

# Oral Presentations

## OP01 Cross Border Cooperation On High-Cost-Capital Investments In Health

### AUTHORS:

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### INTRODUCTION:

The medical equipment sector is characterized by a large share of overall health budgets spent for the provision of capital investment goods such as medical scanners and radiotherapy units. A high variability in provision and utilization rates of medical equipment can be observed too. The objective for this study was to contribute to effective cross-border cooperation between European Union (EU)-Member States by pooling resources for high-cost medical equipment investments (1).

### METHODS:

Potential cost-intensive and highly specialised medical equipment, where cross-border investment resource pooling may be recommended, were identified by a combined evidence search and expert consultation. An efficiency assessment of medical equipment potential savings for EU-countries was done by a benchmark-approach and a best-practice-approach. Furthermore six examples for cross-border cooperation were investigated and two surveys have been conducted.

### RESULTS:

The following medical equipment can be considered as cost-intensive and highly specialized across EU-Member States: Magnetic Resonance Imaging (MRI) scanners, Computed Tomography (CT) scanners, Stereotactic systems and Surgical robots.

The efficiency assessment using the benchmark approach was performed for MRI, CT scanners, Positron Emission Tomography (PET) scanners, Angiography

units, Gamma cameras and Lithotriptors. The results of the best-practice approach showed potential cost savings due to under-or overutilization per device group and EU-Member State. However, as this analysis offers a view on health systems on a very macro level it was not possible to give detailed insights at the country-level.

The six selected cross-border examples demonstrated a wide variety of options regarding the structure, extent and organization of cross-border cooperation: Five of six cross-border examples were cooperation close to the border, in four of six examples EU funds played an important role.

### CONCLUSIONS:

The study highlighted that cross-border cooperation in the field of cost-intensive/highly specialized medical equipment could bring economic advantages for many EU-Member States. Despite this, still only little is done by EU-Member States in terms of cooperation. Reasons are diverse and can be ascribed to lacking information, differences of national health systems, organizational and administrative hurdles, and lacking political support.

### REFERENCE:

1. Rosian-Schikuta I, Bobek J, Laschkolnig A. *Study on better cross-border Cooperation for high-cost Capital investments in health*. published online in: <http://bookshop.europa.eu/en/study-on-better-cross-border-cooperation-for-high-cost-capital-investments-in-health-pbEW0616024/>, November 2016.

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## OP02 A Managed Access Approach To Appraising New Cancer Drugs In England

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## INTRODUCTION:

The changing regulatory landscape brings new challenges to Health Technology Assessment (HTA). Marketing authorizations are being granted as the evidence base evolves to facilitate timely patient access to promising health technologies. Consequently, some products come to HTA bodies sooner in their development cycles with less evidence, which ultimately leads to greater uncertainty in decision making. A key challenge for payer and HTA bodies is providing access to promising medicines while the evidence is still emerging, in a financially sustainable way.

## METHODS:

Changes to the Cancer Drugs Fund (CDF) have resulted in a managed access fund for cancer medicines in England. The National Institute for Health and Care Excellence (NICE) can now recommend a treatment for use within the CDF if there is plausible potential to satisfy the criteria for routine use in the National Health Service (NHS) at its current price, but the evidence is not robust enough and associated with significant uncertainty. Further evidence is then generated in clinical trials, through observational data collection, or a combination of the two, while the drug's price reflects the decision uncertainty. At the end of the managed access period, NICE reviews the guidance to determine if the treatment can be recommended for routine commissioning.

## RESULTS:

The first treatment recommended for use within the new CDF was osimertinib for non-small cell lung cancer (1). At the time of NICE appraisal, there was considerable uncertainty in osimertinib's clinical and cost effectiveness because only short-term phase II trial results were available. NICE's independent appraisal committee considered there was plausible potential for osimertinib to be cost effective and identified that an ongoing phase III trial would provide longer-term data addressing the key uncertainties.

## CONCLUSIONS:

An integrated approach between payer and HTA decision-maker has significantly changed how cancer

treatments in England are appraised. This collaborative way of working heralds a more sustainable approach to introducing promising cancer treatments.

## REFERENCE:

1. Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer. NICE technology appraisal guidance 416. Published 26 October 2016.

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## OP03 Trends In The National Institute For Health And Care Excellence (NICE) Cancer Drugs Fund Reconsiderations

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### INTRODUCTION:

As of July 2016, funding from England's Cancer Drugs Fund (CDF) is dispensed based on the results of National Institute for Health and Care Excellence (NICE) technology appraisal guidances instead of independent CDF appraisals (1). As part of this transition, NICE is reconsidering drugs previously funded through the CDF (2). This analysis examines CDF reconsiderations conducted between the inception of the new process in July and the end of 2016 to identify any possible trends.

### METHODS:

We collected all NICE final technology appraisal guidances (3) completed before the end of 2016 and noted whether each drug was a CDF reconsideration, what the final decision was, and which factors impacted the decisions.

### RESULTS:

We identified twenty-one NICE oncology reviews competed between July 2016 and the end of 2016.