University of BRISTOL

WHAT DO WE WANT TO SEE?

VIEWS AND CHALLENGES IN APPRAISING STRUCTURED EXPERT ELICITATION (SEE)

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BRISTOL TAG

EVIDENCE FOR DECISION MAKERS

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Overview

- Expert opinion in HTA (currently)
- What decision-makers want to SEE
- Use of SEE in HTA appraisals

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Declarations of interest

Disclaimer: The views expressed here are my own and they are not necessarily shared by any organisation I work with/for.

- Employed by the University of Bristol
- Employed by ConnectHEOR
- Member of NICE Technology Appraisal Committee A

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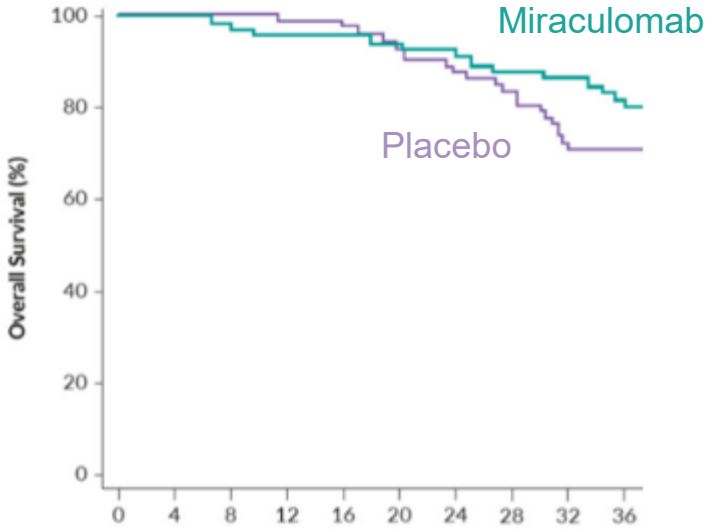
A typical problem faced by decision-makers

- Miraculomab is a new therapy for haematomyelomodiditis
- It has clear benefit on Progression-Free Survival, and is *expected* to have benefit for Overall Survival…

  …but trial follow-up is only 3 years.



Most utility (survival) gains occur **beyond the available observed data**

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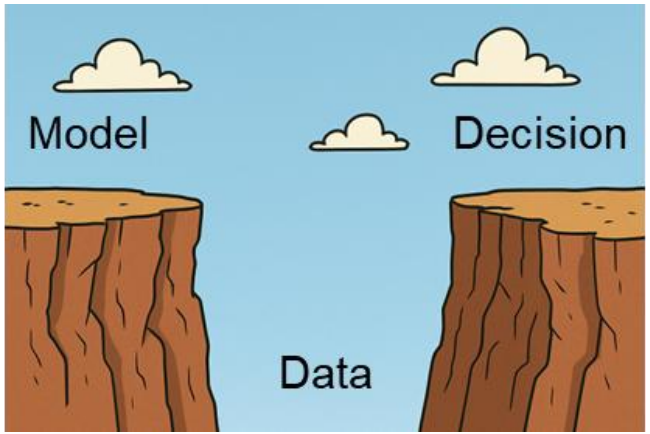
Why expert judgement matters for decision-making

- Data gaps are common (immature survival, rare events)
- Regardless of this, decisions **must still be made**:
  a) Recommend
  b) Do not recommend

} Either option is still a decision!

Expert opinion fills the gaps…

…but what kind of opinion is the most useful?



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Current Use of Expert Opinion in HTA

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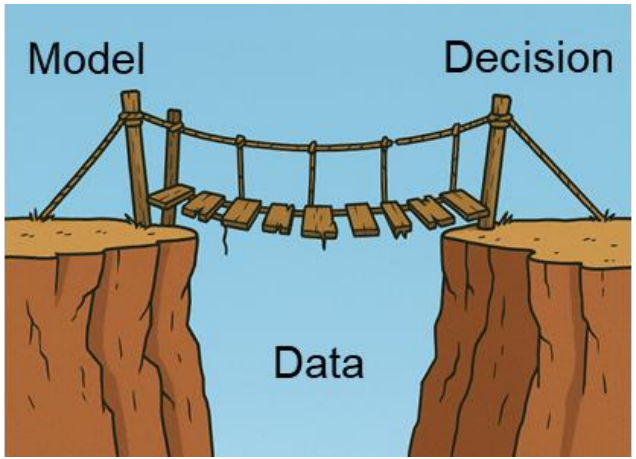
Expert opinion in HTA – current situation

- Unstructured, ad hoc methods dominate
- No quantitative assessment of uncertainty
- Prone to biases
  - Anchoring
  - Overconfidence
  - Groupthink



- Often used post-hoc to justify assumptions

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What payers and HTA agencies value

Transparency
A clear roadmap as to how conclusions have been drawn

Simplicity
Understandable without a PhD in statistics

Robustness
Credible and defendable

Timeliness
Is feasible within appraisal deadlines

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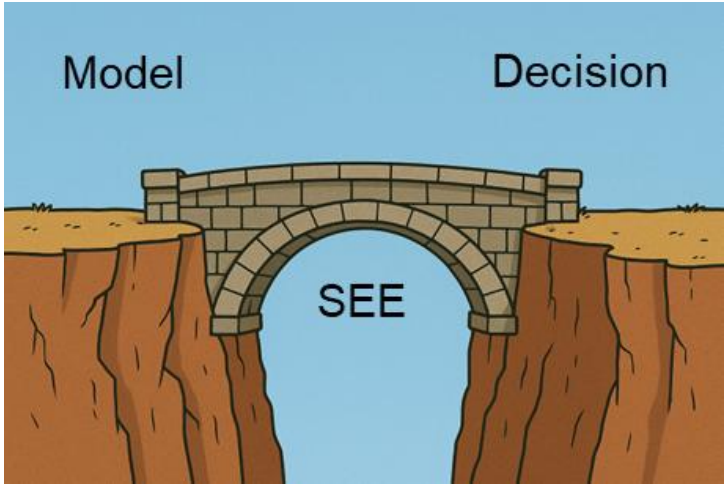
Structured Expert Elicitation

A structured approach to expert elicitation can reinforce assumptions made in our model, and can help support a decision



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What do decision-makers want to SEE?

Justification

- Why do we need SEE?

Selection and Training

- Who are the experts?
- How are they prepared?
- What background information/training are they provided with?

Aggregation

- How are opinions from different experts combined?

Assumptions

- Are they clearly stated?

Uncertainty

- How is it conveyed and justified?

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Use of SEE in Health Technology Assessment

Major HTA bodies have increasingly stated a preference for structured methods when using expert opinion

NICE National Institute for Health and Care Excellence

Zorginstituut Nederland

Canada's Drug and Health Technology Agency

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Use in real NICE submissions
ID6235 Duplimab for treating moderate to severe chronic obstructive pulmonary disease

Company used MRC protocol (N=7) to extrapolate duration of FEV1 benefits beyond the trials.

- EAG critique
  - Highlighted differences in results from round 1 (independent) versus round 2 (group discussion).
  - Critique focussed more on use of SEE results in model (rather than robustness of SEE)
- Committee
  - No specific comments in draft guidance

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Use in real NICE submissions
HST28 Birch bark extract for epidermolysis bullosa

Company used IDEA framework (N=4) to inform disease progression, mortality, complications, QoL and resource use for birch bark extract and current practice.

- EAG critique
  - Supported use of SEE due to challenges in collecting evidence.
  - Requested sensitivity analyses using most and least favourable elicited values.
  - Stated that the company's elicitation process lacked the discussion step and experts were not engaged with each other before providing their final estimates.
- Committee
  - No specific comments in draft guidance

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Use in real NICE submissions
ID5071 Fezolinetant for treating vasomotor symptoms associated with the menopause

Company used STEER framwork (N=6) to inform natural history of vasomotor symptoms for economic model at specific times from baseline.

- EAG critique
  - Justification for SEE was not suitable (no SLR done to demonstrate lack of available evidence).
  - The SEE population was not anchored to the trial population (≥7 VMS at baseline), so results were not compatible.
  - Highlighted a “lack of credibility in the SEE process”
- Committee: ***“Outputs of the SEE were not fit for purpose”***

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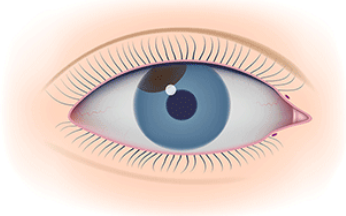
Use in real NICE submissions
ID1441 Tebentafusp for treating advanced uveal melanoma



SEE performed by DSU (commissioned by NICE) to inform long-term survival on tebentafusp and pembrolizumab using SHELF framework (N=6 online, N=5 face-to-face)

- Company critique
  - Concerns regarding degree of expertise, as some key experts were excluded.
  - Lack of face validity of estimates.
  - Use of single time-point to estimate survival.
- Committee:
  - Acknowledged company's concerns and that uncertainty remained. However, model extrapolations aligned with elicited estimates, which supported their validity.

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Taking Things Forwards

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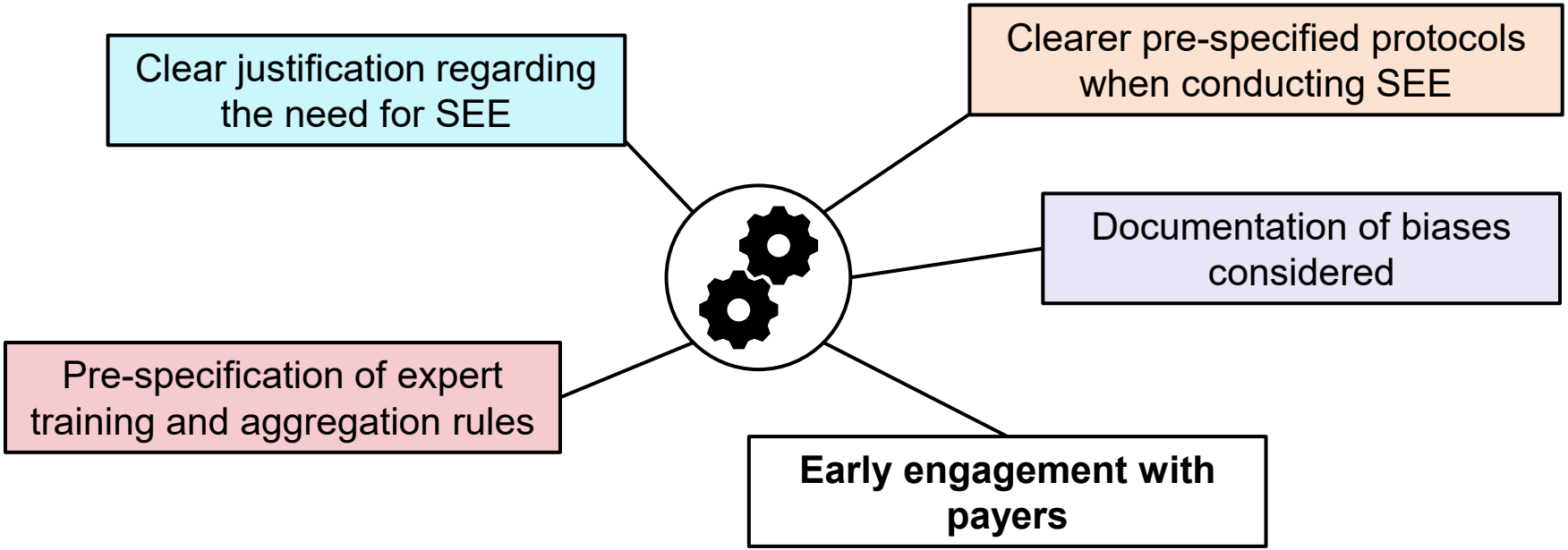
What would help payers?



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Building better SEE to support HTA

- SEE can support better decisions…
  …if it is properly designed for end-users (decision-makers)
- Focus not just on running a good SEE — but on making it appraisable
- Build trust through clarity
- Communicating results to decision-makers
  - Highlight key issues
  - Communicate succinctly

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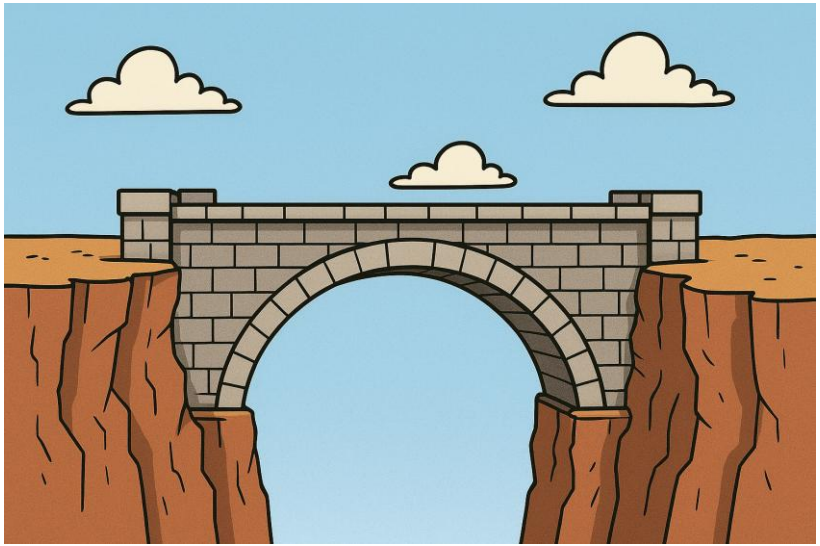
Thank you!



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