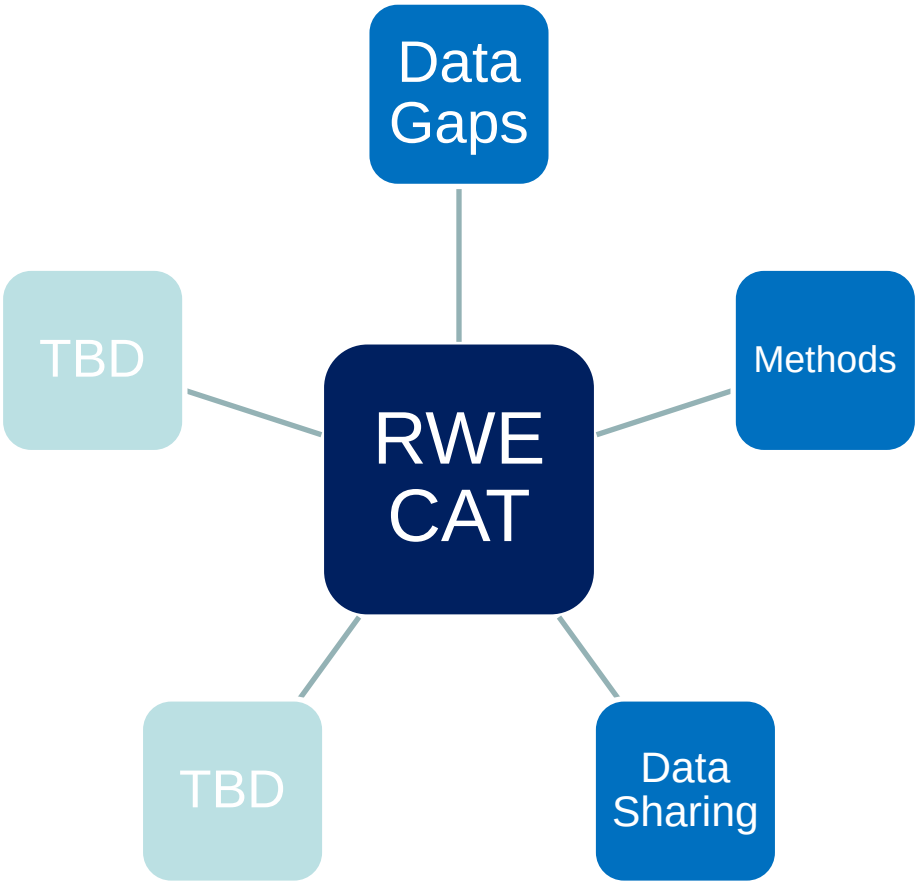
- the RWE Core Action Team (CAT) comprises representatives from:
  - CADTH
  - Health Canada
  - Institut national d'excellence en santé et en services sociaux (INESSS)
  - pan-Canadian Pharmaceutical Alliance (pCPA)
  - Canadian Institutes of Health Research (CIHR)
  - Drug Safety & Effectiveness Network (DSEN-CIHR)
  - Canadian Institute for Health Information (CIHI)
  - Canadian Pharmaceutical Industry (1 with expertise in regulatory issues and 1 with expertise in market access/HTA)
  - Canadian health research sector (2 representatives with expertise in RWE)

RWE Core Action Team

- objectives of the RWE CAT include:
  - create a forum for stakeholders to have dialogue and awareness of initiatives nationally
  - form an advisory body that will help guide and support the development of a pan-Canadian approach to the use of RWE
  - identify where RWE can add value to regulatory and reimbursement decision-makers throughout a technology's lifecycle

RWE Core Action Team

- **Action Teams** or Working Groups will be established to work on priority areas
- membership will include some CAT members along with appropriate key external stakeholders/representatives
- **priority areas** of the RWE CAT *could* include:
  - define and address data gaps – across the product lifecycle
  - methodological capacity and standards
  - optimize data sharing – among partners in Canada


Data Gaps
TBD
RWE CAT
Methods
TBD
Data Sharing

RWE Core Action Team

- RWE CAT has recently welcomed new leadership
  - Nicole Mittman (CADTH – VP Evidence Standards)
  - Marc Mes (Health Canada – Director General, MHPD)
- RWE CAT for medical devices is currently under development
- **next steps** of the RWE CAT include:
  - development of short-term and long-term objectives
  - review and dissemination of RWE guidance docs and strategies from HTA & HC
  - Initiate first action team for agreed upon topic/barrier

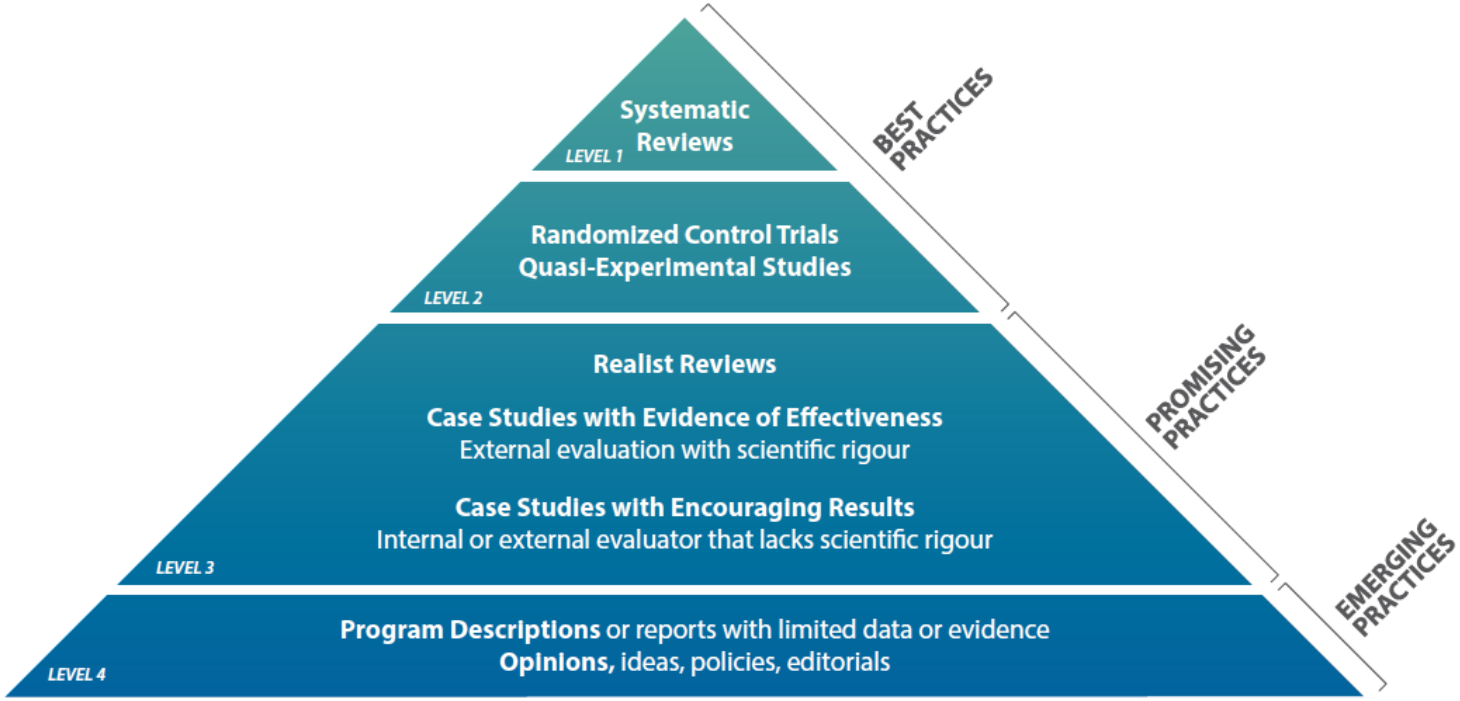
Use of RWE by CADTH

Current State of RWE

- CADTH ***continues*** to use RWD/E throughout the product lifecycle

  - continue to accept RWE in CDR drug submission as part of evidence bundle (*hierarchy of evidence*)

Hierarchy of Evidence



Current State of RWE

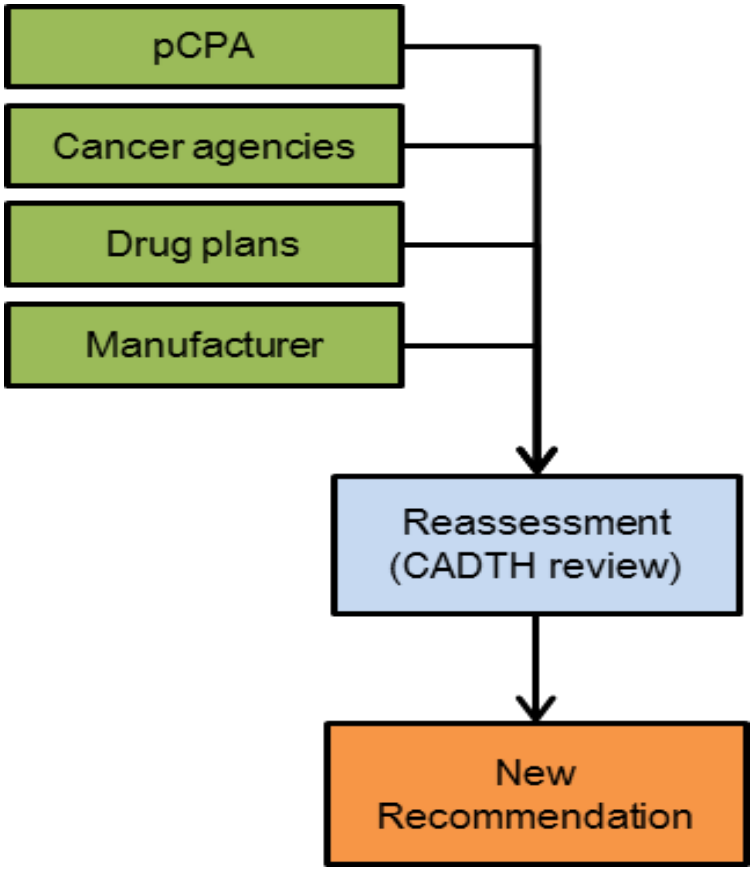
- CADTH ***continues*** to use RWE throughout the product lifecycle

- continue to accept RWE in CDR drug submission as part of evidence bundle (*hierarchy of evidence*)
- continue to utilize in pharmacoeconomic modeling
- used to inform policy/research question within HTA
- continue to use RWE for rapid response & OU/HTA
- pERC has issued conditional coverage recommendations
- development of reassessment framework

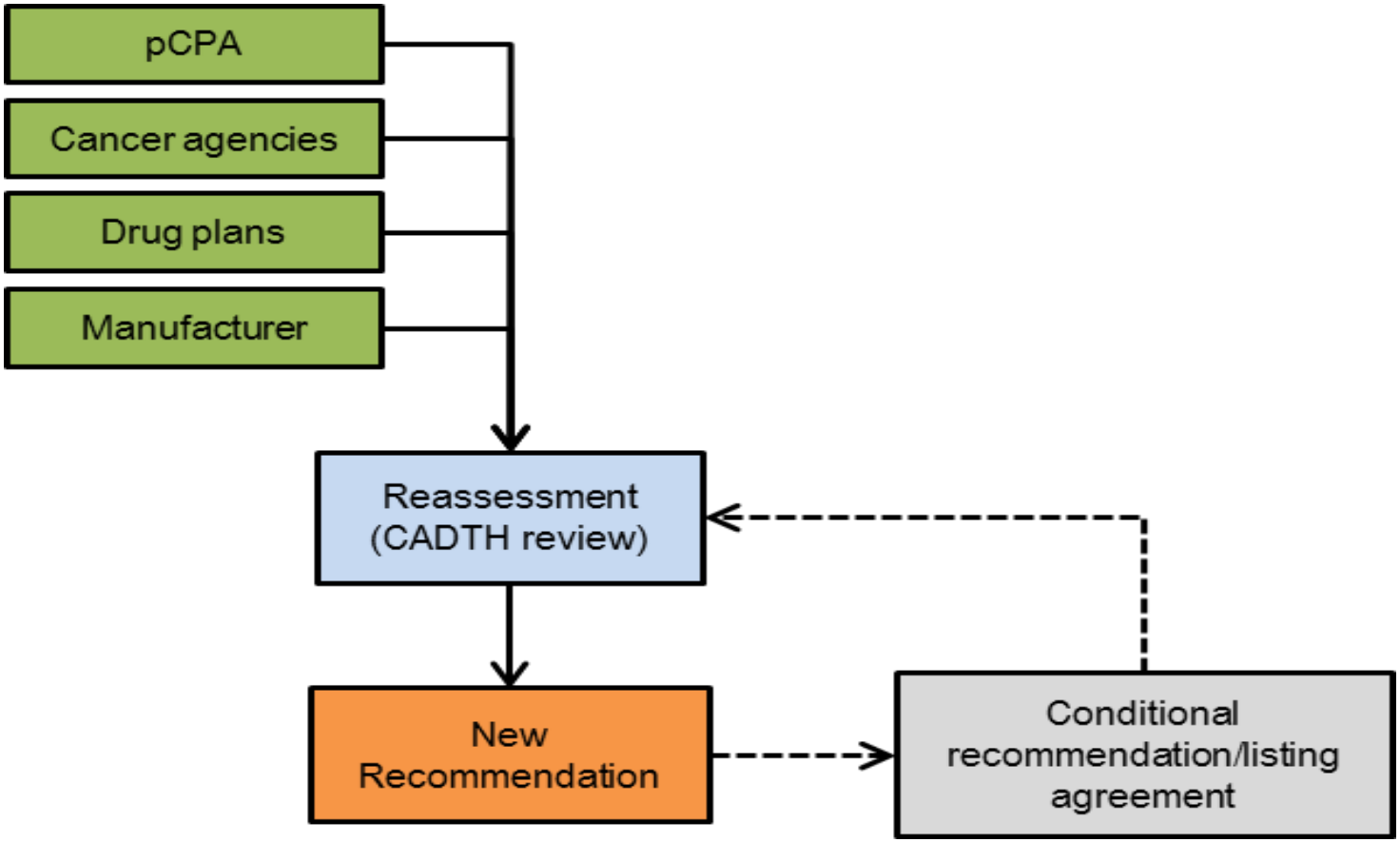
Reassessment

- a key goal of CADTH's Strategic Plan is to adopt a **life-cycle approach** to HTA
  - a key component to life-cycle approach is re-assessment
- CADTH has developed a **Reassessment Framework**
- will need to consider "*Health Canada Notice of Compliance*"

Reassessment



Reassessment



Next Steps

- continue collaborative development of a joint-RWE action plan and framework
- improve transparency and consistency
- continue dialogue and development to improve system readiness for RWE across the product lifecycle

Elephants and Data

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Disclosures

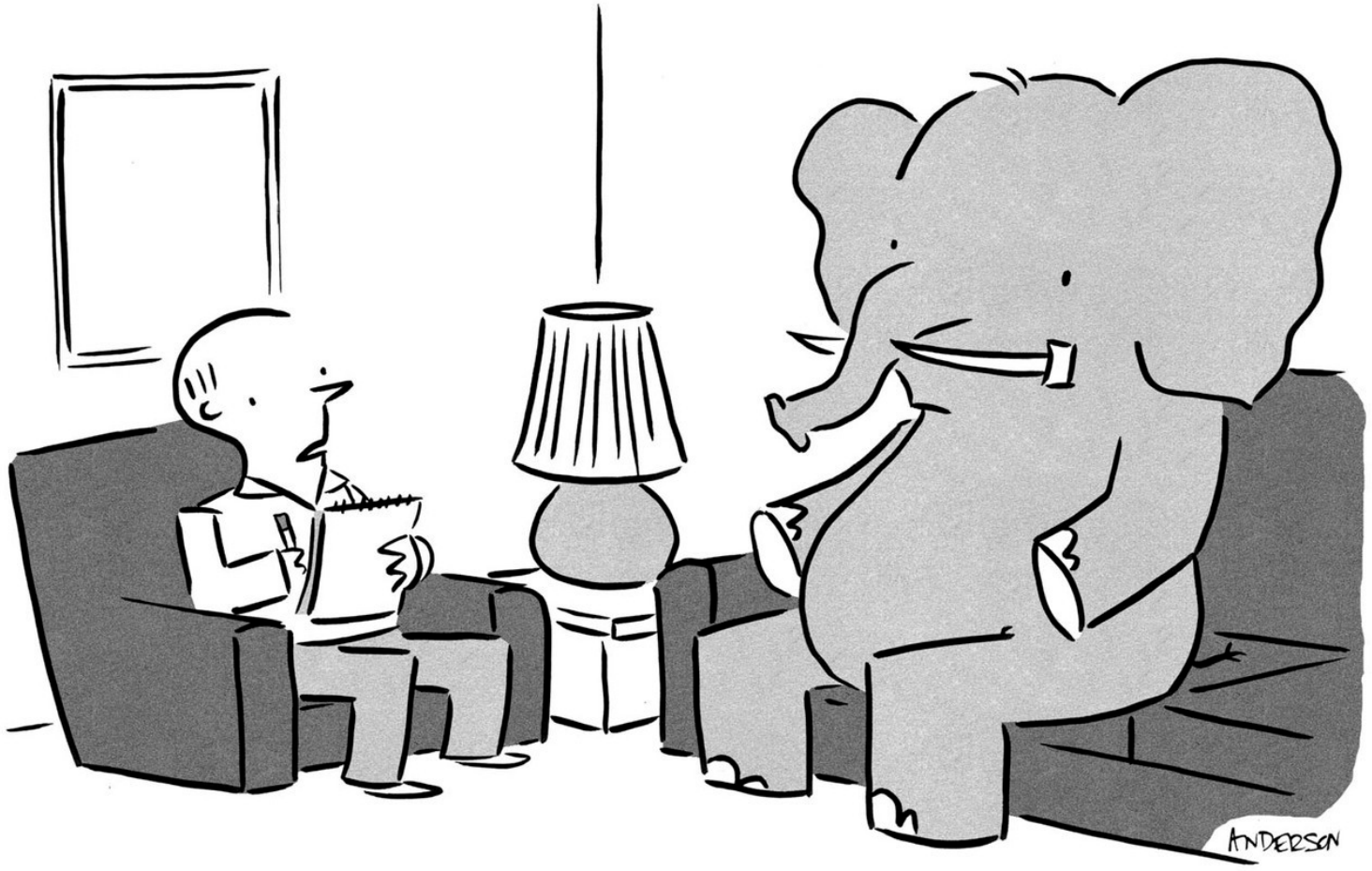
Some of the work presented in these slides was funded and supported by:

1. Ontario Ministry of Health and Long-Term Care (MOHLTC)

2. Ontario Strategy for Patient-Oriented Research (SPOR) Support Unit, which is supported by the Canadian Institutes of Health Research (CIHR) and the Province of Ontario
3. Institute for Clinical Evaluative Sciences (ICES)

I have no personal or financial relationships relevant to this presentation.

The opinions, results and conclusions reported are those of the authors and are independent from the funding sources.



"Let's try some role playing. I'll be the elephant in the room and you address me."

Policy-based CER Example

- Omalizumab (Xolair) is a humanized monoclonal antibody targeting immunoglobulin E (IgE).

- Indicated in adults and adolescents for the treatment of moderate to severe persistent asthma and chronic idiopathic urticaria.

Does it work?

Ann Allergy Asthma Immunol xxx (2017) 1–7

Contents lists available at ScienceDirect

Real-world health care utilization and effectiveness of omalizumab for the treatment of severe asthma

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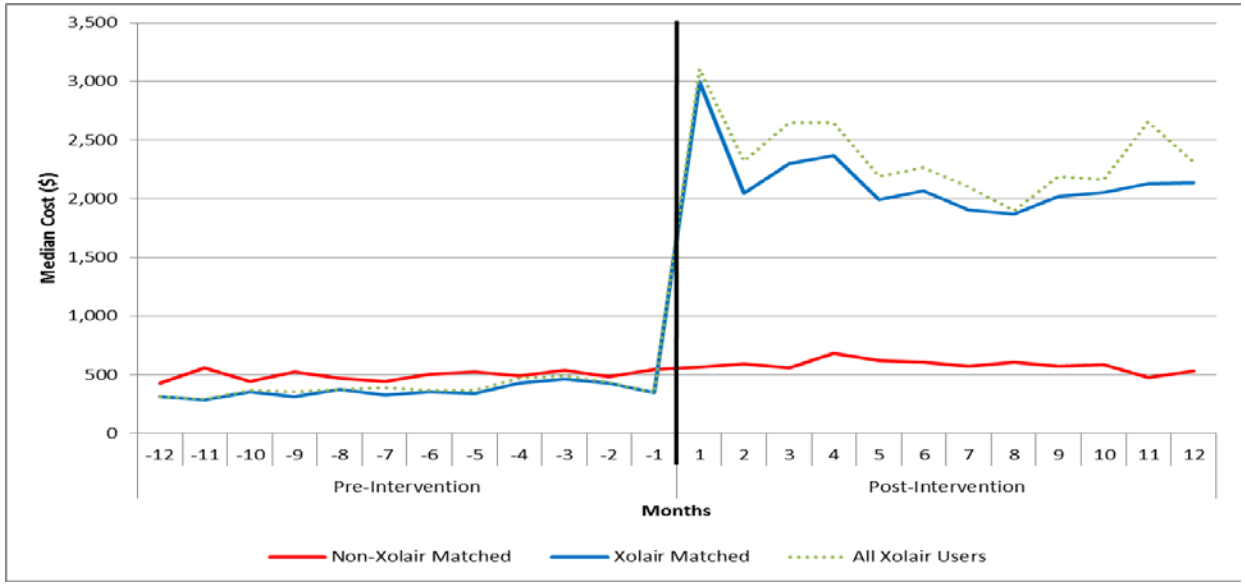
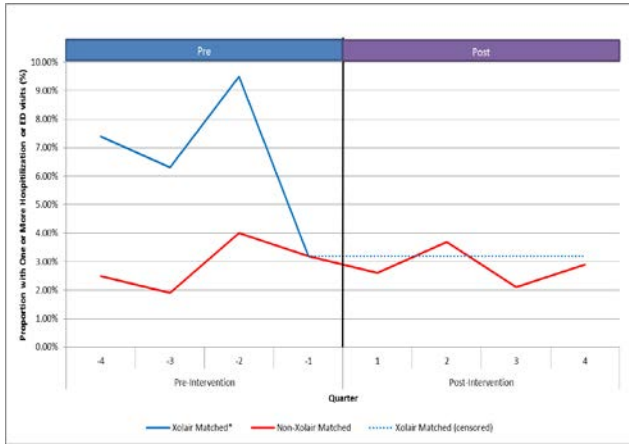
Results - Primary Analysis



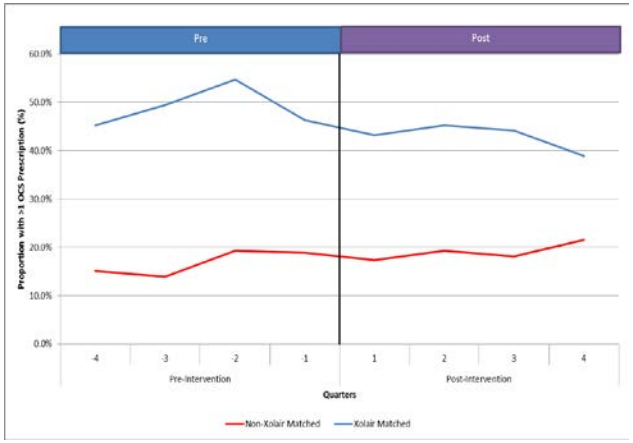
Group	Pre-Intervention Median Cost Per Month (Range)	Post- Intervention Median Cost Per Month (Range)	Pre-Post Comparison	
			Change in Average Cost ($)	p-Value
Omalizumab	$361 ($289- $463)	$2,157 ($1,867- $2,996)	$1,796	p<0.0001
Non-Users	$496 ($432- $557)	$581 ($476- $684)	$85	p= 0.59

Secondary Outcomes

Hospitalizations and ED visits



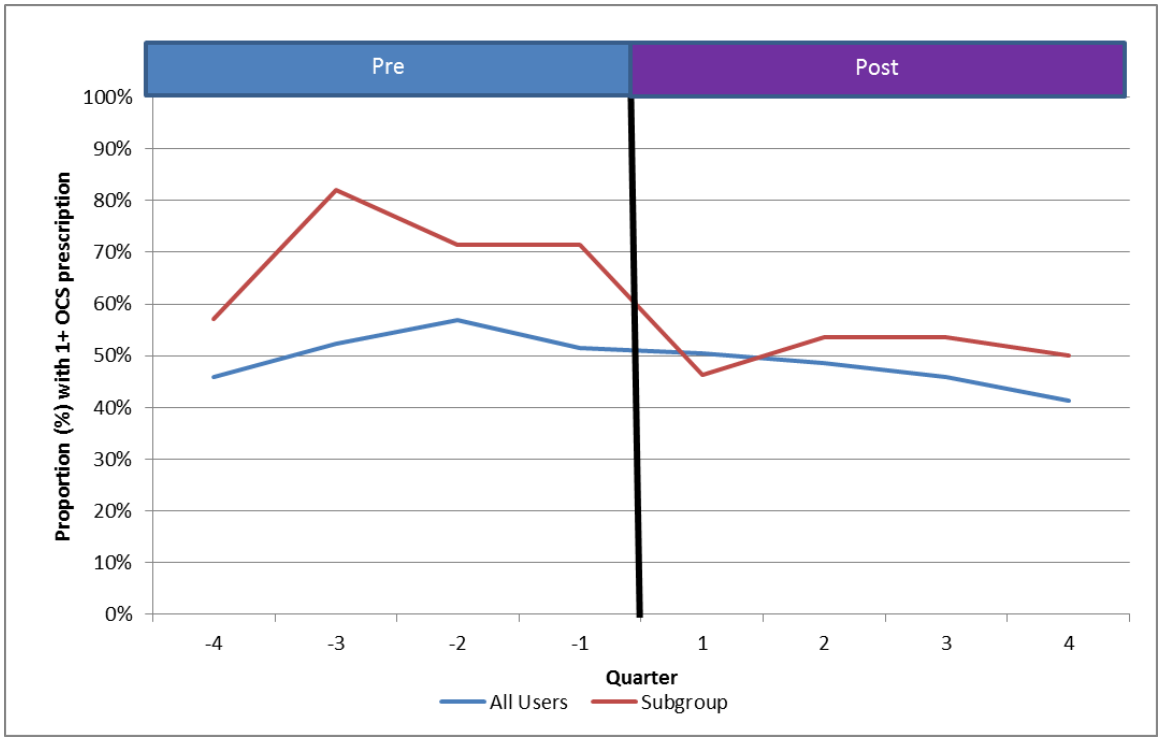
OCS Prescriptions



Outcome	Group	Pre-Intervention Average Proportion (Range)	Post- Intervention Average Proportion (Range)	Pre-Post Comparison	
				Change in Proportion	p-Value
Hospitalization	Omalizumab	6.6% (3.2%-9.5%)	---*	---*	p=0.44
	Non-User	2.9% (1.9%-4.0%)	2.8% (2.1%-3.7%)	- 0.1%	p=0.99
OCS use	Omalizumab	49.0% (45.3%-54.7%)	42.9% (38.9%-45.3%)	- 6.1%	p=0.99
	Non-User	16.8% (13.9%-19.3%)	19.1% (17.4%-21.6%)	2.3%	p=0.22

Sensitivity Analyses

- Results consistent with primary analysis across all outcomes except OCS prescriptions
- **OCS prescriptions:** statistically significant reduction in the relative rates (spike) of OCS prescriptions in the subgroup of ICS+LABA users (p=0.03)
- Statistically significant differences in the rate of change (slope) of OCS prescriptions found in all users (p=0.03)




HOW TO SWIM
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CARTOONSTOCK .com
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Not a data or methods issue

To move forward we need:

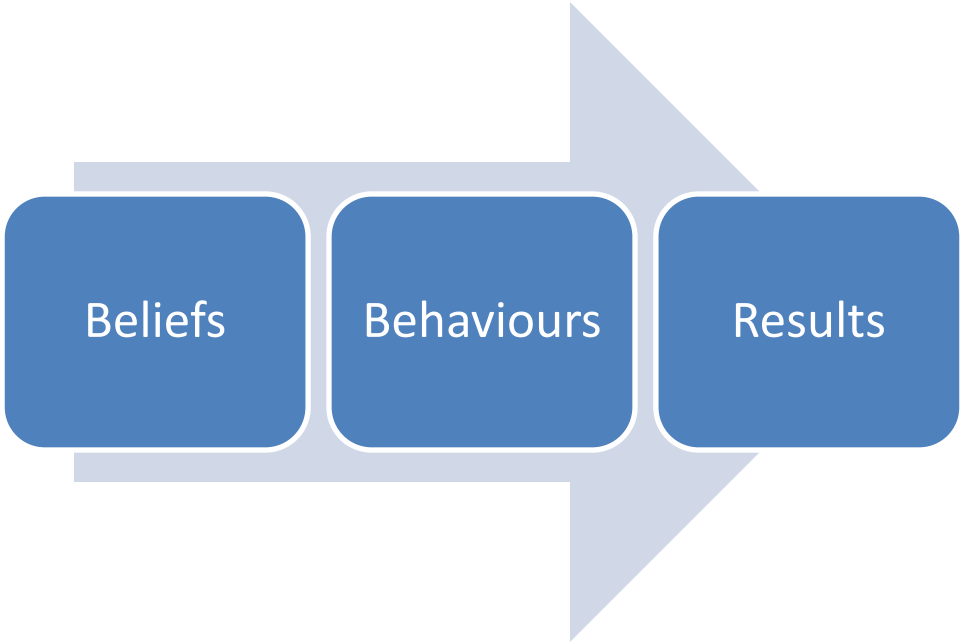
1. Need Leadership
    - Organizations to take ownership
    - Develop a mandate
    - Develop frameworks and standards
    - Market Entry vs re-assessment

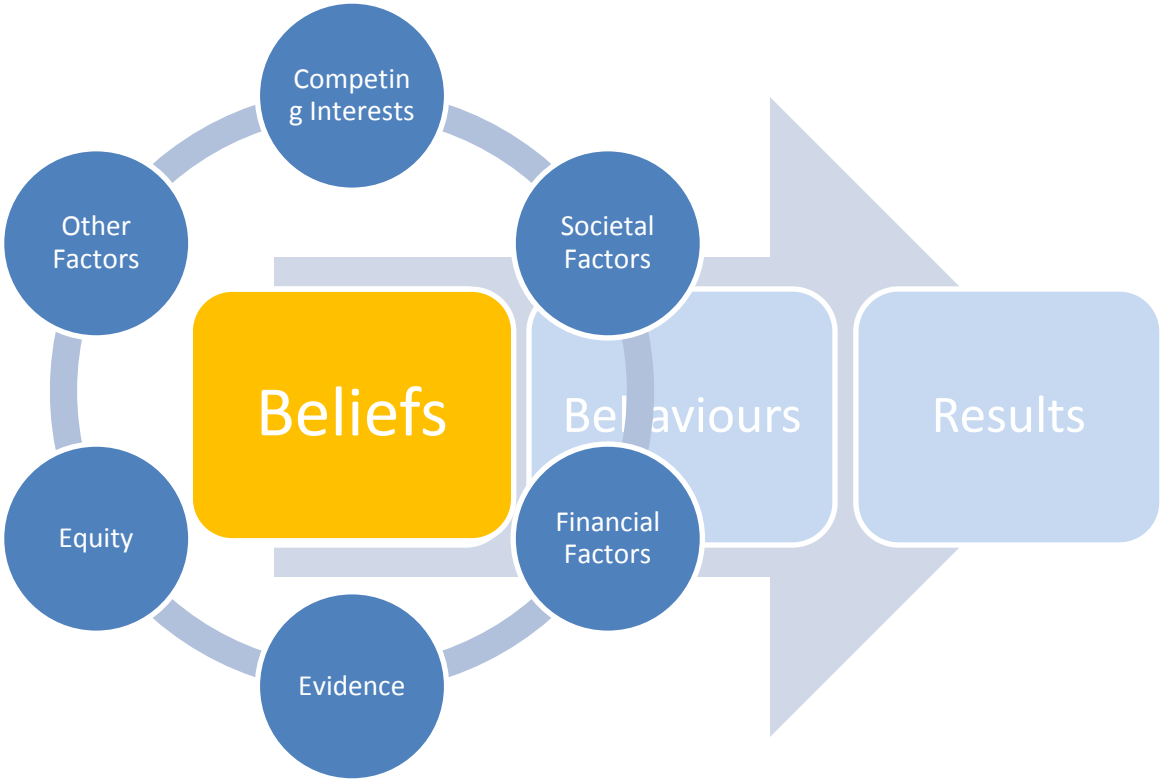
Not a data or methods issue

2. Candid conversations about competing interests (all sides!)
   - Who will conduct the analyses?
   - Dealing with disagreement
   - Liability

Not a data or methods issue

3. Show me the money!
    - Flow of money
    - Build capacity
    - Data Access


Beliefs
Behaviours
Results


Competin
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Factors
Evidence


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HONEY GO AND TALK TO HIM, HE JUST FOUND OUT HE'S A PLACEBO
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- Opinions expressed in this presentation aim to represent industry position based on input from working groups in industry associations

RWE CAT

- Co-creation: all perspectives together, with industry as a partner at the table
  - Clarity on roles and responsibilities for RWD generation
- RWE on its own is not a goal: how can it best be used?
- Setting up now for the future when RWE can benefit patients
  - Access to data, integration of databases
  - Methodological standards
  - Incorporation in HTM/reimbursement processes

Perspectives on RWE

- Sometimes experimenting is the best way to get started
  - Learnings could help improve process
  - We need to agree that we all not get it right the first time, but there is room to evolve and improve, together
- RWE generation is resource intensive ($, time) so we all need to be choiceful
  - Uncertainty in Canada
  - Global context
- Early dialogue with all relevant parties will be key to ensure fit-for-purpose evidence generation