The Idea Factory brought together over 60 individuals from Health Technology Assessment (HTA) bodies, governments, payer organizations, patient advocacy groups and the private sector in a collaborative 60-minute ideation session which generated innovative ideas on improving access to early cancer treatment for patients. Participants represented the United States, Brazil, Canada, the United Kingdom, Germany, South Africa, Australia, Sweden and China, among other countries.

THE CHALLENGE:

Innovative cancer treatment in early settings – i.e. neoadjuvant therapy before surgery and adjuvant therapy after surgery – presents an opportunity to tackle cancer before it spreads. A growing body of research suggests that early treatment could deliver meaningful benefits for some patients\(^1\). However, the valuation of early treatment depends on endpoints, and quality of life benefits, that are not yet fully understood. Participants were introduced to the context of this challenge by presentations from Professor Doctor Michael Untch of Helios Hospital Berlin-Buch and Professor Axel Mühlbacher, PHD of IGM Institute Health Economics and Health Care Management.

SOLUTIONS AND FINDINGS:

Participants worked in groups using decision support software to generate solutions to three critical challenges of early treatment. This resulted in 61 ideas which were voted on and prioritized. Below is a summary of themes and prioritized ideas for each challenge question.

QUESTION 1 | How can we ensure patient benefits of early treatment are captured in valuation? (e.g. avoidance of metastatic disease)

Summary: The solutions reflected the importance of understanding the relevance of particular outcomes for patients and embedding patient preferences and patient input in a systematic way. Prioritized ideas included:

- Understand first the existing patient preferences in early treatment e.g. understand from patients what incremental changes mean to them (surgery vs. early treatment).
- Validate and correlate surrogate endpoints. Distinguish surrogate endpoints with independent value to the patient (progression-free survival, disease-free survival) from those that do not (e.g. laboratory results).
- Establish a system that: a) captures patient reported outcomes that reflect actual patient experience, b) provides long-term follow up.

QUESTION 2 | How do we address uncertainty that payers may face when comparing earlier and later treatment?

Summary: Solutions included identifying the relative importance of uncertainties, providing additional analyses to address uncertainties, and ensuring patient preferences are considered in decision-making. Prioritized ideas included:

- When multiple uncertainties exist, first figure out which matters. Determine who decides what matters under which framework.
- Use registries to do risk stratification by different patient attributes to anticipate outcomes.
- If payer had the insights into patient preferences for early vs late treatment, this could reduce the uncertainty to some extent.

QUESTION 3 | What contractual process can be used to ensure rapid access where early treatment shows clinical benefit?

Summary: Solutions were aligned on the need for flexible approaches that encourage trust building and risk-sharing among stakeholders (e.g. patients, manufacturers, payers, HTA). Prioritized ideas included:

- Early involvement of all stakeholders [in any contractual process]
- Contracts need to measure something that can be measured practically and is clinically meaningful.
- [Contracts should have] flexible pricing systems (prices can go up and down)

Thank you for providing your best ideas and thinking to collectively solve this challenge. We look forward to continuing the dialogue through existing forums.

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\(^1\) Cowen September 2018 “CHASING BIG OPPORTUNITY: NUMBER OF EARLY STAGE PD-1/L1 TRIALS EXPANDING RAPIDLY”; Cowen July 2018 “PD-1/PD-L1 MARKET MODEL UPDATE: EXPECTATIONS INCREASED, ALTHOUGH SLIGHTLY”