

Measuring survival benefit in oncology health technology assessments



Giles Monnickendam examines the scope for HTA agencies to adapt and improve their existing evaluation methods for new oncology treatments.

Giles Monnickendam is Associate Director at PRMA Consulting

Immuno-oncologic therapies have frequently produced unorthodox survival profiles, particularly when compared with cytotoxic chemotherapy drugs. Delayed onset of treatment effect, “pseudo-progression”, subgroups of durable responders, bridging to curative therapy, and other pronounced forms of heterogeneity of efficacy are potential contributors to this.

In these circumstances, the conventional toolkit for measuring survival benefit, established when cytotoxic chemotherapy regimens were the dominant treatment paradigm, is no longer appropriate. Median and hazard ratios may not be sufficient to describe and evaluate differences in survival, and careful selection of methods is required for calculating mean survival.

In our research,¹ we have found that health technology assessment (HTA) agencies vary substantially in the extent to which their methods have adapted to address this issue, and there can even be inconsistencies between assessments within agencies.

As treatment for cancer expands to new classes of therapy, including CAR-T and more complex T-cell products, a more flexible and robust set of tools is needed

to evaluate new oncology treatments, with considerable scope for HTA agencies to adapt and improve their existing methods to ensure that new treatments are valued appropriately.

This is an area that PRMA Consulting will continue to focus on. We will remain at the forefront of new developments, keeping our clients up to date, producing further collaborative research to influence the development of new methods, and assisting our clients to adopt these to maximize the value of new therapies that come to market.

If you wish to have a conversation on this subject and explore the implications and how we may be able to help, please do get in touch.

>> Read: *Measuring Survival Benefit in Health Technology Assessment in the Presence of Nonproportional Hazards*

>> Read: *CAR-T therapy: the future begins to take shape*

References

1. Monnickendam, G. et al. (2019) Measuring Survival Benefit in Health Technology Assessment in the Presence of Nonproportional Hazards. *Value in Health*, (22), pp.431–438.